



January 21, 2022

Representatives Liz Snyder & Tiffany Zulkosky
Co-Chairs
House Health & Social Services Committee
Alaska State Capitol
Juneau, Alaska 99801

Re: HB 265 Telehealth Legislation

Dear Co-Chairs & Committee Members:

On behalf of U.S. Renal Care (USRC) and the 346 Alaskans that receive life- saving dialysis treatments and services from USRC, we are writing in support of legislative efforts related to parity for Telehealth to the benefit of our Alaskan patients. Our own experience with use of Telehealth over the last several years has shown that, when used effectively, it is an important tool to improve outcomes and quality of life for patients, improve effectiveness of healthcare delivery, and lower costs for all payors – including State Medicaid, Federal Medicare, and private insurance.

While the pandemic has expanded use of Telehealth at various levels, our team has already been using it as an effective tool for our home health patients here in Alaska. These Alaskans are able to manage many aspects of their own care at home themselves, rather than incurring the time and expense of coming in-person to one of our clinics three days each week. Our care team has long-standing relationships with these patients, and a great track record of success in answering their questions and helping them manage their own care while living more independent lives.

The helpful role that Telehealth already provides many of our patients can be expanded into other areas of care for these Alaskans through the provisions of HB 265. This could benefit Alaskan patients across the state.

In particular, we have had several patients in the Mat-Su Valley that have already benefited from Telehealth. We have been able to interview and assist patients who were in quarantine during the Covid pandemic. However, telehealth has had a far reaching positive impact over and above addressing the immediate pandemic.

Transportation for people living in the valley who cannot drive and have no family or friends to assist them is limited to taxi, local transport companies and Senior assistance programs. These patients have been overwhelmed by their inability to afford a taxi, limited scheduling and often no service to their area from other public transport systems. There are also times when these dialysis patients who do drive are not able to drive in the dark or in a storm. These weather conditions can be unpredictable -- and the opportunity for all patients to communicate with their doctor is invaluable whether is a result of economic or weather-related barriers.

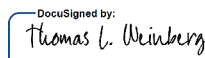
Page Two
January 21, 2022

Some further specific examples of the benefits of telehealth for individual Alaskans we serve have included:

- An elderly woman who has no family to drive her, has no car and cannot drive, not Medicaid eligible for assistance and has multiple medical issues. She also requires oxygen during transport. Routine telehealth allows her to be assessed and still be comfortable at home.
- A gentleman has a cabin in the copper river area. He has seasonal access to this property and when he has a chance to be out there it can be difficult and expensive for him to return to town. Telehealth allows him to continue to visit this property despite his health challenges.
- Another gentleman has property outside of Kotzebue. He chose home dialysis so he could return to this area. He is not Medicaid eligible for travel assistance, and it is very expensive, not to mention difficult. to get up the river to Kotzebue to fly back to Wasilla for a 30-minute routine appt. Telehealth makes it possible for him to stay in his home.
- A woman living alone in the Houston area is snowed-in on the day of her appointment. She must wait for the snowplow. which could take a couple of days. She can still see her physician via telehealth.
- Finally, those Alaskans on hospice of end of life can receive care without the pain and difficulty of traveling to the clinic.

We believe that legislative efforts to expand use of Telehealth in Alaska more widely has great potential to replicate the benefits of these above examples we have seen in dialysis care across many other aspects of healthcare -- beyond just those services we provide. USRC supports your ongoing work on this important and much-needed legislative improvement to Alaska's overall healthcare system.

Sincerely,

DocuSigned by:

CB5C10B4387A48E...

Thomas L. Weinberg
Executive Vice President and General Counsel

cc: House Health & Social Services Committee



3601 C Street, 1420 | Anchorage, AK 99503
1-866-227-7447 | Fax: 907-341-2270
aarp.org/ak | alaska@aarp.org | twitter: @aarpalaska
facebook.com/aarpak

February 11, 2022

House Health & Social Services Committee
Alaska Legislature
Juneau, AK 99801

RE: HB265 Support

Dear Reps Snyder, Zulkosky, Spohnholz, Fields, McCarty, Prax, Kurka;

During the COVID-19 pandemic, changes made to expand Medicaid coverage of telehealth services have proven invaluable to many Alaskan seniors. Telehealth has brought care to patients, rather than having patients travel and put themselves and others at risk for possible exposure. Greater use of telehealth services should continue to increase access to healthcare, facilitate the sharing of clinical information for evaluation, and allow more older Alaskans to remain in their homes and communities.

AARP supports telehealth policies that expand access and improve quality of care for patients; improves the ability to live at home or in community; and/or enhances the skill level, health, and wellbeing of family caregivers. HB265 checks all those boxes, and we thank you for working on it. The following policies were approved for Medicaid coverage in Alaska during the public health emergency period, and we are grateful for their inclusion in HB265 to ensure these changes are retained as permanent changes to our state's telehealth Medicaid policy:

- Requiring all services that can be performed appropriately by telehealth be covered by Medicaid, if it is covered for in-person visits.
- Allowing any licensed healthcare provider to perform telehealth visits as long as it is appropriate for their professional standards of care.
- Ensuring audio-only telehealth interactions may be reimbursed for certain services, as it improves access to people living in areas without sufficient broadband service and those who may not be able to afford or use devices that allow video technology.
- Allowing and reimbursing for "Store-and-forward", or asynchronous telehealth services
- Allowing and reimbursing for remote patient monitoring services
- Allowing the patient-provider relationship to be established via telehealth.
- Allowing telehealth for services such as physician visits in skilled nursing facilities; hospital initial, subsequent, observation, and discharge evaluations; emergency department and critical care services.
- Expanding coverage to include telephone and online digital check-ins.
- Allowing telehealth for face-to-face encounters for case management services.

- Lifting “originating site” restrictions so patients can access care from anywhere in the state, including their home, a long-term care facility, or elsewhere.
- Providing for patient choice of in-person or telehealth service delivery.
- Allowing care coordination and appropriate service delivery under Home and Community Based Waivers.

On behalf of the fastest growing senior population in the nation and our 77,000 AARP Alaska members, and for the benefit of all Alaskans, AARP Alaska thanks you for your leadership on this issue. We urge your support and action to move and pass HB265 Healthcare Services by Telehealth.

Respectfully,
Marge Stoneking
Advocacy Director, AARP Alaska





2/11/2022

Representative Ivy Spohnholz
Chair, House Ways and Means Committee
Co-Chair, House Labor and Commerce Committee

RE: Letter of Support for HB 265

Please accept this letter of support regarding HB 265 to maintain pandemic-related telehealth flexibilities and expand Alaska Medicaid coverage of telehealth services in statute.

Set Free Alaska provides substance misuse and mental health counseling to adults and children located in the Matanuska Susitna Valley and Homer. Our organization employs 100 Alaskans and serves over 1000 individuals and families each year. We offer a vast array of programs including outpatient substance abuse disorder (SUD) treatment for adults and teens, residential SUD services, recovery housing, peer support, children's behavioral health services, and more.

Prior to COVID, our agency provided some telehealth services. As a result of the pandemic and the emergency order these services have increased exponentially. Telehealth services are extremely beneficial to individuals needing help. The benefit and need for these services will remain long after the pandemic has subsided. They help reduce barriers regarding access to care and improve our ability to serve some of our most vulnerable populations. Transportation, medical complications, house arrest monitoring, and lack of service providers in some geographic areas are just a few of the examples of barriers that telehealth services are helping us overcome.

Since the regulations have been lessened due to the emergency order, we have seen a significant increase in client's ability to access care through telehealth. Furthermore, we have seen a dramatic decline in no-show rates. A study in Massachusetts showed that individuals who lived more than 1 mile from their Intensive Outpatient SUD provider were significantly less likely to complete treatment. As we all know, in most areas of Alaska communities are spread out. Clients living within one mile of a treatment provider is unlikely in most cases. Telehealth essentially makes the treatment service zero miles from home. Removing this barrier has been huge in helping clients receive services they so desperately need.

Thank you very much for the work on this bill. I urge the members of our legislature to consider and pass HB 265 with the goal of improving access to care for Alaskan's struggling with substance abuse and mental health problems.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip Licht", is written over a light blue horizontal line.

Philip Licht
President/CEO
Set Free Alaska, Inc.



Representative Ivy Spohnholz
State Capitol Room 406
Juneau AK, 99801
Representative.Ivy.Spohnholz@akleg.gov

2/15/2022

Re: House Bill 265 (Version A, 32-LS0754\W)

Dear Representative Spohnholz,

Family Centered Services of Alaska (FCSA) has been providing behavioral health services to children and their families since 1989. Our agency provides educational services, foster care services, outpatient therapy, as well as residential services in and around the Fairbanks area and in the Mat-Su Valley. Our mission is To Serve Alaska by Providing Family and Child Centered Services with Unconditional Care.

Family Centered Services of Alaska supports House Bill 265. During the height of the pandemic, telehealth was implemented to provide stability to clients enrolled in FCSA programs. Our agency has experienced firsthand the benefits of this type of service delivery. We also believe that method of service delivery will become a mode of choice for consumers across Alaska. Telehealth therapy opens new doors to children and families throughout Alaska to receive clinical services where they otherwise may not have the ability to engage in person, which benefits those families.

