

Jasmin Martin

From: [REDACTED]
Sent: Thursday, March 03, 2022 7:52 AM
To: Senate Health and Social Services
Subject: HB265

I strongly support the Telehealth bill currently being debated.

This bill increases access to behavioral health services when an in-person visit is unnecessary or difficult.

It reduces the need to travel out of state for specialty care (e.g., cancer treatment, neurology) by allowing physicians licensed to deliver follow-up care via telehealth after an in-person examination and an established patient-provider relationship

It ensures telehealth is a choice for patients who don't have an alternative option or a certain service available in person, especially in rural Alaska.

Please pass this legislation. It is good for all Alaskans.

Patricia Fisher
Mat-Su Borough

Jasmin Martin

From: Eric Gurley [REDACTED]
Sent: Thursday, March 10, 2022 7:46 PM
To: Senate Health and Social Services
Subject: Support for SB175 Health Care Services By Telehealth

Hello. My name is Eric Gurley, an Alaskan since 1975. I live in Anchorage. I am representing Alaska's four centers of independent living which serves Alaskans statewide that experience disabilities, seniors, and veterans. I am here to speak in support of HB175, specifically, "An Act relating to telehealth; relating to the practice of medicine; relating to medical assistance coverage for services provided by telehealth; and providing for an effective date."

This bill will maintain and expand Alaska's access to telehealth services which were broadened during the COVID-19 pandemic through temporary laws on the state and federal level. My ask, please support this measure.

I am the Executive Director of Access Alaska, Inc. Last year Access Alaska served 619 consumers in the communities and outlying areas in Anchorage, Fairbanks, the Mat-Su, Kenai Peninsula, Bethel and Southwest regions. Our services include independent living skills development, advocacy, peer support, information and referral, and nursing home transitions back to the consumer's home and community. Independent living centers helped Alaskans, and their families, in their efforts to improve their independence, and to remain in their own homes and communities. Last year, CILS collectively delivered over 5,669 services and worked with 2,450 consumers. We also assisted 111 Alaskans transition from assisted living homes, or nursing homes, to a home and community based setting; saving Alaska \$15,057,439 in public funds.

Many of the consumers served by CILS reside in Alaska's rural and remote communities. Telehealth has been able to support consumers through increased access to behavioral health services when an in-person visit is unnecessary or difficult, reducing the need to travel out of state for specialty care (e.g., cancer treatment, neurology) by allowing physicians licensed to deliver follow-up care via telehealth after an in-person examination and an established patient-provider relationship, and ensuring telehealth is a choice for consumers who don't have an alternative option or a certain service available in person, especially in rural Alaska. There are also benefits to providers utilizing telehealth strategies and efficiencies of use positively impacting the health care system such as decreased costs.

Thank you for the time, and please support the proposed Health Care Services By Telehealth.

Eric L. Gurley, MBA

Executive Director
Access Alaska, Inc.
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Selfless Service – Colin Powell (Retired Four-Star General, Former Secretary of State, United States National Security Advisor, and Chairman of the Joint Chiefs of Staff)



March 10, 2022

Senator David Wilson, Chair
Senate Health & Social Services Committee
Alaska State Capitol
120 4th Street
Juneau, Alaska 99801

Representative Liz Snyder, Co-Chair
House Health & Social Services Committee
Alaska State Capitol
120 4th Street
Juneau, Alaska 99801

Representative Tiffany Zulkosky, Co-Chair
House Health & Social Services Committee
Alaska State Capitol
120 4th Street
Juneau, Alaska 99801

Dear Chair Wilson, Co-Chair Snyder, and Co-Chair Zulkosky:

AHIP appreciates the opportunity to provide feedback on HB 265 and SB 175 concerning the delivery of telehealth services in Alaska.

Health insurance providers support the appropriate use of telehealth to provide access to necessary medical services and reduce health care costs for our members. AHIP applauds Alaska's commitment to remove regulatory barriers to increase patient access to health care services provided through telehealth. We share your commitment to this effort and ask that you take the following feedback into consideration.

AHIP has concerns with provisions contained in these bills which would require a fee for a service provided through telehealth to be "reasonable and consistent with the ordinary fee typically charged for that service".

AHIP does not support telehealth payment parity compared to in-person care and requests that the language in HB 265 and SB 175 be amended to the following:

"A fee for a service delivered through telehealth under this section that does not exceed the fee that is applicable, when the services are delivered through in-person contact and consultation."

Telehealth visits do not always require the same level of intensity, same amount of time, or the same equipment as in-person visits and are not a replacement for all in-person care. AHIP believes it is inappropriate for telehealth services to be paid the same rate as its in-person counterpart because they are not the same. Patients are unable to get physical examinations through telehealth services and may require additional in-person follow-up. In addition, we do not want to create incentives to substitute a telehealth visit for a necessary visit.

