



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 fair 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.

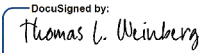
Page Two
January 21, 2022

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", written in a cursive style.

Philip Licht
President/CEO
Set Free Alaska, Inc.

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 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', Gunalchéesh, Háw'aa, Quyana, 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

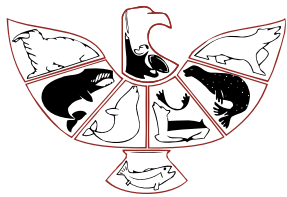
Richard Peterson, President
**Central Council Tlingit & Haida
Indian Tribes of Alaska**

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





Alaska Native Health Board

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HEALTH CONSORTIUM

ALEUTIAN PRIBILOF
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".

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



FORGET ME NOT

Family Centered Services OF ALASKA



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



*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.

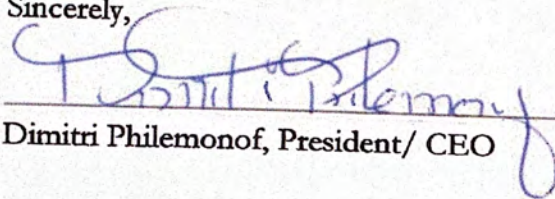
Other providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265/SB175 would make permanent is saving Alaskan lives. When asked on the viability of telephonic behavioral health services, 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.

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", is written over a horizontal line.

Dimitri Philemonof, President/ CEO

2-18-22

Date



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	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 cursive script, appearing to read '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 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, cursive script.

Rachel Potter
Fairbanks, AK



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:

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 Vidyo¹ 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-

¹ Vidyo is a health video-teleconferencing platform.

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-nstn.gov

Sincerely,

A handwritten signature in blue ink that reads "Mark Hoover". The signature is fluid and cursive, with the first name "Mark" and last name "Hoover" clearly distinguishable.

Mark Hoover,
Tribal Chairperson



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



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.

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 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:

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 Vidyo¹ 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.

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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



Council of Athabascan Tribal Governments
Health Department
P.O. Box 309
Fort Yukon, Alaska 99740
(907) 662-2460

“Protecting and enhancing our tribal members, communities & culture through self-governance”

February 22, 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 Council of Athabascan Tribal Governments (CATG) 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.

CATG is headquartered in Fort Yukon and the tribal health consortium for the Yukon Flats region and operates five health centers in the region.

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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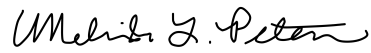
Telehealth is vital to rural and remote Alaska; we live in a vast State where not all places are accessible on a whim especially when we have such changing weather in a moment's notice. During the pandemic meeting the needs of the clients in [a village] was vital to making their needs met via video or 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 Vidyo¹ 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.

¹ Vidyo is a health video-teleconferencing platform.

The Council of Athabascan Tribal Governments appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact us at (907) 662-2587.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda G. Peter". The script is cursive and fluid.

Melinda Peter
Health Director
Council of Athabascan Tribal Governments



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

From: [Jennifer Johnson](#)
To: [Rep. Liz Snyder](#)
Subject: Please vote FOR SB 175
Date: Sunday, February 27, 2022 7:14:06 PM

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



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 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.

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:

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 Vidyo¹ 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

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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



550 South Alaska Street Suite 202 Palmer, AK 99645 (907)-746-6019

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

March 2, 2022

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

Dear Representative Spohnholz,

Daybreak, Inc. is a community behavioral health treatment and recovery grantee agency that provides case management services for adults that experience serious and long-term mental illness in the Mat-Su and Anchorage communities. Daybreak, Inc. believes strongly in providing people with the power, hope and choice in their mental health recovery. Daybreak, Inc. supports House Bill 265 because it will allow consumers to have choice in how they attend their mental health and medical appointments, and how they interact with their providers.

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 easier for Alaskans to access behavioral health care and offered our clients and their healthcare providers more options to choose from to best address the client'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 203 extends the telehealth flexibility that has been in place during the PHE past the expiration of the PHE.

Here are some examples of the benefits the flexible telehealth policy has provided. At the start of the pandemic Daybreak, was able to connect with consumers to use telehealth to meet with the consumers while working from home. The weekly meetings were beneficial to assist the consumers in coordinating telehealth appointments with providers to ensure continuation of services and medications. The case managers were able to assist the consumers in learning how to utilize on-line shopping, medication delivery and other necessary resources to maintain their mental health and reduce anxiety during the pandemic.

Due to the size of the Matanuska Susitna borough, and the lack of transportation services outside of the core areas (Wasilla and Palmer) our clients have historically had a lot of challenges getting to appointments on time. HB265's flexibilities recognize barriers to access treatment and removes unnecessary hurdles. The use of telehealth also improved the attendance rates with providers and improved mental health outcomes for the consumers we served. the flexible telehealth policy has provided. Because this benefit is so important to our clients and to our mission of providing timely access to quality behavioral health services, Daybreak, Inc. supports HB265.