During the COVID-19 Pandemic and Public Health Emergency, restrictive regulations and policies that have historically restricted our ability to provide timely access to quality behavioral health treatment and recovery services were temporarily set aside. This allowed agencies like FCSA the flexibility to provide telehealth services. The payment for this type of treatment service shifted from focusing on how the treatment was provided to a better focus on the ability to provide the service. These changes made it easier for Alaskans including our children and families to access behavioral health care and offered our clients and our clinical providers more options to choose from and that best address the client's treatment and recovery needs.

FCSA was able to provide continuity of care using telehealth platforms. This gave our agency the ability to continue with individual and family clinic services for both local and rural families. As you are aware, family participation is key to the recovery of children receiving services for behavioral health.

Our understanding is that when the Federal PHE expires, providers and clients risk losing the regulatory and policy and flexibility that has proven to be so beneficial over these last couple of years.

FCSA believes telehealth services will continue to be a vital part of the continuum of care to meet Alaskans mental health needs. Family Centered Services of Alaska fully supports HB265.

Justin Borgen

Sincerely,
Justin Borgen
Executive Director

Alaska Regional Coalition

Representing 100 Communities

February 15, 2022

The Honorable Ivy Spohnholz
Representative
Alaska State Legislature
Alaska State Capitol
Juneau, Alaska 99801

Subject: Alaska Regional Coalition SUPPORT for HB265 Health Care Services by Telehealth

Dear Representative Spohnholz:

The benefits of telehealth in rural Alaska cannot be overstated. Indeed, while telehealth improves access and outcomes for Alaskans from all corners of the state, it is especially helpful for delivery of health care services in the state's most remote locations. This was true before the covid-19 pandemic and more so today now that a whole new universe of people discovered the benefits of medical and behavioral telehealth. Among its many benefits: It facilitates increased utilization, reduces missed appointments, and increases overall wellness.

The Alaska Regional Coalition, a consortium of four Alaska Native regional nonprofits and one regional tribe – three of whom are tribal health organizations – offers its unqualified support for HB265 Health Care Services by Telehealth.

Making the statutory changes to advance access to health care by telehealth is a priority to the individuals and communities we serve. We appreciate you bringing this bill forward. Please let us know how we can help.

Ana baasee', Gunałch'éesh, Háw'aa, Quyaná, for your work on this important issue.

Respectfully,

Chief/Chairman
Tanana Chiefs Conference

Melanie Bahnke, President/CEO
Kawerak, Inc.

Tim Gilbert, President/CEO
Maniilaq Assn.

Jan Vanderpool, Executive Director
Chugachmiut

Richard Peterson, President
**Central Council Tlingit & Haida
Indian Tribes of Alaska**

The Alaska Regional Coalition is a consortium of four Alaska Native regional tribal nonprofits and one regional tribe – Tanana Chiefs Conference, Maniilaq, Kawerak, Chugachmiut, and Central Council Tlingit & Haida Indian Tribes of Alaska. We are all recognized by the U.S. Indian Self-Determination Act to provide medical, behavioral, social, public safety, workforce development, and judicial supports to the State of Alaska through contracts, compacts, and grants. The coalition represents 65,000 Alaskans and 100 communities from Ketchikan to Kotzebue. We provide services to all the people in our communities.



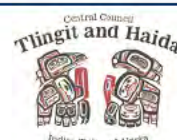
Tanana
Chiefs
Conference



MANIILAQ
ASSOCIATION



KAWERAK, INC.



Central Council
Tlingit and Haida
Indian Tribes of Alaska



Chugachmiut

WISDOM TRADITIONS

—COUNSELING SERVICES, LLC—

Representative Ivy Spohnholz
State Capitol Room 406
Juneau AK, 99801
BY EMAIL AT: Representative.Ivy.Spohnholz@akleg.gov

February 14, 2022

Re: House Bill 265 (Version A, 32-LS0754\W)

Dear Representative, Spohnholz,

Wisdom Traditions Counseling provides a full range of Behavioral Health, Ambulatory and Medication Management and Primary Care integrated services for individuals and families in Anchorage as well as outlining areas across the state of Alaska. We envision a future where everyone who seeks our services is viewed through a multi-dimensional lens; where we don't compartmentalize anyone by a single diagnosis, and our multidisciplinary team continuously anticipates all the possible ways to provide an integrative experience that supports a sustainable outcome. Wisdom Traditions Counseling supports House Bill 265 because we understand the importance of removing and eliminating barriers to accessible services.

During the Federal COVID-19 Public Health Emergency (PHE), restrictive regulations and policies that have hampered our ability to provide timely access to quality behavioral health treatment and recovery services were temporarily set aside. Flexibility regarding where the telehealth service occurred and how it occurred was provided. Additionally, payment for the treatment service shifted from focusing on how the treatment was provided to a better focus on what was provided. These changes made it possible for Alaskans to access behavioral health care, when these necessary services may not have otherwise been available, and this provided our patients and our healthcare provider team with more options to choose from to best address the patient's treatment and recovery needs.

When the Federal PHE expires, providers and clients risk losing the regulatory and policy flexibility that has proven to be so beneficial over these last couple of years. House Bill 265 extends the telehealth flexibility that has been in place during the PHE past the expiration of the PHE.

Specifically, some of the benefits the flexible telehealth policy has provided for our patients are uninterrupted access to time sensitive therapy, even when patients are isolating from others to navigate positive COVID test results, and the ability to continue with necessary care if they are parents or family care-givers who must stay at home to care for others who are ill, as well as providing the opportunity for patients to have reliable and consistent care in their homes when they would otherwise struggle with the barriers from living remotely. Additional barriers that

can be overcome with telehealth are limited access to transportation, severe weather conditions restricting travel, and managing chronic medical conditions that limit patient mobility.

We also have ongoing concerns about the people currently receiving telehealth services, should our ability to provide telehealth treatment be interrupted or terminated if HB265 does not become law. Many of our persons served were previously limited to service access and that population already represents a large percentage of people who do not get timely treatment for behavioral health issues. Telehealth accessibility was a game changer, and clearly expanded opportunities for critical care as a time when mental and behavioral health needs are on the rise.

Wisdom Traditions Counseling understands how essential it is to increase accessibility to Alaskans who might otherwise not be able to continue receiving timely care for their behavioral health and medical needs. Wisdom Traditions fully supports BH265, in order to eliminate additional barriers for our patients and members of our community who rely on tele-health services.

Sincerely,

Kathie Gillet, PhD
Executive Director
Wisdom Traditions Counseling



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

☎ 907.729.7510 📠 907.729.7506 • 4000 Ambassador Drive, Suite 101 • Anchorage, Alaska 99508 • www.anhb.org

ALASKA NATIVE TRIBAL
HEALTH CONSORTIUM

ALEUTIAN PIRIBILOF
ISLANDS ASSOCIATION

ARCTIC SLOPE
NATIVE ASSOCIATION

BRISTOL BAY AREA
HEALTH CORPORATION

CHICKALOON VILLAGE
TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER
NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN
INDIAN COMMUNITY

KODIAK AREA
NATIVE ASSOCIATION

MANILAQ ASSOCIATION

METLAKATLA INDIAN
COMMUNITY

MT. SANFORD
TRIBAL CONSORTIUM

NATIVE VILLAGE
OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE
OF TYONEK

NINILCHIK
TRADITIONAL COUNCIL

NORTON SOUND
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL
FOUNDATION

SOUTHEAST ALASKA REGIONAL
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM
HEALTH CORPORATION

VALDEZ NATIVE TRIBE

February 16, 2022

The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Juneau, AK 99801

RE: House Bill 265

Dear Representative Spohnholz,

The Alaska Native Health Board (ANHB)¹ is very supportive of House Bill 265, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their health care from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

Telehealth access to behavioral health services has had an important impact for our rural Alaska Native population. In the first year of the pandemic, one rural region of Alaska, the Northwest Arctic, saw a decline in completed suicides. The same region also saw increased utilization of some behavioral health services such as group therapy, which increased in utilization by 800%. In rural Alaska, it can be difficult to access such group therapy services in a small village. This would normally have required a patient to travel to the hub community where the service is delivered. Through telehealth, now a group therapy program can support patients across an entire region.

In our rural communities, one of the barriers to access counseling and therapy services can frequently be maintaining anonymity. Expanded telehealth services for behavioral

¹ ANHB was established in 1968 with the purpose of promoting the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of tribal health programs that serve all of the 229 Tribes and over 177,000 Alaska Native and American Indian people throughout the state. The ATHS administers clinical and public health programs for AI/AN people throughout the state of Alaska. As the statewide tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal programs achieve effective consultation and communication with state and federal agencies on matters of concern.

health patients in small communities can now allow patients to receive care in the privacy of their homes, through telephone or synchronous audio-visual broadband connections. For younger beneficiaries, behavioral health providers have reported that telephonic services have improved openness and progress in treatment plans.