A mandate requiring health insurance providers to pay the same for a telehealth visit as the in-person visit will likely impact affordability. National data from Teladoc and Health Affairs indicate that average reimbursement rates for telehealth services are one half or less of the reimbursement rates compared to in-person office visits.¹

¹ Teladoc Health, Comment Letter on Proposed Legislation Oregon H 2693 (Jan. 28, 2019); Ashwood, J. Scott, et al. "Direct-To-Consumer Telehealth May Increase Access To Care But Does Not Decrease Spending." Health Affairs, Vol. 36, No. 3: Delivery System Innovation, Mar. 2017, www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1130.

For patients with coinsurance or who have not met their deductible, mandating a higher reimbursement rate for a telehealth visit will directly translate to higher out-of-pocket costs to the patient. Telehealth savings are passed on to employers and consumers through lower premium rates or more robust health insurance coverage benefits, and directly to patients through lower cost-shares, such as coinsurance or unmet deductibles. Again, we urge you to allow health insurance providers the flexibility in negotiating appropriate payment rates for telehealth services.

Moving beyond our concerns with the payment parity requirements imposed by HB 265 and SB 175, AHIP offers the following feedback for your consideration:

- AHIP appreciates that these bills provide flexibility in allowing out-of-state providers to deliver telehealth services in Alaska. However, given existing provider limitations in Alaska, we recommend additional flexibility be given to allow out-of-state providers to provide telehealth services to Alaskans.
- AHIP is supportive of the broader definition of health care providers who can deliver care through telehealth included in these bills. However, we would suggest additional flexibility be provided to accommodate new innovations that may be developed in the future. For example, if a new specialty tool through which a provider could effectively practice medicine were to be developed, this bill would need to be amended to accommodate that tool.
- AHIP appreciates the provisions in these bills which would ensure that all services delivered through telehealth must comply with the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and the safeguards against fraud, waste, and abuse.

Thank you for your consideration of our concerns. We appreciate the opportunity to provide comments on HB 265 and SB 175. AHIP and our members stand ready to work with you and look forward to continued discussions on this important issue. If you have any questions about the concerns raised in this letter, please contact me at ktebbutt@ahip.org or (720) 556-8908.

Sincerely,



Karlee Tebbutt
Regional Director, State Affairs
AHIP – Guiding Greater Health²

Cc: Members of the Senate Health & Social Services Committee
Members of the House Health & Social Services Committee

² AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together, we are Guiding Greater Health.



American College of
Emergency Physicians®

ALASKA CHAPTER
ADVANCING EMERGENCY CARE 

Senator David Wilson, Chair
Senate Health and Social Services
State Capitol, Room 121
Juneau, AK 99801

Re: SB 175 : Telehealth Services

Dear Senator Wilson:

On behalf of the Alaska Chapter of the American College of Emergency Medicine Physicians, we are writing in support of SB 175 “An Act relating to telehealth,” and ongoing legislative efforts expanding access to telehealth services in the state.

During the COVID-19 pandemic Alaskans have encountered new challenges accessing medical care. During our initial state disaster response we were able to broaden the use of telehealth and serve Alaskans in innovative new ways. A good example of this is the implementation and continuation of medication assisted therapy for the treatment of opioid use disorder. Medication assisted therapy (MAT) utilizes medications, particularly buprenorphine, to treat opioid use disorder. These programs reduce opioid related morbidity and mortality, help patients resume more normal lives, and have been implemented with success in communities all over the United States. There are two main options, methadone and buprenorphine (Also called Suboxone). Buprenorphine is a partial opioid agonist and unique in its ability to bind the opioid receptor with high affinity, effectively preventing withdrawal symptoms and reducing cravings, while also doing so in a safe way with a much lower risk of overdose, and misuse. It also blocks other opiates from binding the opioid receptor, so even if a patient uses another opioid, its effect is blocked. Methadone is tightly controlled, requiring daily clinic visits which while beneficial for some, is too much of a barrier for others. Buprenorphine can be prescribed and dispensed for long term use without daily visits.