Sincerely,
Polly-Beth Odom, MS BSW
Executive Director
Daybreak, Inc.

-

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



P.O. Box 240443
Anchorage, Alaska 99524
aprnalliance@gmail.com
aprnalliance.org

2 March 2022

Representative Ivy Spohnholz
Alaska House of Representatives
State Capitol Building Room 406
Juneau, AK 99801

Re: Support for HB 265

Dear Representative Spohnholz,

We, the Alaska Advanced Practice Registered Nurse (APRN) Alliance appreciate the opportunity to review and comment on the most recent CS dated 3/1/22 for HB 265. We support the bill language as it is currently written in this CS.

We appreciate your time and commitment to address the issue of telehealth which is of utmost importance to Alaskans.

With respect and kind regards,

Marisa Bune, APRN, NP-C, CCRN-K
President, Alaska APRN Alliance



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, sweeping horizontal line 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



KENAITZE
INDIAN
TRIBE

www.kenaitze.org

Phone: 907-335-7200 • FAX: 855-335-8865

P.O. Box 988 • Kenai, AK 99611

March 2, 2022

The Honorable Ivy Spohnholz
Alaska House of Representatives
Alaska Capitol Building, Rm 406
Building, Rm 121
Juneau, AK 99801

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

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

The Kenaitze Indian Tribe 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 Kenaitze Indian Tribe is a federally recognized Tribal Government reorganized in 1971 under the statutes of the Indian Reorganization Act of 1934, as amended for Alaska in 1936, and the Tribal Council is the governing body of Kenaitze Indian Tribe. The Kenaitze Indian Tribe has established long-term goals to enhance the health, social, and economic well-being, education, and sustainability concerns of its people by administering programs that serve over 4,410 Alaska Natives and American Indians (AN/AI) and other people who reside in the central and upper Kenai Peninsula, including approximately 1,809 enrolled Tribal Members.

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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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."

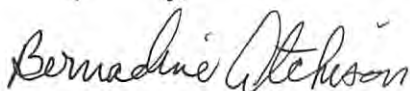
One patient, who is also a health care provider, offered their personal story on the benefit of telehealth for their family:

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 Vidyos¹ 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 Vidyos 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.

The Kenaitze Indian Tribe appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact me at BAatchison@kenaitze.org.

Duk'idli, Respectfully,



Bernadine Atchison
Tribal Council Chair

¹ Vidyos is a health video-teleconferencing platform.

From: [eric stoltz](#)
To: [Rep. Ivy Spohnholz](#); [Sen. David Wilson](#)
Cc: [REDACTED]
Subject: Telehealth Bill (HB 265 / SB 175)
Date: Thursday, March 3, 2022 3:45:45 PM

Dear Senator Wilson and Representative Spohnholz,

I am writing to you both regarding HB 265 and SB 175, or the Telehealth Bill. I strongly encourage us to pass these bills.

I live in Anchorage, and am a captain for Northern Air Cargo, and in full time recovery from alcoholism. The FAA has a very strict system for pilots that are in recovery. Thankfully, they recognize the importance and success of telehealth.

Since the majority of my flying is in Hawaii and the lower 48, I spend a considerable amount of time there in hotels on rest. I have been a patient that has been benefiting from telehealth for around 2 years. Several times a month, I log on to our group zoom group meetings, and have one on one sessions with my mental health professional.

I know about 20 other pilots in recovery that also use telehealth. They live mostly in Anchorage, but they work for Alaska, United, Northern Air Cargo, Everts, Atlas, UPS, and FedEx. They also benefit from this use of technology. I just cannot see any reason to discontinue telehealth for pilots like me since it is so beneficial.

I spend more time flying out of state than I spend at home with my family. The greatest benefit to continuing with telehealth for me is increased time with friends and family at home in AK because I am able to take care of my health while on the road as well as at home.

Thank you very much for supporting these bills!

Eric Stoltz

[REDACTED]

Anchorage AK 99502

[REDACTED]

From: Larry Johansen [REDACTED]
Sent: Thursday, March 3, 2022 4:52 AM
To: Sen. Jesse Kiehl <Sen.Jesse.Kiehl@akleg.gov>; Rep. Ivy Spohnholz <Rep.Ivy.Spohnholz@akleg.gov>
Subject: HB 265

Letter of 3/3

RE: HB 265

Honorable Chair Spohnholz, and Committee Members,

I am writing in full support for HB 265.

I am a second generation Alaskan. I grew up in Ketchikan, graduated college in Anchorage, raised my kids in Juneau, and currently live in Haines. I was diagnosed with early onset Parkinson's Disease at 47 in 2008. Since that time I have lost my job through no fault of my own and have been unable to land steady employment. To remain in the active job market I must continue a level of care that I cannot find in Alaska. I have been to at least 8 doctors at 6 different hospitals all outside of Alaska. There is no one with the specialized neurological skills of dealing with Parkinson's in Alaska.