One provider shared this compelling story of the benefits of telehealth on suicide prevention:

There is an individual at-risk for suicide in [a village] who likely wouldn't be getting services if it weren't for telehealth (phone, specifically). There is a conflict of interest with the [Village-Based Counselor] and [the patient] refuses to go to that office. This person doesn't have internet in the home so is unable to do video telehealth. Audio-only is the opportunity that has helped keep this individual safe and alive, and has allowed [behavioral health providers] to provide therapy so this person can address the trauma causing the suicidal ideations.

Other providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265 would make permanent is saving Alaskan lives. When asked on the viability of telephonic behavioral health services, one provider stated, “I firmly believe and have seen that the delivery of services can be accomplished well over the phone (e.g. assessments, consults, sessions etc.). It is doable, therapeutic, and effective.”

One patient, who is also a health care provider, offered their personal story on the benefit of telehealth for their family:

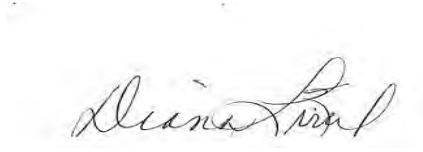
Telehealth is vital to rural and remote Alaska; we live in a vast State where not all places are accessible on a whim especially when we have such changing weather in a moment's notice. During the pandemic meeting the needs of the clients in [a village] was vital to making their needs met via video or telephonically. We meet the needs of the clients where they are at. My children were able to see their dad who was in a severe snowmobile accident in 2020 via Vidyo² while in Anchorage. Patients who were sent on a medivac could not have a family member to fly with them due to Covid-19. The doctors in Anchorage made sure the family was able to make vital decisions through Vidyo and telephonically. Being able to have my kids connect to their dad during the difficult time was important to them and gave sense of peace being able to see him. They greatly appreciated seeing their dad and the opportunity that telehealth was able to connect them during a difficult time in their life. Our people matter, we have limited resources but utilizing them with what we have means continuity and a blessing for us because when the pandemic hit it did show that resource is vital.

It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

² Vidyo is a health video-teleconferencing platform.

ANHB appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact ANHB at anhb@anhb.org or via telephone at (907) 729-7510.

Duk'idli (Respectfully),

A handwritten signature in cursive script, appearing to read "Diana Zirul", is centered below the salutation.

Diana L. Zirul
Chair, Alaska Native Health Board
Tribally-Elected Leader of the Kenaitze Tribal Council

CC: The Honorable David Wilson
 House Health & Social Services Committee
 Senate Health & Social Services Committee



Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness.

Mission

Working together with the Native Community to achieve wellness through health and related services.

Customer-Owners

Serving over 65,000 Alaska Native and American Indian People

Communities Served

Anchorage Service Unit and 55 Tribes to Include:

Anchorage	Matanuska-Chickaloon
Chickaloon	Susitna Borough
Eklutna	McGrath
Igiugig	Newhalen
Iliamna	Ninilchik
Kenaitze	Seldovia
Knik	St. Paul Island
Kokhanok	Tyonek

Services Offered

Over 90 Community-Based

Programs Including:

Medical
Behavioral
Dental

Co-Own and Co-Manage the Alaska Native Medical Center

Board of Directors

Karen Caindec, Chairperson
Roy M. Huhndorf, Vice Chairman
Thomas Huhndorf, Secretary
Charles Akers, Treasurer
Greg Encelewski, Sr., Director
Sandra Haldane, Director
Dr. Jessie Marrs, Director
Dr. Terry Simpson, Director
Lisa Wade, Director

President and CEO

April Kyle, MBA

Tribal Authority

Cook Inlet Region, Inc.

February 16, 2022

Representative Ivy Spohnholz
State Capitol, Room 406
Juneau, AK 99801

RE: Support for House Bill 265—Health Care Services by Telehealth

Dear Representative Spohnholz

On behalf of Southcentral Foundation (SCF), I am pleased to offer support for House Bill 265 relating to telehealth licensing for provider and telehealth services paid for by Medicaid. This legislation will continue the telehealth flexibilities established during the COVID-19 pandemic. Over the past two years of pandemic response, Alaskans across the state have benefitted from the flexibilities provided through various methods of telehealth service delivery. For health care systems that have been incredibly stressed during the waves of infection, telehealth is an innovation health care providers and patients alike want to keep.

From a patient perspective, the customer-owners we serve have utilized telehealth for a number of reasons. Families have an easier time accessing care without needing to find childcare or dealing with transportation issues that increase appointment times. Telehealth has led to consistent attendance at appointments and better management of chronic conditions, which leads to better health outcomes. SCF's Behavioral Services Division has found some customer-owners who have a hard time with in-person appointments due to physical disabilities or mental health challenges often flourish with the regularity and ease of access through telehealth.

SCF operates and manages numerous health care clinics in villages off the road system. The ability of these clinics to provide audio-only and telephonic telehealth appointments is key in some communities. In rural Alaska, broadband connectivity or other challenges to consistent internet access made the pre-pandemic Medicaid requirement for audio-visual telehealth difficult. Providing customer-owners telephonic connections has allowed us to meet Alaskans where they are and with the resources at their disposal, without negative effects on clinical outcomes. Additionally, our clinicians based in Anchorage are able to work with individuals in rural areas to determine if follow up travel is necessary, and, if it is, to define the

scope of needed services when the individual travels, planning and preparing for their visit in advance. This saves the state resources, and it helps Alaskans avoid unnecessary travel during the pandemic.

From a provider perspective, our clinicians have adapted to delivering care via telehealth. In March 2020, our programs transitioned from in-person appointments to telehealth appointments quickly. This allowed clinicians and customer-owners to avoid possible COVID-19 exposure and save vital supplies of personal protective equipment. Additionally, because of the ease of access for telehealth appointments, our clinicians have seen reduced no-shows for appointments compared to those scheduled in-person. This has led to more efficient use of clinician time. SCF and other health care organizations have seen tremendous success with delivering care via telehealth, and the health care sector needs certainty that these new options will continue through this pandemic and beyond.

Thank you for introducing this legislation and working with organizations across the health care sector on this policy. If you or fellow legislators need additional information or have questions about SCF's experience with telehealth, please contact me at akyle@southcentralfoundation.com.

Sincerely,
SOUTHCENTRAL FOUNDATION

A handwritten signature in dark ink, appearing to read 'April Kyle', is positioned above the printed name.

April Kyle, MBA
President and CEO



KODIAK AREA NATIVE ASSOCIATION

3449 Rezanof Drive East Kodiak, Alaska 99615 | 907.486.9800 | www.kodiakhealthcare.org

February 16, 2022

The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Juneau, AK 99801

The Honorable David Wilson
Alaska Senate
Alaska State Capitol Building, Rm 121
Juneau, AK 99801

RE: House Bill 265 and Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

Kodiak Area Native Association (KANA)¹ is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their healthcare from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

Telehealth access to behavioral health services has had an important impact for our rural Alaska Native and American Indian population. In the first year of the pandemic, some rural regions of Alaska saw a decline in completed suicides. Providers also saw dramatic increased utilization of some behavioral health services such as group therapy and substance use disorder (SUD) treatment. In rural Alaska, it can be difficult to access such group therapy services in a small village. This would normally have required a patient to travel to the hub community where the service is delivered. Another barrier to receiving behavioral health and SUD services is transportation after evening group appointments, as well as securing childcare in order for clients to participate in routine group therapy sessions. Through telehealth, many of these barriers have been eliminated.

Kodiak Island is a small, rural community. One of the barriers to accessing counseling and therapy services can frequently be maintaining anonymity. Expanded telehealth services for behavioral health patients in small communities can now allow patients to receive care in the privacy of their homes, through telephone or synchronous audio-visual broadband connections. For younger beneficiaries, behavioral health providers have reported that telephonic services have improved openness and

¹Kodiak Area Native Association (KANA) is a Tribal health organization providing health and social services to the Alaska Natives and American Indians (AN/AI) on Kodiak Island since 1966. There are ten federally recognized tribes in the Kodiak Archipelago, which includes the City of Kodiak and the six remote villages of Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie and Port Lions. Since its inception, KANA has evolved into a service provider for healthcare and social services within our region.



KODIAK AREA NATIVE ASSOCIATION

3449 Rezanof Drive East Kodiak, Alaska 99615 | 907.486.9800 | www.kodiakhealthcare.org

progress in treatment plans.

Providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265/SB 175 would make permanent is saving Alaskan lives. Other providers in Alaska have commented on the viability of telephonic behavioral health services, “I firmly believe and have seen that the delivery of services can be accomplished well over the phone (e.g. assessments, consults, sessions etc.). It is doable, therapeutic, and effective.”