As a speciality emergency medicine has heavily advocated for and championed the use of MAT. Emergency medicine physicians are able to start our patients on buprenorphine in our emergency departments on the day of an acute crisis. We are part of a harm reduction model, the foremost goal of which is to reduce deaths, and subsequently allow patients to get back to work, family, and their lives, which have been hijacked by opioids. We feel that these conversations are most effective in our treatment setting,

allowing us to meet the patient where they are. For example, when a patient has experienced an overdose, is in active withdrawal, has intravenous drug use related infection they nearly always get care in an Emergency Department, indeed, the ED may be the first and only opportunity to intervene. As ED physicians we treat the emergent complaint and have the opportunity to counsel them on opioid cessation, give rescue naran kits, and prescribe buprenorphine. This is the first step in their journey, studies have found that MAT is most effective when the patient can commit to at least 6 months of therapy. Long term therapy is offered by MAT clinics, or less commonly by primary care providers. In Anchorage, it has become more straightforward to access long term MAT as more clinics have opened. It is no longer terribly burdensome to get follow up for our patients, however, this is not the case in our more rural Alaskan communities and has been a barrier to implementation in more remote hospitals.

If passed SB175 would support rural access to MAT by creating avenues for long term telehealth mediated treatment of substance use. Emergency medicine providers in rural communities can continue to prescribe MAT to their patients, and long term follow up would be established utilizing telehealth with a MAT clinic in a larger nearby community. With the expanded telehealth provisions laid out in SB 175, the burden of flying to a larger community for an in person visit is waived.

While we have all been working hard through the COVID-19 pandemic, the opioid epidemic has continued to insidiously smolder resulting in rising numbers of opioid related deaths in 2022. Now is the time to take the lessons we learned, and invest in practices that reduce harm related to opioid use disorder. Thank you for your support of vulnerable Alaskans with your support of SB 175.

Sincerely,



Helen Adams, MD

Board member AK Chapter of ACEP



Nicholas Papacostas, MD

President, AK Chapter of ACEP



Sterling Harders | President
Adam Glickman | Secretary-Treasurer
Andrew Beane | Vice President
Shaine Truscott | Vice President
Tangie Webb | Vice President

March 21, 2022.

House Finance Committee
Alaska Legislature
Juneau, AK 99801

RE: HB 265 Support

Dear Co-Chairs and Committee Members:

SEIU 775 is writing to support HB 265/SB 175 – Telehealth. Our union represents more than 50,000 caregivers who provide in-home care to seniors and people with disabilities in Washington and Montana. Over the last year, we've spent significant time with caregivers in Alaska learning about their experiences. We've heard from hundreds trying to help their clients access the care they need. Throughout the pandemic, this has become even more difficult to navigate, and thus, telehealth has become an important tool in making healthcare more accessible.

We wholeheartedly support legislation that allows Alaskans to live independently while remaining in their homes and communities. Telehealth expansions benefit people with disabilities, seniors, and their caregivers, many of whom require additional support in accessing health care. They are also likely to require regular trips to medical hubs, which are expensive and time-consuming to reach.

SEIU 775 represents a workforce that has sought to protect the most vulnerable from COVID-19—the elderly and those with disabilities. These populations have faced countless additional hurdles throughout the pandemic. Access to Telehealth has made some of these challenges manageable. We support making these emergency changes permanent and increasing their availability throughout the state.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Beane".

Andrew Beane
Vice-President
SEIU 775

SEIU 775
215 Columbia Street | Seattle, WA 98104

Member Resource Center 1.866.371.3200 | www.seiu775.org

Our mission is to unite the strength of all working people and our families, to improve our lives and lead the way to a more just and humane world.

Jasmin Martin

From: Genevieve Mina
Sent: Monday, March 21, 2022 3:26 PM
To: Jasmin Martin
Subject: FW: Please vote FOR SB 175

Follow Up Flag: Follow up
Flag Status: Flagged

Making sure you have this if you don't already!

Genevieve Mina (she/her)
Office of Representative Ivy Spohnholz
Alaska State Capitol, Room 406
Juneau, AK 99801
(907) 465-2794
[Sign up for our e-news](#)

From: Jennifer Johnson [REDACTED]
Sent: Sunday, February 27, 2022 7:14 PM
To: Rep. Liz Snyder <Rep.Liz.Snyder@akleg.gov>
Subject: Please vote FOR SB 175

Dear Representative:

Please vote for SB 175 Health Care Services by Telehealth.

Receiving my health care through telehealth during the Covid-19 pandemic has been a great benefit. Being able to receive appropriate services from my home or workplace without the need to travel, take hours off work or away from family responsibilities removes barriers to access my health care.

I believe that quality, effective health care can, in many instances, be provided without hands on, face-to-face contact. In those instances when my provider and I decide after a telehealth visit that an onsite visit is needed, it has expedited my care by allowing my provider to order tests, medications, facilitate referrals, etc., and make the onsite visits more efficient and effective.

On an ongoing basis, post-pandemic, I believe telehealth services are of value and hope to be able to continue utilizing them. Please enable my health care providers to provide, and bill for, these services.

Please vote FOR SB 175.

Thank you for your time.

Jennifer Johnson