My expenses are tremendous to deal with this. I take 22 pills a day, some of them costing more than \$20 a piece. I must see my doctor 4 times a year. Although the in person observation that is needed to treat me can be as short as an hour, my trips from Haines can sometimes take more than a week to assemble an itinerary that utilizes the infrequent ferry service to Haines, Juneau hotel, Alaska airlines , Seattle hotel, cab to/from airports. All this with Parkinson's symptoms. And after the

effort and stress to make it to the appointment on time , I am not certain what the doctor sees when I walk in. If I were home when he saw me, I'm sure he would see me more relaxed and normal state.

I pay for it all on Medicare. Our at least what they will cover.

Telemedicine has a great potential to eliminate a great portion of the travel that is required. I have had a deep brain simulator placed in my head (over \$100,000 that I'm still paying for) that can be programmed remotely. It is being utilized with Washington State but it cannot cross state lines. This is what I would need changed to help me stay in Alaska.

So in conclusion, any thing you can do to cut my expenses would great. I do not want to leave Alaska, but I face a growing need to be closer to my doctor. I support this bill for the many of us in my situation.

Larry Johansen

[REDACTED]

Haines, AK 99827



March 3, 2022

Representative Ivy Spohnholz
State Capitol Room 406
Juneau AK, 99801

RE: Letter of Support for HB 265: Health Care Services by Telehealth

Dear Representative Spohnholz,

The joint mission of the Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) is to advocate for programs and services that promote healthy, independent, productive Alaskans. AMHB/ABADA are statutorily charged with advising, planning, and coordinating behavioral health services and programs funded by the State of Alaska.

The Boards support HB 265 for the expansion of behavioral health services via telehealth for improved access to care and increased access to behavioral health services in rural communities. Thank you for your continued engagement with our boards and with the many other stakeholders and partners in which your office engages.

Behavioral health providers have told our Boards how telehealth flexibilities during the current COVID public health emergency assisted in maintaining, and in some cases expanding, access to care to Alaskans. Mandating that the State of Alaska incorporates telehealth services in the Medicaid state plan is needed as the current flexibilities will end as the public health emergency is lifted this spring.

Provisions in HB 265 that mandate equitable fees and reimbursement payments for telehealth services in lieu of in-person care, are essential for providers to maintain these services in the long term. Another key provision in this bill includes allowing certain audio-only telehealth services which is of great importance for rural Alaskans who have long struggled with access to behavioral services and may not have the broadband internet service needed for videoconferencing.

Thank you for your leadership on this important public policy initiative.

Sincerely,

Sharon Clark
AMHB Chair

Renee Schofield
ABADA Chair



Alaska Center for
Fetal
Alcohol
Spectrum
Disorders

March 3, 2022

Representative Ivy Spohnholz
State Capitol Room 406
Juneau AK, 99801

Dear Representative Spohnholz:

I am contacting you regarding House Bill 265 and its' provisions for continuing access to behavioral health services via telehealth systems. We are in support of efforts that continue or expand access to behavioral health services through virtual means.

The Alaska Center for Fetal Alcohol Spectrum Disorders (FASD) was founded in 2017 and works to reduce alcohol-exposed pregnancies, promote successful outcomes for affected individuals and families, and is a catalyst for creating FASD-informed communities of care.

<https://alaskacenterforfasd.org/>

The pandemic has heightened the need for supportive behavioral health services across many population groups including those who are affected by prenatal exposure to alcohol. Most of the estimated 47,860 individuals (1) in Alaska who experience an FASD do not have a diagnosis, nor do they understand the foundation of their life challenges which can manifest as attention, learning/memory, social, and behavioral symptoms.

As a result, they are moving through life believing that they are stupid, a bad person, and that it is 'their fault' that they struggle. We know from research that individuals with FASD who do not receive needed services and supports are more at risk for developing behavioral health secondary conditions. (2) In addition, the mere fact that they experienced prenatal alcohol exposure increases their risk of conditions such as anxiety, depression (and suicidality) due to the effects the teratogen, alcohol had on their developing central nervous system and neural transmitter receptors. Individuals with FASD are often not recognized in the behavioral health systems but we are working hard to change that here in Alaska. (<https://www.fasdcollaborative.com/recordings> What Behavioral Health Professionals Need to Know About FASD archived FREE webinar with CE available for learners)

As someone who has engaged in prevention/direct service-related activities for 25 years and FASD diagnosis for 10 years I can tell you that Alaska has MANY individuals with FASD are seeking services for their mental health conditions (3), that executive function challenges due to their

disability can interfere with intake and treatment processes, and that a telehealth model can help these individual to experience less missed appointments and easier access to this service no matter where they may be living (i.e. geographically or housed/unhoused).