One patient, who is also a health care provider, offered their personal story on the benefit of telehealth for their family:

Telehealth is vital to rural and remote Alaska; we live in a vast State where not all places are accessible on a whim especially when we have such changing weather in a moment's notice. During the pandemic meeting the needs of the clients in [a village] was vital to making their needs met via video or telephonically. We meet the needs of the clients where they are at. My children were able to see their dad who was in a severe snowmobile accident in 2020 via Vidyo² while in Anchorage. Patients who were sent on a medivac could not have a family member to fly with them due to COVID-19. The doctors in Anchorage made sure the family was able to make vital decisions through Vidyo and telephonically. Being able to have my kids connect to their dad during the difficult time was important to them and gave sense of peace being able to see him. They greatly appreciated seeing their dad and the opportunity that telehealth was able to connect them during a difficult time in their life. Our people matter, we have limited resources but utilizing them with what we have means continuity and a blessing for us because when the pandemic hit it did show that resource is vital.

It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

Kodiak Area Native Association appreciates the opportunity to support this legislation. Should you have any questions regarding this letter, please contact me at Mike.Pfeffer@kodiakhealthcare.org or 907-486-9810.

Sincerely,

Mike Pfeffer, Acting Chief Executive Officer
Kodiak Area Native Association

² Vidyo is a health video-teleconferencing platform.



February 17, 2022

House Health & Social Services Committee
Alaska Legislature
Juneau, AK 99801

Re: HB265 Support

Dear Co-Chairs Zulkosky and Snyder, and House Health and Social Services Committee Members:

The Alaska Primary Care Association (APCA) supports the operations and development of Alaska's 29 Health Centers (also commonly referred to as Community Health Centers or Federally Qualified Health Centers). Health Centers provide comprehensive whole person care, which includes medical, dental, behavioral, pharmacy and care coordination services.

APCA and Alaska's Health Centers support HB265 because it increases access to primary care and behavioral health services and expands telehealth in Alaska. This legislation:

- Includes a range of telehealth modalities, including audio-only, now & into the future
- Allows patients and providers to engage in telehealth services outside a clinic setting if they so choose
- Provides adequate reimbursement for telehealth visits, providing new points of access to whole person care, including behavioral health and substance use disorder treatment.

In the most recent year of full reporting, 2020, Alaska's Health Centers served 105,000 patients through 450,000 visits delivering medical, dental, behavioral health, substance use disorder treatment and other care. Behavioral health and substance use disorder services are Health Centers' fastest growing area of service. 40% of these visits were accommodated via telehealth. In the subspecialty of substance use disorder services, 45% of visits were via telehealth.

Alaska's Health Centers have weathered many emerging challenges brought on by the pandemic and APCA appreciates the actions taken by the Department of Health Social Services, which have allowed Health Centers to reach their patients via telehealth.

The temporary telehealth policy changes allowed Health Centers to be recognized as telehealth treating providers; to furnish some behavioral health services via audio-only

technology; and to be paid for telehealth services furnished to Medicaid beneficiaries under the Health Centers' unique payment system, called the prospective payment system (PPS).

APCA supports HB265 as this key legislation allows these temporary telehealth provisions to become permanent for patients and providers in Alaska.

Health Centers, by definition, serve hard-to-reach communities. The majority of Health Center patients experience a range of challenges in accessing health care that include facing long distances to reach local providers, cost of care, transportation, language, and cultural barriers. In Alaska, over half of Health Center patients are racial/ethnic minorities, a majority are low-income, and most patients live in rural communities.

Health Centers can best serve their patient populations if they have the ability to use technology to better support their patients. Additionally, workforce shortages, particularly in the behavioral health sector, impact Health Centers uniquely as nonprofit safety-net providers, and telehealth allows Health Centers to use their clinical workforce most nimbly.

Health Centers have witnessed how telehealth has provided stronger continuity of care for patients, reduced travel costs, has resulted in fewer dropped visits and a reduction in delayed (and more costly) care. We understand that delivering quality whole person care ultimately leads to better health outcomes, saves lives and in the long run, it saves on cost.

Telehealth plays an important role in whole person care, and telehealth is now embedded in Alaska's health care system, thanks to the Department of Health and Social Services' quick action in implementing Alaska's 1135 waiver.

Now is the time to ensure that we can build upon the early successes we've experienced and allow telehealth visits to continue moving forward in Alaska.

Alaska's Health Centers' experiences over the past two years help illustrate the importance of telehealth to their patients and clinical providers. For example, Kodiak Community Health Center used telehealth encounters to complete dual chronic condition management and behavioral health check-ins with cohorts of their most vulnerable patients over the phone. Patients with chronic conditions were able to check-in on their conditions and complete a basic behavioral health assessment to determine whether follow-up was warranted. This activity was popular with patients, delivered quality care, and was an efficient use of patient encounters.

Another Health Center, the Girdwood Health Clinic, was able to retain a behavioral health provider during the pandemic through collaboration with a partner agency, increasing access to behavioral health services to match the increasing demand in Girdwood.

Health Centers are adept at leveraging their primary federal funding to strengthen their role and impact in Alaska's health care system. The ongoing pandemic and economic recession have taken a financial toll on Health Centers and have deeply impacted Alaska's Health Center workforce at a time when they are looked to as an essential source of care for

Alaska's low-income patients who are at high risk of COVID-19 infection and poor health outcomes.

As we move forward on a path towards recovery, we believe telehealth will continue to be a necessary tool to help patients access the whole person care they need today and into the future.

Alaska Primary Care Association and Health Centers across the state urge you to support HB265 and appreciate your consideration of this request for support.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Merriman", is displayed on a light blue rectangular background.

Nancy Merriman
Executive Director

Ilanka Community Health Center

705 Second Street

P.O. Box 2290

Cordova, Alaska 99574

Phone (907) 424-3622 Fax (907) 424-3275



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, & the Gulf of Alaska

Feb 17, 2022

The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Juneau, AK 99801

The Honorable David Wilson
Alaska Senate
Alaska State Capitol Building, Rm 121
Juneau, AK 99801

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

The Native Village of Eyak is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through "flexibilities" to remove barriers for individuals to access their health care from the safety and comfort of their homes. These "flexibilities" have saved Alaskan lives; we must make them permanent.

The NVE operates the Ilanka Community Health Center, located in Cordova, Alaska within the traditional Eyak Lands. Cordova is a landlocked community with minimal access by air and ferry to Anchorage and beyond. Having access to behavioral health services is crucial to the mental health of our community. Being able to continue to provide distance services is important in over-coming some of the staffing crisis related to in-person services.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

Telehealth access to behavioral health services has had an important impact for our rural Alaska Native population. In the first year of the pandemic, some rural regions of Alaska saw a decline in completed suicides. Providers also saw dramatic increased utilization of some behavioral health services such as group therapy. In rural Alaska, it can be difficult to access such group therapy services in a small village. This would normally have required a patient to travel to the hub community where the service is delivered. Through telehealth, now a group therapy program can support patients across an entire region.

Providing personalized quality health care for the entire Cordova Community.

In our rural communities, one of the barriers to access counseling and therapy services can frequently be maintaining anonymity. Expanded telehealth services for behavioral health patients in small communities can now allow patients to receive care in the privacy of their homes, through telephone or synchronous audio-visual broadband connections. For younger beneficiaries, behavioral health providers have reported that telephonic services have improved openness and progress in treatment plans.

One provider shared this compelling story of the benefits of telehealth on suicide prevention:

There is an individual at-risk for suicide in [a village] who likely wouldn't be getting services if it weren't for telehealth (phone, specifically). There is a conflict of interest with the [Village-Based Counselor] and [the patient] refuses to go to that office. This person doesn't have internet in the home so is unable to do video telehealth. Audio-only is the opportunity that has helped keep this individual safe and alive, and has allowed [behavioral health providers] to provide therapy so this person can address the trauma causing the suicidal ideations.

Other providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265/SB175 would make permanent is saving Alaskan lives. When asked on the viability of telephonic behavioral health services, one provider stated, “I firmly believe and have seen that the delivery of services can be accomplished well over the phone (e.g. assessments, consults, sessions etc.). It is doable, therapeutic, and effective.”

One patient, who is also a health care provider, offered their personal story on the benefit of telehealth for their family:

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It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-

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COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

The Native Village of Eyak appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact us at our Ilanka Community Health Center in care of Kari Collins, the Health Administrator. Kari.Collins@eyak-nsn.gov

Sincerely,

A handwritten signature in black ink that reads "Mark Hoover". The signature is written in a cursive, flowing style.

Mark Hoover,
Tribal Chairperson



The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Juneau, AK 99801

The Honorable David Wilson
Alaska Senate
Alaska State Capitol Building, Rm 121
Juneau, AK 99801

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

Copper River Native Association is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their health care from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

Having the ability to utilize telehealth for both our primary care and our behavioral health programs has greatly improved both access to care and our ability to provide treatment in a timely manner. While we have the pleasure of being on the road system here, our catchment spans well over one hundred miles, in one direction. These distances can and do serve as barriers to efficient and effective treatment of our beneficiaries, unless we have reimbursable telehealth capabilities.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

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In our rural communities, one of the barriers to access counseling and therapy services can frequently be maintaining anonymity. Expanded telehealth services for behavioral health patients in small communities can now allow patients to receive care in the privacy of their homes, through telephone or synchronous audio-visual broadband connections. For younger beneficiaries, behavioral health providers have reported that telephonic services have improved openness and progress in treatment plans.

