



*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.

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.

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 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.”

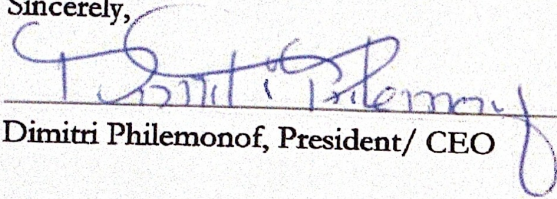
It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these 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.



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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





ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION

March 1, 2022

Representative Spohnholz  
Alaska State Capitol  
120 4th Street  
Juneau, AK 99801  
[Representative.Ivy.Spohnholz@akleg.gov](mailto: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

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**

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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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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](mailto: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





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



March 2, 2022

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

*Sent via email*

Re: Support for House Bill 265

Dear Representative Spohnholz,

The Alaska Mental Health Trust Authority (Trust) supports HB265, which will put into law many of the beneficial telehealth delivery flexibilities that arose during response to the COVID-19 pandemic and expand access to essential health services.

The Trust has long been an advocate for improved access to care for Trust beneficiaries; Alaskans who experience mental illness, substance use disorders, traumatic brain injuries, developmental disabilities, and Alzheimer's disease and related dementia. Telehealth, particularly behavioral health services delivered through telehealth, has an increasingly important role in helping ensure Trust beneficiaries in communities across the state have access to the care they need to thrive.

During the pandemic, the Trust supported many partners as they quickly adapted to using telehealth technology to provide essential behavioral health and other supportive services. We know that both our beneficiaries and our provider partners have greatly benefitted from the expanded use of telehealth. For Trust beneficiaries, telehealth reduces barriers such as transportation, and privacy or stigma-related concerns. For providers, telehealth improves the ability to provide consistent, quality care, reduces the number of no-show appointments, improves geographic reach, and improves coordination of care.

HB265 maintains the pandemic-related telehealth flexibilities and creates certainty around Medicaid coverage for telehealth services. HB265 also recognizes that many communities in Alaska have limited broadband service and allows for reimbursement of some audio-only telehealth services.

Telehealth is an essential and growing component of our state's system of care for Trust beneficiaries. We appreciate your leadership in sponsoring this legislation that will improve access to care, help ensure Trust beneficiaries live and receive services in their community of choice, and supports Alaska's network of providers.

Sincerely,



Steve Williams,  
Chief Executive Officer