Feel free to contact me for questions or additional information at 907/249-6641 (office).

Sincerely,

Marilyn Pierce-Bulger, APRN
President, Board of Directors Alaska Center for FASD
marilyn@alaskacenterforfasd.org

1. McDowell Group for Alaska Mental Health Trust- The Economic Costs of Alcohol Misuse in Alaska 2019 Update Chapter 6 page 68 <https://alaskamentalhealthtrust.org/wp-content/uploads/2020/01/McDowell-Group-Alcohol-Misuse-Report-Final-1.21.20.pdf>
2. Petrenko, et al <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4007413/> Prevention of Secondary Conditions in FASD: Identification of Systems Level Barriers
3. McKinley Research Group for Alaska Mental Health Trust Fetal Alcohol Spectrum Disorders Healthcare Utilization Study 2021 Table 39 Mental Health Disorders 2017 pdf page 81 <https://alaskamentalhealthtrust.org/wp-content/uploads/2021/08/MRG-FASD-Healthcare-Utilization-Report-Revised-Final-8.12.2021.pdf>



Railbelt Mental Health & Addictions

**PO Box 159
Nenana, AK 99760**

Representative Ivy Spohnholz
State Capitol Room 406
Juneau AK, 99801

03/04/2022

Re: Support for House Bill 265

Dear Representative Spohnholz,

Railbelt Mental Health and Addictions (RMHA) is a behavioral health clinic located in interior of Alaska. RMHA serves the northern Railbelt region, which is bisected by the Parks Highway, having its northern boundary at the Fairbanks North Star Borough, and as its southern boundary, the Mat-Su Borough. This area is approximately 180 road miles along the George Parks Highways, and includes the communities of Nenana, Anderson, Clear Space Force Base, Healy, McKinley Village, Denali Park, and Cantwell. The Railbelt Mental Health Association oversees the agency. We maintain three permanent offices in Nenana, Healy, and Anderson. Clients are seen at all locations. All the administrative services are based in the Nenana office.

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 easier to access behavioral health care and offered our clients and their healthcare providers more options to choose from to best address the client'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 203 extends the telehealth flexibility that has been in place during the PHE past the expiration of the PHE.

RMHA has multiple rural area's we serve, and these areas include homesteads, lack of transportation, severe weather issues, child care issues and 180 roads miles. Removing the in-person prerequisite to provide telehealth services has been enormously helpful in removing barriers to care and improving access. These barriers have caused significant issues to regular behavioral health services desperately needed. Having the option to continue services with telehealth during the pandemic we have seen a dramatic increase in participation of services for our chronic "no-shows." Speaking with clients and clinicians have resulted in positive feedback and the hope to continue offering this service to better our people served.

Because this benefit is so important to our clients and to our mission of providing timely access to quality behavioral health services, Railbelt Mental Health and Addictions supports HB265.

Sincerely,
Magen Spencer
Executive Director

RE: HB 265/ SB 175

Dear Committee Members:

We urge your committees to pass HB 265/ SB 175. As individuals who work to promote eating disorders education, support and access to treatment, we see first-hand how difficult it is for Alaskans with eating disorders to get the help they need. Expanding telehealth for physical and behavioral health services will help with this, even with the serious workforce shortages that still need to be addressed.

During 2020 and 2021, as the COVID-19 pandemic raged on, Alaskans learned that many health services can absolutely be provided safely, conveniently, and efficiently via telehealth. Using telehealth allows individuals to improve their mental and physical health by accessing knowledgeable and compassionate providers that would otherwise be unobtainable.

The truth is that pandemics are not the only barriers that make accessing health services in Alaska difficult. While COVID infection rates may be decreasing, we continue to experience geographical barriers in our vast state that make it challenging for residents to access the in-person health care services they need for their health and well-being. These challenges are greatest for those living in rural locations, but Alaskans experience difficulties in urban locations as well — especially for those requiring specialty medical and behavioral care that is in short supply. Accessing these services can be nearly impossible even for those with financial resources, and even harder for those without.

We have both experienced the difficulty of finding specialized providers first-hand. We each had loved ones develop these complicated, life-threatening illnesses and encountered the overwhelming difficulty of finding providers in Alaska with the knowledge to provide treatment. Eating disorder care requires a team approach that includes a medical provider, a therapist, a dietitian, and sometimes a psychiatrist. The best outcomes for long-term recovery occur when effective treatment is accessed within the first 3 years of symptoms. Our two families struggled to find the local resources necessary and ended up requiring substantial and expensive out-of-state care, requiring that we take time away from our families and jobs.