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Copper River Native Association appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact us at 907 822 5241.

Sincerely,

A handwritten signature in cursive script, reading "Angela Vermillion".

Angela Vermillion
Chief Executive Officer
Copper River Native Association



February 25, 2022

Representative Ivy Spohnholz
Alaska State Capitol
Juneau, AK. 99801

Dear Representative Spohnholz:

On behalf of the Mat-Su Health Foundation and its Board of Directors, I am writing to express support for HB 265, "An act related to telehealth." The Mat-Su Health Foundation shares ownership in Mat-Su Regional Medical Center and invests its share of the profits back into the community to improve the health and wellness of Alaskans living in the Mat-Su.

Access to healthcare, including behavioral healthcare, supports goals identified by the three most recent Mat-Su Health Foundation Community Health Needs Assessments. These assessments, which were conducted with community partners in 2019, 2016 and 2013, included extensive data analysis, public polling, participatory research, and community forums. Transportation was identified as the number one factor affecting health in our community in the 2016 study, and access to care was identified as a top ten health issue in the 2013 and 2019 studies.

Accessing the benefit of traditional health care requires reliable, affordable transportation. Telemedicine eliminates this barrier that adversely affects those without transportation. It also allows for easier access to care for individuals experiencing limited mobility and caregivers to young children or older Alaskans. The cost of travel to both receive and provide health care is tremendous for patients and providers. Patients postpone preventative care, medication refills, and early interventions due to access, cost, weather, and lack of time. This increases overall health costs because people wait to treat problems until they become a crisis instead of earlier when care is less expensive. While many patients in rural areas – including the more rural parts of Mat-Su – can benefit from telemedicine, this is not just a rural issue. Patients who struggle with medical conditions that make it difficult, uncomfortable, or exhausting to see a provider in person for treatment can benefit no matter where they live in Alaska.

Another factor that increases access to care is having an ongoing relationship with a primary care provider. In 2017, 72.2% of Mat-Su adults and 89.3% of adults 65 years or older had a regular primary care provider. Mat-Su and Alaska have not achieved the Healthy People 2020 Goal of 83.9% of the general population having a regular primary care provider. The 2019 County Health Rankings and Roadmaps data shows the ratio of Mat-Su primary care providers to be one physician to 2,130 persons, which is lower than the statewide average of 1,110:1. The telehealth provisions maintained by HB 265 give patients needed access to primary care providers who can help them regain and maintain health in the most economical way possible.

Thank you for introducing this important legislation. The temporary rules during the pandemic demonstrated that better access to telemedicine equates to better access to healthcare, period—and we want to maintain this telehealth flexibility. If we can help in other ways to advance this legislation, please don't hesitate to contact me directly via phone at 907-354-3595 or email at eripley@healthymatsu.org.

Sincerely,

Elizabeth Ripley
President and CEO



February 17, 2022

The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Juneau, AK 99801

The Honorable David Wilson
Alaska Senate
Alaska State Capitol Building, Rm 121
Juneau, AK 99801

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

Mt Sanford Tribal Consortium is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their health care from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

Mt Sanford Tribal Consortium was established on June 26, 1992 to advance and protect common interests and the well-being of the descendants of the Upper Ahtna indigenous people.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

Telehealth access to behavioral health services has had an important impact for our rural Alaska Native population. In the first year of the pandemic, some rural regions of Alaska saw a decline in completed suicides. Providers also saw dramatic increased utilization of some behavioral health services such as group therapy. In rural Alaska, it can be difficult to access such group therapy services in a small village. This would normally have required a patient to travel to the hub community where the service is delivered. Through telehealth, now a group therapy program can support patients across an entire region.

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It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

Mt Sanford Tribal Consortium appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact us at 907 822-5399 or ebeeter@mstc.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Evelyn Beeter', written in a cursive style.

Evelyn Beeter
President/CEO



AADD
ALASKA ASSOCIATION ON
DEVELOPMENTAL DISABILITIES
P.O. Box 241742
Anchorage, Alaska 99524

To facilitate a united provider voice for best practices, advocacy, partnerships and networking.

February 17, 2022

Representative Spohnholz
State Capitol room 406
Juneau, AK 99801

Re: Support for Telehealth legislation HB 265

Dear Representative Spohnholz,

AADD, the Alaska Association on Developmental Disabilities is the trade association for 67 organizations throughout Alaska that provide services for Alaskans who experience intellectual and developmental disabilities (IDD)s. This includes large and small service organizations, Assisted Living Homes and Care Coordinators. We are pleased to have this opportunity to express our support for HB 265, Telehealth Legislation.

AADD is in strong support of HB 265. The COVID Pandemic has moved the access and utilization of remote services forward rapidly. Many IDD service providers were able to benefit from the Appendix K flexibilities that allowed services such as day habilitation to be provided remotely for individuals who ended up isolated in their homes. The Alaska Mental Health Trust funded an Enabling Technology grant through AADD that provided training, an excellent handbook and on-going meetings among providers to share ideas and success stories for the wide utilization of remote services. The providers that accessed those services continue to offer robust remote services today. One provider continues to have a group of 4 to 5 individuals that have been meeting three hours a day, five days a week remotely doing a number of different activities, both educational and fun as well as connecting with each other. In a time when the workforce shortage is the most extreme providers have experienced for Direct Support Professionals (DPS's) remote services have allowed workforce members who are compromised (i.e. multiple cancers for example) to continue to work remotely without fear of infection. The continuity of such service options, supported by HB 265 is very important.

Care Coordination is another area in which remote services (telehealth visits) have been essential to the continuity of services for the individuals they support. In December of 2014 there were 592 certificated care coordinators in our system. This month (February, 2022) there are 178. Not only is this a significant reduction in the workforce, but a new waiver type (ISW, Individual Supports Waiver) has added another 350 waivers to our system during that period. With the onset of the pandemic, and Appendix K flexibilities that allowed for remote visits, rather than the required in person monthly visits, Care Coordinators have been able to serve significantly higher numbers of clients. A current evaluation of the system is being conducted through an

Alaska Mental Health Trust Grant through AADD to provide recommendations to the Department and the providers to better support the Care coordination system. We appreciate the language included in HB 265 that would allow the billing of Medicaid Waivers services when provided remotely.

AADD applauds the efforts that went into the creation of HB 265. And we greatly appreciate the collaboration offered to stakeholders that would be impacted by this bill. AADD is very grateful for the potential impact for continued services to individuals that experience intellectual and developmental disabilities.

Sincerely,

A handwritten signature in cursive script that reads "Lizette Stiehr".

Lizette Stiehr
Executive Director, AADD



*With Spirit and
Strength*

Feb 16, 2022

The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Juneau, AK 99801

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz,

The Aleutian Pribilof Islands Association is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their health care from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

The *Aleutian Pribilof Islands Association, Inc.* is the federally recognized tribal organization of the Aleut people in Alaska. It was created by the merger of two predecessor organizations: The Aleut League, formed in 1966, and the Aleutian Planning Commission, formed a few years later. APIA was chartered in 1976 as a nonprofit corporation in the State of Alaska. APIA contracts with federal, state and local governments as well as securing private funding to provide a broad spectrum of services throughout the region. These services include health, education, social, psychological, employment and vocational training, and public safety services. A 13-member Board of Directors governs the Association. Each director serves at the appointment of their respective tribe, represents one of 13 constituent Aleut Tribal Governments, and is appointed by the community's tribal organization. The board establishes overall policy and direction for APIA and appoints a president/chief executive officer to administer the Association.

The mission of APIA is to provide self-sufficiency and independence of the Unangan/Unangas by advocacy, training, technical assistance and economic enhancement; To assist in meeting the health, safety and well-being needs of each Unangan/Unangas community; To promote, strengthen and ensure the unity of the Unangan; and To strengthen and preserve Unangan's cultural heritage.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to

connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

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One provider shared the benefits of telehealth on access to care and the importance of telephone delivered psychotherapy:

In rural and remote locations where access to care can at times pose very real challenges telehealth can be a lifeline to assure access to care remains comparable with those living in an urban region. The pandemic has brought increased awareness that telehealth has been and hopefully can be a permanent option to ensure access to care has parity for those living in both urban and rural settings. For many digital literacy is a real cultural concern and telephone only psychotherapy can be the difference in to accessing care or not. During the pandemic enabling all means to access care has been made paramount and continuing this going forward afterwards will ensure no one is left out.

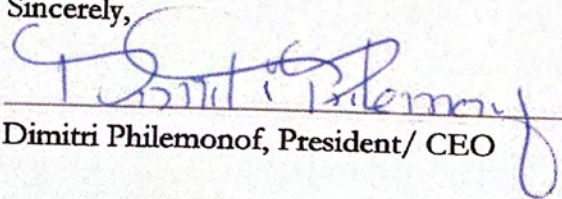
Other providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265/SB175 would make permanent is saving Alaskan lives. When asked on the viability of telephonic behavioral health services, one provider stated, “I firmly believe and have seen that the delivery of services can be accomplished well over the phone (e.g. assessments, consults, sessions etc.). It is doable, therapeutic, and effective.”

