Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304

March 31, 2022

The Honorable Ivy Spohnholz
Alaska State House of Representatives
Alaska State Capitol Building Room 406
Juneau, Alaska 99801

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

Submitted via email: representative.ivy.spohnholz@akleg.gov & senator.david.wilson@akleg.gov

RE: HB265/SB175 "An Act relating to telehealth"

Dear Representative Spohnholz and Senator Wilson:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

COVID-19 and the associated Public Health Emergency vastly broadened the scope and availability of telehealth services to all Alaskans. This was appreciated by both patients and physicians as well as other healthcare providers. In the immediacy of the early pandemic telehealth access was widened to allow providers not licensed in Alaska to provide telehealth services to patients in Alaska. That made sense when we didn't know how severe we might be hit by the novel virus. With the end of the federal public health emergency likely coming up soon it is now time to transition to a long-term telehealth policy for Alaska that incorporates the learnings from the pandemic.

ASMA supports HB265 and SB175. Speaking specifically to the provisions impacting our members these bills continue the basic telehealth model in current law with three important new provisions. First, the bills create payment parity for Medicaid telehealth which is essential for its continued use. For a traditional provider, one not solely utilizing a telehealth business model, telehealth services are not less expensive than in-person services, the physician still must pay overhead whether the patient is seen in the office/clinic or via telehealth. In reality, were payment parity to go away for Medicaid it is very likely that many physicians would cease to provide telehealth services and Alaskans would notice a reduction of available telehealth services. Telehealth provides some savings in reduced associated travel, but the real benefit is offering patients better access to care when they need it and can provide care for patients without exposing others or the patient to illness.

Second, these bills carve out a very narrow exception for those Alaskans who choose to seek traditional in-person care in another state, either because of a specialized service, specialty provider or diagnosis, to continue follow-up care or continued treatment with that provider after the patient returns home to Alaska even if the treating physician is not licensed in Alaska. This narrow exception to Alaska licensure is a balance between protecting patients and enabling patients to receive efficient care. While ASMA opposes allowing non-Alaska licensed physicians to practice telemedicine in Alaska, for those patients that are receiving traditional in person care out of state allowing follow-up care or continued treatment via telehealth makes sense for patient care. These bills support Alaska-licensed physicians while also supporting ongoing care for those Alaskans who choose specialized care outside the state.

Third, these bills make changes to the requirements for prescribing controlled substances via telehealth. Abuse of controlled substances remains a major concern for ASMA and support for these provisions was not arrived at lightly. However, in the end the requirement that prescribers be licensed in Alaska and participate in the Prescription Drug Monitoring Database provided enough protection to overcome the concern and support the additional benefit to patients who need these drugs and due to infirmity or residing in a rural area may not be able to access them for their health needs under current law.

One additional topic, not currently in the bill, that we would like to raise is payment parity in private insurance. There is no question, as discussed above, that payment parity increases the use and availability of telehealth. Alaska currently has coverage parity but not pay parity. Many states have both coverage parity, meaning insurance must cover a telehealth service if they cover the same service in-person, and payment parity that requires insurance to pay for telehealth at the same rate as in-person. During the pandemic insurance companies generally adopted pay parity. It is too early to know what insurance companies will do as the pandemic wains and health orders end. While ASMA would support inserting payment parity for private insurance, at this time we do not want to jeopardize passage of the bill and are not requesting the addition of the provision. That said, the legislature could certainly express its intent to encourage telehealth access and encourage private insurance to use pay parity or close to parity in order to encourage the continued build out of telehealth in Alaska.

We appreciate all the work done so far and encourage you to move these bills forward as efficiently as possible.

Sincerely,

Pam Ventgen

Pam Ventgen
Executive Director
Alaska State Medical Association

Cc: Genevieve.mina@akleg.gov

From: Emily Byl
To: [redacted]
Subject: Telehealth Letter of Support
Date: Sunday, April 3, 2022 5:05:52 PM

Dear Rep. Spohnholz,

As an occupational therapy practitioner and Medicaid service provider, I write today to thank you for sponsoring HB265 and permanently remove barriers to accessing healthcare for everyday Alaskans. I appreciate your taking action to support allowing occupational therapy to be provided to Medicaid beneficiaries via telehealth once the current Public Health Emergency ends. This is essential since Medicaid beneficiaries will lose access to OT services - which have been provided effectively via telehealth during the PHE - if no action is taken.

Additionally, I urge you to support the Expanded Telehealth Access Act for Medicare beneficiaries. The Center for Medicare and Medicaid Services (CMS) has expressed an eagerness to implement permanent changes to ensure that telehealth services are not abruptly ended when the PHE ends; however, CMS has also noted that Congressional action is needed before it can allow OT and other therapy services to be provided to Medicare beneficiaries by OTs and other therapists after the PHE. CMS has the authority to add new OT/therapy telehealth codes without Congressional action, and it has already done so through the end of the PHE and proposed to do so in the 2022 Physician Fee Schedule through the end of 2023. However, without Congressional action, OTs and other therapists will not be able to provide services for these codes once the PHE ends.

Thank you for supporting Alaskans and healthcare providers who are working hard to take care of those who need it most!

Sincerely,

Emily Byl
Occupational Therapist and Owner of Well Haven Occupational Therapy

--
Emily Byl
Occupational therapist/Owner of Well Haven, LLC
In-home and virtual occupational therapy serving older adults
P: 907-202-8448
F: 907-206-7209
Well-Haven.com