For any Alaskan, it is hard enough finding a single member of this provider team with eating disorder expertise in Alaska, much less a full team with this kind of knowledge. Alaskan providers who do treat these illnesses often have extremely long waitlists, which have only grown longer since the start of the pandemic. In Alaska, just like across the country, prevalence rates of eating disorders have during the pandemic, affecting children and teens particularly hard.

The two of us have spent the better part of the last two years helping to develop programs to address workforce shortages and increase the supply of Alaska providers who are knowledgeable about diagnosing and treating those with eating disorders. We also know that building and growing capacity will take time and won't necessarily help the thousands of Alaskans who are currently struggling today to find expert providers.

Alaska must do more to help assure that Alaskans can access the health services they need. We encourage the state to do this through all means, including passing this tele-health bill. We also urge you to ease the way for out-of-state providers, especially those in behavioral health and nutritional care, to provide telehealth during these times of workforce shortages; and to invest in workforce development long-term.

Your passage of this bill will provide a means of alleviating suffering and saving lives. The two of us are available to provide additional information if requested.

Sincerely,

Jenny Loudon, MPA
Co-Founder
Alaska Eating Disorders Alliance
Jloudon.alaskaedalliance@gmail.com
(907) 229-3206

Beth Rose, MPA
Co-Founder
Alaska Eating Disorders Alliance
brose.alaskaedalliance@gmail.com
(907) 382-4111



ALL ALASKA
PEDIATRIC
PARTNERSHIP

March 4th, 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 All Alaska Pediatric Partnership (A2P2) is strongly supportive of House Bill 265, an act relating to telehealth and other matters relating to the practice of medicine. A2P2's core purpose is to promote excellent health for all of Alaska's kids. We do this in partnership with multiple statewide agencies who share the goal of healthy and thriving children and families throughout Alaska.

Help Me Grow Alaska (HMG-AK), a key program of A2P2, connects families statewide to needed services and supports. The HMG-AK call center is staffed by Family Support Specialists who receive calls from families, providers and caregivers in need of information, support and connection to resources and referrals. In the past four years, Help Me Grow Alaska has opened more than 1200 cases, serving families from more than 43 communities across the state. This past year we opened more cases and served more children than in any other year, more than doubling the number of new children served in one year.

As many partners have shared, 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 benefitted Alaskans by increasing access to 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.

During the pandemic, our call center has seen a significant increase in calls related to the mental health needs of children and teenagers with the corresponding barrier extremely limited availability and access to behavioral health services statewide.



ALL ALASKA
PEDIATRIC
PARTNERSHIP

The expansion of telehealth services during this time has been a life changing improvement in our system of care to families in both urban and rural areas.

In addition to HMG-AK, for the last two years A2P2 has also led the development of a novel pediatric subspecialty system for Alaska with the goal of a long-term solution to providing high quality care to Alaska children. Over the last 10 or more years, a number of systems had been used to provide pediatric subspecialty services to children within Alaska. Recently, these systems have proven fragile for multiple reasons. There have also been major changes in the local pediatric subspecialty provider sector, and a series of relatively minor events (when taken separately) starting in early 2019 have exposed the vulnerability of Alaska's current pediatric subspecialty systems. With an eye on both the historical shortages as well as a recent crisis in several of the pediatric subspecialties, A2P2 along with its board of directors has formed a coalition of leaders of Alaska pediatric healthcare, funders, government, and children's hospitals from other parts of the United States to work with an expert consultant to design a new model of care.

This new model will focus on providing the highest quality of care as close to home as possible, with an emphasis on financial sustainability. One of the major challenges we as a state face in achieving this goal is our ability to retain and recruit specialists, especially pediatric specialists and subspecialists. The relatively small population does not support more than one full-time provider for each subspecialty; however, a single provider cannot provide cover 24/7 every day of the year. To address this barrier, the new model of pediatric subspecialty services will include contracts with Outside subspecialty providers who will provide telehealth consultations in collaboration with the patients' local Alaskan primary care providers or medical home. Thus, the ability to utilize telemedicine is critical to Alaskan children accessing the high-quality medical services they need.

To summarize, expanding opportunities for telehealth services in and outside Alaska will provide children and families increased access to much-needed care, especially mental health care. The All Alaska Pediatric Partnership strongly supports the passage of these important bills to advance health equity and more effective delivery of high-quality services to children and families in Alaska.

Thank you for your consideration,

Tamar Ben-Yosef
Executive Director
All Alaska Pediatric Partnership



*Matt Jones,
Executive Director
2330 Nichols Street
Anchorage, Alaska
99508-3495
(907)279-6617*

Representative Ivy Spohnholz
State Capitol Room 406
Juneau, AK 99801

March 10, 2022

Dear Representative Spohnholz,

Assets, Inc. is a non-profit organization that has been serving individuals who experiencing intellectual/developmental disabilities with co-occurring mental illness for over forty years in the Anchorage region. Our mission describes who we are and what we do:

- “The mission of Assets is to consistently improve the employment opportunities, home environments, and community connections of individuals with developmental disabilities or mental illness who need substantial supports so that their independence and self-worth are enhanced and the community in which they live, and work realize the benefits of their citizenship.”