It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

The Aleutian Pribilof Islands Association appreciates the opportunity to support this legislation. Should you have any questions regarding this letter, you may contact us at 907-276-2700.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dimitri Philemonof", written over a horizontal line.

Dimitri Philemonof, President/ CEO

2-18-22

Date



March 1, 2022

Representative Spohnholz
Alaska State Capitol
120 4th Street
Juneau, AK 99801
Representative.Ivy.Spohnholz@akleg.gov

RE: ASHNHA Supports HB 265 - Health Care Services by Telehealth

Dear Representative Spohnholz,

The Alaska State Hospital and Nursing Home Association (ASHNHA) represents more than 65 hospitals, skilled nursing facilities, home health agencies, and other health care partners distributed across Alaska's vast expanse of over half a million square miles, from PeaceHealth Ketchikan Medical Center in Southeast Alaska to Samuel Simmonds Memorial Hospital in Utqiagvik, north of the Arctic Circle. For over 60 years, ASHNHA members have worked together to improve health care in Alaska.

ASHNHA supports HB 265 Health Care Services by Telehealth. Throughout the pandemic, telehealth flexibilities have been critical to ensuring all Alaskans are able to receive care when they need it most. To continue this momentum, the legislative changes under HB 265 are necessary.

Specifically, HB 265 solidifies many of the flexibilities concerning modalities that can be used for telehealth, services that can be rendered through telehealth, and provider types who can participate in telehealth. Simply put, this legislation is an important step for patient care in Alaska that will benefit Alaskans and their ability to access care.

ASHNHA is appreciative for the opportunity to work with your office and other stakeholders to provide feedback on this legislation, and we urge the swift passage of HB 265. Thank you for your consideration and your service to our state.

Sincerely,

Jared C. Kosin, JD, MBA
President & CEO

February 16, 2022

Alaska State Legislature
House Health and Social Services Committee
Juneau, AK 99801

RE: HB265 - Health Care Services by Telehealth

Dear, House Health and Social Services Committee:

I am writing in support of HB265 - Health Care Services by Telehealth.

I am an Alaskan citizen with multiple sclerosis. There isn't viable medical treatment for me locally, so my primary care providers have been referring me to a neurologist in Seattle since 2015.

I had an out-of-state, in-person visit in January of this year where my neurologist recommended I consider a change in my treatment plan, dependent on the results of a blood test. I can easily get the blood test in Alaska, but to discuss the results with her and decide how to move forward, I will need to travel to Seattle again to have an office visit. If telehealth were an option, this follow up visit could easily be reduced from a second two day trip to Seattle to a one hour online appointment from my own home.

I have a robust health insurance plan through the University of Alaska, with a medical travel support benefit, but it still leaves me to pay for lodging (definitely not cheap in Seattle), food, ground transportation or rental car, and 20% of my airfare for each trip. Not to mention, I need to take time off of work. The more rural the area of the state where someone in my situation lives, the higher the costs become, and this is all on top of the expenses for the medical appointment itself.

People who need a medical specialist inherently have physical, mental, and emotional challenges with their diagnosis. I understand that not all appointments can be completed virtually, but for those that can, telehealth would help ease the burden.

Please pass HB265. Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read 'Rachel Potter', with a stylized, flowing script.

Rachel Potter
Fairbanks, AK



February 16, 2022

The Honorable Liz Snyder
Co-Chair, Alaska House Health & Social Services Committee
Alaska House of Representatives
120 4th St., Room 421
Juneau, AK 99801

The Honorable Tiffany Zulkosky
Co-Chair, Alaska House Health & Social Services Committee
Alaska House of Representatives
120 4th St., Room 416
Juneau, AK 99801

RE: ATA ACTION COMMENTS ON HOUSE BILL 265

Dear Co-Chairs Snyder and Zulkosky,

On behalf of ATA Action, I am writing you to comment on House Bill 265 as it relates to telehealth.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services – including teledentistry services – across the care continuum. ATA Action supports the enactment of state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

House Bill 265 would explicitly make clear that providers may deliver telehealth services without an in-person exam if the provider's license is in good standing and allow out-of-state providers not licensed in Alaska to render telehealth services to patients referred by someone licensed in Alaska or under a federal or tribal health care program. The proposed legislation would also permit physicians to prescribe controlled substances via telehealth, removing a requirement that an appropriate and licensed health care provider must be physically present with the patient receiving the controlled substance.

ATA Action supports the Legislature's efforts to expand access to high-quality health care by allowing Alaska-licensed providers to treat patients via telehealth without a prior in-person examination. We believe that so long as the provider of telehealth services has determined, in his or her professional opinion, that the technologies used to deliver care are appropriate to meet the standard of care for the condition presented by the patient, providers should be able to utilize the

ATA ACTION

901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org



full range of telehealth technologies to establish relationships with patients and provide care virtually. Eliminating this clinically unsupported requirement will make it far easier for Alaskans – especially those in remote locations – to access the health care they need.

Our organization approves of the Legislature’s efforts to ensure that physicians, osteopaths, physician assistants can prescribe controlled substances, where appropriate, via telehealth without conducting an in-person examination so long as the prescriber of these substances otherwise complies with requirements under federal law. ATA Action maintains that the choice about a patient’s care plan, including the technology utilized to render care, should ultimately be the decision of an empowered patient and his or her provider, one that is made in accordance with the standard of care. We believe that permanent policy should focus on ensuring that patients can use telehealth technologies to receive prescriptions for substances that fall under the Schedule III and IV categories, as well as Schedule II substances (stimulants only) under certain circumstances and certain medications utilized to treat patients with substance use and opioid use disorders (e.g., suboxone, naloxone, buprenorphine), provided the prescriber of these substances otherwise complies with requirements under federal law.

However, we strongly encourage the Legislature to extend the permission to prescribe controlled substances via telehealth without an in-person exam to advanced practice registered nurses in addition to physicians, podiatrists, osteopaths, and physician assistants. Since the Legislature considers prescribing controlled substances virtually to be within the scope of practice for APRNs, the in-person examination requirement is clinically unsubstantiated. So long as the APRN is using technologies sufficient to meet the standard of care for the condition presented by the patient, he or she should be able to use telehealth technologies to prescribe controlled substances, provided the prescriber of these substances otherwise complies with requirements under federal law.

Finally, we also appreciate the Legislature’s efforts to permit providers not licensed in Alaska to deliver telehealth services to patients referred to them by an Alaska-licensed provider. Our organization believes that Alaskans should be able to receive virtual care from their preferred provider – regardless of that provider’s physical location – so long as the provider is licensed and in good standing in his or her home state, is utilizing the appropriate technology to uphold the established standard of care, and can still be held accountable by the appropriate Alaska boards and state agencies should any issues arise from treatment. By granting practice privileges to out-of-state health care providers who maintain good standing in their own states, Alaska patients will have the opportunity to connect with qualified practitioners whenever and wherever their need for care arises. Policies which enable out-of-state providers to practice at the top of their licenses and deliver high-quality health care via telehealth remove arbitrary geographical barriers that limit patients’ access to the health care services they want, need, and deserve.

While we believe that this provision is a step forward for Alaska’s state telehealth policy, we suggest removing the requirement that out-of-state providers not licensed in Alaska deliver telehealth services only to patients referred to them by Alaska-licensed providers and encourage

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Info@ataaction.org



additional licensure flexibilities. Instead of insisting that Alaska-licensed providers connect Alaskans with providers licensed in other states, the Legislature should ensure that all telehealth interactions undertaken by Alaska patients are held to the same standard of care – regardless of where the provider is licensed or located.

States like Florida have taken steps to remove these sorts of barriers to access to affordable, quality care, implementing licensure flexibilities that allow out-of-state providers who are licensed and in good standing in their home states to practice without having to navigate the often-burdensome licensure requirements of other states. These sorts of public policy experiments were met with great success after the onset of the pandemic, as patients with non-emergent conditions were given the opportunity to receive timely care via telehealth technologies not only for COVID-related illnesses but also for a myriad of other chronic and acute issues. In response to these flexibilities, our member organizations leveraged their technology platforms and provider networks to increase the supply of health care professionals to meet surges in demand, ultimately serving millions of Americans who would otherwise never have received care. Notably, there was not an increase in documented patient complaints nor harm to patients from the implementation of this policy nationwide.

Thank you for the opportunity to comment. Please do not hesitate to let us know how we can be helpful to your efforts to advance common-sense telehealth policy in Alaska. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read 'Kyle Zebley', is written over a light grey circular background.

Kyle Zebley
Executive Director
ATA Action



February 15, 2022

The Honorable David S. Wilson
Chair, Senate Committee on Health and Social Services
120 4th Street Room 205
Juneau, AK 99801-1182

RE: Support for Telehealth; SB 175

Dear Senator Wilson:

On behalf of the American Speech-Language-Hearing Association, I write in support of SB 175, with amendments, which addresses telehealth services and reimbursement.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, and swallowing disorders. Over 400 ASHA members reside in Alaska.¹

ASHA supports the provisions allowing a licensed health care provider to offer services within their scope of practice to patients in Alaska via telehealth without first conducting an in-person examination. We recommend amending the language in Sec. 08.01.085. Telehealth. (a) to state:

“If a health care provider is licensed in another state, the health care provider may provide services under this section only to a patient who is referred by a health care provider licensed under this title or a federal or tribal health care program or to patients who have a pre-existing patient-provider relationship with a provider licensed in another state.”