As with many-like provider organizations, Assets’ ability to provide timely access to supports and treatment were temporarily set aside during the Federal COVI-19 Public Health Emergency (PHE). Payment for the treatment and support services shifted from a focus on what was provided, rather than how. This was due to flexibility regarding where and how telehealth services were provided, which made it so much easier for our support recipients to access the treatment and supports they needed, especially in such an uncertain time.

When the PHE expires, the collective we (Alaskans in need of treatment and supports, and provider organizations) risk losing the flexibility that has been extremely beneficial to our client population over the last two years. HB 203 extends this flexibility that has been in place during the PHE, past the expiration of the PHE.

Here are just a few examples of how the flexible telehealth policy has been extremely beneficial to our client population:

- “Joe” is fearful of/has extreme anxiety about riding the bus and will not attend his treatment sessions because of transportation issues. He has been successful with treatment attendance because he is able to meet with his clinician via telephone and has even started to meet on Zoom.
- “Sue” is a single parent trying to maintain her job and sustain custody of her child, she appreciates the ease that an appointment with her clinician can take a mere 50 minutes over the phone, versus three hours to ensure childcare, and secure transportation.

Due to the complex nature of many of those we serve, they are frequently involved with multiple service organizations, and can therefore be challenged to meet all their appointments, sessions, team meetings, assessment requirements, etc. Having the ability to access the quality behavioral health treatment, recovery and disability support services via flexible telehealth regulations is critical. Therefore, Assets' Leadership and our entire staff, fully support HB 265.

Sincerely,

Marti Romero

Dr. Marti Romero, Licensed Psychologist, on behalf of Assets' Leadership



American College of
Emergency Physicians®

ALASKA CHAPTER
ADVANCING EMERGENCY CARE 

Rep. Ivy Spohnholz, Co-Chair
House Labor and Commerce Committee
State Capitol, Room 406
Juneau, AK 99801

Re: House Bill 265 : Telehealth Services

Dear Representative Spohnholz:

On behalf of the Alaska Chapter of the American College of Emergency Medicine Physicians, we are writing in support of HB 265 “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 HB 265 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 HB 265, 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 HB 265.

Sincerely,



Helen Adams, MD

Board member AK Chapter of ACEP



Nicholas Papacostas, MD

President, AK Chapter of ACEP

Tom Chard
Chief Executive Officer
Alaska Behavioral Health Association (ABHA)
P.O. Box 32917 Juneau, Alaska 99803
907-321-5778
tom@alaskabha.org



03/18/22

Representative Andy Josephson
State Capitol Room 502, Juneau AK, 99801
BY EMAIL: Representative.Andy.Josephson@akleg.gov

Dear Rep. Josephson –

ABHA strongly supports HB265. Representative Spohnholz, Senator Wilson, other co-sponsors and legislative leaders, along with an incredible group of stakeholders, have put a lot of time and thought into the legislation and we believe it will help avoid disruption in service at the end of the public health emergency. I am writing today to highlight a problem with language included in the fiscal note from the Division of Behavioral Health.

DBH submitted a fiscal note for CSHB265 (Fiscal Note #3, Published 3/14/22). The fiscal note asks the Legislature to fund a position to help achieve the objectives of legislation. Specifically, the DBH's analysis states:

"To effectively implement 47.07.069(b), the Division of Behavioral Health will need an additional staff person to ensure that the division is able to adequately review and monitor the clinical appropriateness of behavioral health services delivered through telehealth, including the best practices in telehealth delivery, as this bill makes all behavioral health services potentially billable through telehealth delivery." (emphasis added)

CSHB265 provides authority to practically every licensed practitioner in the state to deliver Medicaid reimbursable services via telehealth. Behavioral health providers are singled out as the only provider type subject to this additional scrutiny. I wanted to call this requirement to your attention as an example of how the State is not applying parity to its treatment of medical and behavioral health services.

If enacted as written, this additional oversight would require behavioral health providers to collect and submit additional data. When behavioral health providers talk about the inequity in oversight and administrative burden – this is what they are talking about. The requirement seems benign, but it takes clinical staff and resources away from service delivery and adds to the cost of care. This additional cost is paid for by grant dollars.

I am happy to discuss this concern further with you if it would help support your continued advocacy for access to quality, cost-effective behavioral health services and supports for Alaskans.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tom Chard", is located below the "Sincerely," text.

Tom Chard, Alaska Behavioral Health Association (ABHA)



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", with a stylized flourish at the end.

**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.

Jacqueline Summers, Managing Director
Health TIE
3903 Seaforth Place
Anchorage, AK 99508



March 24, 2022

Support for HB 265

Health TIE catalyzes critically-needed changes in Alaskan healthcare through creating a community of changemakers and facilitating pilot projects between healthcare startups and Alaskan organizations and particularly focuses on healthcare “outside the hospital walls” which addresses Substance Use Disorders, Behavioral Health, physical and mental disabilities, and eldercare, including Alzheimer’s and dementia care.

In crises, there are opportunities and that is certainly true as I reflect on the increased use of telehealth over the last two years as a response to the Covid-19 pandemic. Both healthcare systems and patients were forced to chart unfamiliar waters as everyone prioritized safety over in-person contact. Although it was a dramatic and unprecedented shift, telehealth allowed high quality Alaskan healthcare delivery to continue and also helped leverage an exhausted healthcare workforce and overtaxed healthcare system.

Telehealth services, used in collaboration with existing healthcare practices, improves delivery of care. For example, it is difficult to get fragile and disoriented seniors with dementia to appointments but they and their caregivers benefit significantly from specialized therapies and services. Through her business Well Haven Occupational Therapy, Emily Byl provides telehealth occupational therapy and training for seniors with dementia and their caregivers, especially those in remote and rural areas. Using telehealth and technology allows her to view patients in their physical locations and to make recommendations for environmental modifications for increased quality-of-life and improve caregiving. Many seniors with dementia become agitated around strangers; being able to consult remotely allows them to be more comfortable and receive services.

Health TIE is focused on supporting entrepreneurs and startups finding creative solutions for difficult issues in our communities while also assisting healthcare organizations and social service agencies who deliver crucial services to clients and community members. In addition to Well Haven Occupational Therapy, Health TIE supports a series of new businesses using telehealth and technology to lower costs and improve healthcare access throughout the state:

Dose Health

Dose Health is a smart pill box that automatically dispenses and tracks medications. It can provide independence for seniors and those with mental disabilities and directly supports and leverages the available healthcare workforce by eliminating the need for a human to provide this task. It provides a way to use remote and telehealth services and limits the need for in-person contact for a fragile population.

Zinnia TV

Zinnia TV provides specialized videos for elders with Alzheimer's and dementia delivered through a website. It is now being used by the Alzheimer's Resource of Alaska throughout Alaska as part of their educational tools for Alzheimer's clients and their caregivers. Follow-up connections to educators are available through virtual or telephone meetings.

Step Away / Stand Down

Developed by University of Alaska Anchorage Professor Dr. Patrick Dulin, Step Away, along with the veteran-specific version Stand Down, is a researched-validated app platform that helps people independently moderate or eliminate alcohol use. It aligns well with expanding limited in-person services and accessing remote and telehealth services to address one of Alaska's most significant health concerns.

OpiAID

OpiAID is working with Opioid Medication Assisted Treatment clinics to use biometric data and artificial intelligence (AI) to analyze how clients are responding to drug titration and thereby more successfully complete initial treatment.

Adjusting Medication Assisted Treatment medications correctly is critically important for helping clients complete treatment since it is key to making sure patients don't re-use or possibly overdose during this important transition period. Combining technology and telehealth, OpiAID improves patient outcomes and efficiently supports the existing healthcare workforce.

Cloud 9

Cloud 9 is an app platform developed specifically for high users of behavioral health services and is being currently piloted in Alaska by Daybreak, Inc, a Mat-Su-based case management services provider. Using Cloud 9 provides a direct link for consumers to their care teams and allows them to receive and send text, video, or calls. Daybreak case managers are able to provide timely care and information multiple ways using telehealth services which provides critical support while reducing dependency on Emergency Services, law enforcement, and hospital emergency departments.

Alaskans will continue to benefit from the increased use of technology and telehealth services as long as healthcare providers are incentivized by receiving the same reimbursement rates for telehealth as they do for in-person visits. Further, using telehealth will help reduce Alaska's high healthcare costs since these are primarily due to limited access to nearby services and large

travel distances; telehealth and technology reduces or eliminates travel and access barriers and also judiciously allocates workforce resources.

HB 265 will allow Alaskans and Alaskan healthcare providers to continue and build on the experienced benefits of using telehealth as a response to ongoing Covid-19 pandemic. I strongly endorse this bill and thank Representative Ivy Spohnholz for sponsoring it.

Sincerely,

Jacqueline Summers

Jacqueline Summers, Health TIE Managing Director
jacqueline@healthtie.info / (907) 227-9421

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

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Emily Byl
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Alaska State Medical Association

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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
Executive Director
Alaska State Medical Association

Cc: Genevieve.mina@akleg.gov



Allergy, Asthma and Immunology Center of Alaska, LLC.