Adding this language will ease the ability of residents who do not live in Alaska full-time to seek the care they need.

As the leading national organization for the certification and advancement of audiologists and speech-language pathologists, ASHA supports the development and use of telehealth, also referred to as *telepractice* and *telemedicine*. ASHA maintains a collection of professional practice documents, including a position statement that defines telehealth as “the application of telecommunications technology to deliver professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation.”²

ASHA strongly supports the use of telehealth. Research demonstrates the equivalence of telehealth to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.³ Studies have shown high levels of patient, clinician, and parent satisfaction supporting telehealth as an effective alternative to the in-person model for delivery of care.⁴ Telehealth expands practitioners' availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient. Despite

proven benefits, telehealth remains underutilized within audiology and speech-language pathology due to a lack of clear state laws governing its use or mandating appropriate reimbursement for services delivered.

Senate Bill 175 addresses these barriers by requiring that a fee for a service provided through telehealth must be reasonable and consistent with the ordinary fee charged for that service provided in person and may not exceed the ordinary fee charged for that service.

Thank you for your consideration of ASHA's position to support SB 175 with amendments. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director of state association relations, at ecrowe@asha.org.

Sincerely,



Judy Rich, EdD, CCC-SLP, BCS-CL
2022 ASHA President

¹ American Speech-Language-Hearing Association. (2021). *Alaska* [Quick Facts].
<https://www.asha.org/siteassets/uploadedfiles/alaska-state-flyer.pdf>.

² American Speech-Language-Hearing Association. (n.d.). Telepractice. Retrieved from
<https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>.

³ Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

⁴ Ibid.

February 16, 2022

The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Juneau, AK 99801

The Honorable David Wilson
Alaska Senate
Alaska State Capitol Building, Rm 121
Juneau, AK 99801

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

Tanana Chiefs Conference, is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their health care from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

Tanana Chiefs Conference is a Tribal Consortium providing health and social services to Tribal communities in the Interior of Alaska. Of the 26 rural communities that receive all their health care services through Tanana Chiefs Conference, the vast majority is not accessible by road, which poses significant challenges for easy access to higher levels of care due to logistical challenges and weather events. Especially during the Pandemic when communities went on lock down to prevent exposing their vulnerable populations, expanded telehealth authorities have created those very needed opportunities to access that higher level of care, when needed.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant that Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

Telehealth access to behavioral health services has had an important impact for our rural Alaska Native population. In the first year of the pandemic, some rural regions of Alaska saw a decline in completed suicides. Providers also saw dramatic increased utilization of some behavioral health services such as group therapy. In rural Alaska, it can be difficult to access such group therapy services in a small village. This would normally have required a patient to travel to the hub community where the service is delivered. Through telehealth, now a group therapy program can support patients across an entire region. We were actually able to increase the number of individual clients seen for behavior health services during the Pandemic because of the “flexibilities” that were put in place.

In our rural communities, one of the barriers to access counseling and therapy services can frequently be maintaining anonymity. Expanded telehealth services for behavioral health patients in small communities can now allow patients to receive care in the privacy of their homes, through telephone or synchronous audio-visual broadband connections. For younger beneficiaries, behavioral health providers have reported that telephonic services have improved openness and progress in treatment plans.

One provider shared this compelling story of the benefits of telehealth on suicide prevention:

There is an individual at-risk for suicide in [a village] who likely wouldn't be getting services if it weren't for telehealth (phone, specifically). There is a conflict of interest with the [Village-Based Counselor] and [the patient] refuses to go to that office. This person doesn't have internet in the home so is unable to do video telehealth. Audio-only is the opportunity that has helped keep this individual safe and alive, and has allowed [behavioral health providers] to provide therapy so this person can address the trauma causing the suicidal ideations.

Our providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265/SB175 would make permanent is saving Alaskan lives. When asked on the viability of telephonic behavioral health services, one provider stated, “I firmly believe and have seen that the delivery of services can be accomplished well over the phone (e.g. assessments, consults, sessions etc.). It is doable, therapeutic, and effective.”

It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

Tanana Chiefs Conference appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact us at

Jacoline.bergstrom@tananachiefs.org

Sincerely,

TANANA CHIEFS CONFERENCE



Brian Ridley
President



nami | **Alaska**

National Alliance on Mental Illness

Affiliates in Anchorage, Fairbanks, Juneau, and North Slope
Serving all of Alaska



**American
Foundation
for Suicide
Prevention**

Alaska

"The world as we once knew it has changed, and change is often difficult. However, the "new normal" we're facing also offers opportunity for growth. The pandemic has been hard, but it has also increased awareness about the importance of our mental health. Now, as we re-envision what our lives will look like moving forward, we have the chance to re-envision mental health care, too." Daniel H. Gillison, Jr., CEO NAMI National

2022 LEGISLATIVE PRIORITIES

Understand and support the mission of NAMI (National Alliance on Mental Illness)

NAMI Alaska advocates for access to mental health services, treatment, support and research, and is steadfast in our commitment to raising awareness and building a community of hope for all of those in need throughout Alaska. We work to promote our Alaskan NAMI affiliates across the state and connect individuals with NAMI resources in their communities.

Make a Difference and Advocate for Suicide Prevention – American Foundation for Suicide Prevention – Alaska Chapter (AFPS)

Advocacy is at the heart of AFPS's mission to save lives and bring hope to those affected by suicide. Those pushing for grassroots change are invaluable in efforts across Alaska and the nation. AFSP is working collaboratively with community members and organizations to mobilize social change, promote stakeholder outreach, and advocate for comprehensive mental health and suicide prevention legislation on behalf of Alaskans everywhere.

- **Support the development of CRISIS NOW, and the '988' emergency line implementation**
When individuals with mental illnesses cannot access treatment and support services and undergo a crisis, they often cycle through expensive institutional care such as jails and hospitals. Components of a comprehensive crisis services and response system prioritizes timely and effective interventions for individuals experiencing psychiatric emergencies when more appropriate settings are available. This is a life-saver and a cost-saver. *Crisis Now* is in place in Anchorage and Fairbanks, and soon in the MatSu area. *Per federal requirements, the 988 number takes effect nationwide on July 16, 2022, and the Alaska Careline will manage this number statewide.*
- **HB 8 – Relating to protection of children and vulnerable adults**
NAMI supports public policies and laws to ban the discredited, discriminatory, and harmful practice of conversion therapy. No person should be subject to a so-called treatment that instead causes the individual harm. People who have experienced conversion therapy are at a greater risk for depression, anxiety, and self-destructive behaviors. (Sponsored by Reps. Hannan, Hopkins, Tarr, Snyder)
- **HB 25 – Social and Emotional Learning (SEL)** is the process through which students acquire and apply the knowledge, attitudes, and skills to develop coping mechanisms, manage emotions, set and achieve goals, maintain positive relationships, and make responsible decisions. House Bill 25 creates curriculum standards within the Department of Education and Early Development to help guide school districts and educators as they incorporate SEL into their classrooms.
(Sponsored by Reps. Hopkins, Spohnholz, Zulkosky, Story)
- **HB 60/SB 80 - Access to Mental Health Education in K-12 Public Schools – establish guidelines**
(HB 60 sponsored by Reps Claman, Fields, Zulkosky, Spohnholz, McCarty, Story; SB 80 sponsored by Senators Grey-Jackson, Begich) Strengthening Alaska public schools' existing health curriculum to include mental health education and awareness will teach educators and students to recognize the warning signs of mental distress and provide them with the language and resources to connect to help. Early identification and intervention are

essential to keep young lives on track. For more information: [‘Mental Health Supports in Alaska Schools’](#); [NAMI Poll – Parents want mental health ed in schools](#)

- **[HB 172/SB 124](#) – Mental Health Facilities**

Addresses admission to and detention at a subacute mental health facility as part of the overall ‘Crisis Now’ Initiative. Currently, Alaska primarily relies upon law enforcement, EMS, and hospital emergency rooms to serve people in behavioral health crisis, and most communities do not have the appropriate facilities and services where officers can take people to receive appropriate care. This legislation will help to create a full continuum of behavioral health crisis response services, particularly at the appropriate lower levels of care.

(Sponsored by House/Senate Rules Committee by request of the Governor)

- **[HB 265 / SB 175](#) – Healthcare Services by Telehealth** *(Sponsored by Rep. Spohnholz; Senator Wilson)*

Help Alaskans obtain the care they need by use of Telehealth as an option. Health care in Alaska is not always readily available locally. This bill would allow telehealth delivery from outside the state, provided the provider is licensed. Increases telehealth access for Alaska Medicaid beneficiaries by ensuring coverage for behavioral health, home and community-based services, rural health clinics, federally qualified health centers, and other programs eligible for Alaska Medicaid reimbursement.

- **Improve Community Mental Health Support Services – preserve and enhance behavioral health community support services.**

Effective treatment and support services are essential for individuals with mental health conditions to recover and live productive lives. When services are available in the community, individuals are less likely to rely on expensive institutional care. Community support services should be easy to locate, affordable, and readily available.

- **Ensure rural Alaskans have access to care** through peer services, tele-health services and in-person providers, including a focus on connectivity and accessibility in rural communities.

- **Support fully funding the Medicaid program.** Reductions to the Medicaid program threaten the entire health care system and will decrease access to quality and affordable healthcare for Alaskans, including children and adults with mental health conditions.

- **Expand prevention and early intervention programs** to ensure children and youth experiencing the onset of mental health conditions have timely access to effective services and support that continue into adulthood.

Legislation we are watching:

- **[HB 203](#) – Requiring safe storage of guns will save lives** *(Sponsored by Reps Wool, Thompson, Josephson, Spohnholz, Hannan)* In 2020, a RAND Corp. analysis found child-access prevention laws have reduced both firearm suicides and accidental shootings among young people. A 2019 Harvard study found that requiring guns to be locked when stored could prevent nearly one-third of youth suicides or accidental deaths.

For more information, see: [NAMIAlaska.org/advocacy](https://namialaska.org/advocacy)

NAMI Alaska • PO Box 201753 • Anchorage, AK 99520-1753
(907)277-1300 • [NAMIAlaska.org](https://namialaska.org) • alaskanami@gmail.com

Jasmin Martin

From: Jennifer Johnson [REDACTED]
Sent: Sunday, February 27, 2022 6:43 PM
To: Sen. David Wilson
Subject: Please vote FOR SB 175

Dear Senator Wilson:

This is to ask you to vote FOR SB 175 Health Care Services by Telehealth.

I have found the services valuable in saving me time, lost wages, and the stress of driving on icy roads.

I sincerely hope I can continue using the Telehealth services post-pandemic.

Please vote FOR SB 175

Sincerely,

Jennifer Johnson

Jasmin Martin

From: Randi Sweet [REDACTED]
Sent: Wednesday, March 02, 2022 10:45 AM
To: Senate Health and Social Services
Subject: SB175 Written Testimony

Letter of Support for Making Telehealth Flexibilities Permanent.

Making access to Telehealth more flexible

- increases timely access to healthcare including mental health care.
- leverages how today's healthcare providers and Alaskans use digital services in other areas of their lives.
- reduces the need to travel and wait time when an appointment is a check in type that does not require a face to face encounter or enables mental health appointments.
- reduces risk of injury in inclement weather in rural and urban locations.
- reduces time demands on caregivers.
- gives patients a choice on the way they receive care.
- makes sense and reduces bureaucratic barriers.

Thank you for your support of this important legislation.

Sincerely,

Randi Sweet
[REDACTED]
Seldovia AK 99663-0804



3760 Piper Street
P.O. Box 196604
Anchorage, AK 99508
t: (907) 562-2211
providence.org

March 2, 2022

The Honorable David Wilson
Chair, Senate Health & Social Services Committee
State Capitol, Room 121
Juneau, Alaska 99801

Electronic Letter

RE: Providence Alaska Supports Senate Bill 175: HEALTH CARE SERVICES BY
TELEHEALTH

Dear Senator Wilson,

Providence Alaska has set the standard for modern health care in Alaska for more than 100 years. Today we remain the state's largest health care and behavioral health provider, and the largest private employer, with nearly 5,000 caregivers across Alaska. As the CEO of Providence Alaska, I write in support of Senate Bill 175.

Providence is working to be a catalyst of change within health care and to work to reduce costs while improving health outcomes. An important step is to stop incentivizing the most expensive forms of health care. Providence Health 2.0 is an initiative that modernizes our own vision of how we serve communities and Alaskans. Traditional models center around the hospital, Health 2.0 centers around the individual and the most appropriate care setting.

The top 10% of health care users account for the vast majority of costs. Our family medicine Medicaid demonstration project targeted that top group of utilizers, many of whom visit the emergency room multiple times per month and rely on the emergency department as primary care. A simple description of the demonstration project is that we provided patient-centered care and wrap-around services for that top group of utilizers. We also listened to the patients and asked why they routinely depend on the emergency department. Primary themes emerged as access and connection.

Transportation is not often considered a component of health care, but to some, easy access to public transport, bus line routes, and ride sharing costs can play a major role in their health care decisions. Primary care offices may not be on public transportation routes, but emergency rooms are. Telehealth removes barriers and improves health equity, strengthens patient relationships, while also incentivizing the most effective care settings.

Telehealth is safe and effective. This is one of the unique instances where we have positive results to build upon. The past two years have been like a pilot program, where the temporary telehealth waivers have allowed Providence Alaska to bring care closer to Alaskans. In 2020, Providence Alaska served more than 12,000 Alaskans via telehealth. Thirty-one percent of our telehealth volume is behavioral health; the other top four departments by patient volume are: internal medicine, family medicine, pediatrics, and maternal and fetal medicine. Providence Alaska has vibrant telestroke and teleICU programs and sees the great telehealth potential for case management.

I'd like to highlight a couple of examples of transformation that has been made possible by the telehealth waivers and that we want to continue to use to better serve Alaskans. Home health and remote patient monitoring can provide significant benefits to patients facing chronic or acute illness. During the early days of the pandemic, Providence saw the need to provide safe and effective home care for Covid-positive patients and we rapidly responded to the available telehealth flexibilities. Through remote patient monitoring, we tracked patient vitals and symptoms and scheduled telehealth check-ins with patients in their homes. If a patient's vitals changed or symptoms worsened, we were able to track in real time and move the patient to a higher-acuity care setting only when clinically necessary.

This service was even more impactful to hospitals outside of Anchorage, including our Critical Access Hospitals in Valdez, Seward, and Kodiak, and through our partnerships with Mat-Su Regional Medical Center and Fairbanks Memorial Hospital. We avoided unnecessary emergency room visits and admissions, protected critical staffed bed capacity, and protected both our patients and caregivers from unnecessary risks of exposure. Perhaps most importantly, we were able to care for roughly 1,000 Alaskans near their support networks and improve health outcomes, providing safer environments for both patients and caregivers.

As we look at patients with chronic illness, this technology will improve health outcomes while reducing costs. Heart disease is the second leading cause of death in Alaska and thousands of Medicaid beneficiaries are diagnosed annually. Patients with a diagnosis of heart failure require intensive monitoring after hospitalization and rehospitalizations are common. Research indicates that many patients do best when they are administered therapies that may include as many as four different medications. Patients must be carefully monitored to track symptoms and reactions to medication to optimize treatment. Without telehealth and remote patient monitoring, these visits must be done in person without sufficient ongoing and real-time monitoring of the patient's condition.

Health outcomes will always be the most important metric; working to provide Alaskans with the opportunity to live longer and healthier lives. However, there is also a real cost to the state. The Alaska Medicaid program pays hundreds of millions of dollars for services to Medicaid beneficiaries diagnosed with heart disease. Remote patient monitoring and home health can reduce in-person visits and travel, while providing more effective treatment and reducing readmissions.

We believe establishing relationships with local providers is critical to health outcomes. The in-person visit cannot be fully replaced. However, we are successfully using more of a hybrid model to

expand access, deliver care in the most effective settings, and to connect Alaskans with local resources. You may have seen the expansion of Providence Express Cares across the Anchorage area, or our recently opened Midtown primary care clinic and urgent care center. Through these spaces, you can choose to schedule a telehealth appointment on your phone or other device, schedule an appointment for an in-person visit later that day, or walk-in to receive immediate lower-acuity care. During the height of the pandemic, Providence Express Care Alaska averaged more than 120 virtual visits per day. We often connect patients with primary care physicians and additional health resources on the spot. This hybrid model of in-person and virtual care empowers Alaskans to make informed health decisions. The patient/provider relationship is important, and we support clarifying language to provide a balance between expanding access to care and prioritizing Alaska providers.

I'd also like to echo the immense behavioral health benefits in SB 175 that have been highlighted by many of our colleagues. Alaska has a lot of work to do to build our fragile behavioral health continuum of care and telehealth can play a vital resource in getting Alaskans the care they need and deserve. Eliminating barriers to substance use disorder treatment increases the number of Alaskans in recovery and benefits us all.

Alaskans have access to high-quality health care, and we should be proud of our in-state health care options. But we must transform our system of care to improve overall economics and health outcomes. We have an amazing opportunity to take success stories from the regulatory relief provided during the pandemic and to use these tools to modernize our health care system. There are significant federal investments in improving our broadband infrastructure and cyber security. The time to modernize health care is now.

A handwritten signature in black ink, appearing to read 'P. Simmons', with a long horizontal flourish extending to the right.

Preston M. Simmons, DSc. FACHE
Chief Executives
Providence Alaska

Cc: Representative Ivy Spohnholz
Jared Kosin, Alaska State Hospital and Nursing Home Association