April 15, 2022

The Honorable Neal Foster
Alaska State House of Representatives
Alaska State Capitol Building Room 505
Juneau, Alaska 99801

The Honorable Kelly Merrick
Alaska State House of Representatives
Alaska State Capitol Building Room 511
Juneau, Alaska 99801

Submitted via email: House.Finance@akleg.gov

RE: HB265 "An Act relating to telehealth":

Dear Representatives Foster, Merrick, and Committee members:

I am a physician in private practice in Anchorage specializing in allergy, asthma, and immunology and the medical director of the largest Allergy/Immunology clinic in the state. Though our main clinic is in Anchorage, we have established multiple satellite clinics across Alaska over the years. We have held clinics in Wasilla, Soldotna, Homer, Kodiak, Valdez, Juneau, Sitka and Ketchikan. With the onset of COVID-19 travel became much more challenging, but we have been able to continue treating both established and new patients via telehealth. With the rapid adoption of telehealth, we were able to provide care to these patients that would have been left without our specialty services.

Some people believe that telehealth should be reimbursed at rates lower than in-person rates. This would be detrimental to our telehealth practice. When providing telehealth services to my patients I continue to be present in my office, I still must pay staff, overhead, insurance and all the other costs of maintaining a physical practice. Telehealth patient visits must be scheduled, medical records maintained, prescriptions managed like all the other components of a patient visit. Telehealth patients are still contacted by our schedulers, medical assistants and nurses like patients visiting in person. Costs are in no way reduced when providing services via telehealth. As the cost of running a medical practice has gone up considerably, reimbursement rates have not. To cut them by not paying telehealth visits in parity would be detrimental.

The Medicaid payment parity provided in HB265 is essential. Without payment parity many physicians would not be able to continue to provide telehealth services. We would most likely have to decrease or quit offering telehealth options altogether. This would leave many Alaskans without the continuity of care they have been able to continue over the last two years.

I urge you to pass HB265 with your full support. Please feel free to contact me for further discussion.

Sincerely,



Melinda M. Rathkopf, MD, FAAAAI, FACAAI, FAAP
Clinical Professor, Department of Pediatrics, University of Washington School of Medicine
Director, Allergy, Asthma & Immunology Center of Alaska

Cc: Genevieve.mina@akleg.gov

From: [Eric Gurley](#)
To: [Senate Labor and Commerce](#)
Cc: [REDACTED]
Subject: Please Support Telehealth SB175/HB265
Date: Wednesday, April 20, 2022 6:30:52 PM

Hello, my name is Eric Gurley, an Alaskan since 1975. I live in Anchorage. 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.

I am here to speak in support of SB175/HB265, 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 Alaskan'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.

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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Opening Doors to Independence



Council on Accreditation

ELECTRONIC MAIL

April 22, 2022

The Honorable Ivy Spohnholz
Alaska State House of Representatives
Juneau, Alaska 99801

Re: Support for HB 265 – Health Care Services by Telehealth

Dear Representative Spohnholz,

Foundation Health Partners is the community-owned operator of Fairbanks Memorial Hospital, Tanana Valley Clinic and Denali Center. We are writing to express our support for HB 265 to expand access to telehealth services through payment parity and an expansion of the types of health care providers who can provide health care services through telehealth without an initial in-person consultation.

Telehealth proved to be of critical importance through the COVID-19 Pandemic as patients were unable to present to our clinic, thus avoiding the negative impacts of delayed care and unnecessarily exposing patients and others to illness.

FHP supports the provisions for Alaska-licensed providers as well as the narrow exception allowing Alaskans to continue follow-up care or continued treatment via telehealth with an Alaska-licensed provider located outside the state. We also appreciate that HB 265 addresses payment parity as providers must still pay overhead whether services are rendered in-person or via telehealth.

Thank you for the work you have done through HB 265 to strike a balance among stakeholders and increase Alaskans' overall access to health care.

Sincerely,



Jeff Cook, Board President



Karen Perdue, Gov't Affairs Cmte. Chair

Cc: Interior Delegation Members

To: Chair Costello and Members of the Senate Labor & Commerce Committee
From: Jacki Churchill of Chugiak, AK (wife, mother and nurse)
Re: Support for HB265
Date: April 26, 2022

I am the wife to my husband Ken who has had several battles with Lymphoma (Hodgkin's and Non-Hodgkin's) over the past 20 yrs. In addition to cancer, Ken was recently been diagnosed with Common Variable Immune Deficiency (CVID). This condition means he has an incompetent immune system that is unable to build antibodies to many vaccines (including COVID19), making him among the most vulnerable in our state.

Over the past 20 years Ken has flown to Seattle four times for an expert opinion. We did not fly out to replace our local oncologist, but to learn of all available treatment options so that we could make a more informed decision. Our local provider supported our trips to Seattle and our Seattle provider supported treatment locally in Alaska. Chemotherapy, radiation, lab work, imaging, port placement, multiple biopsies, and follow up visits were all done in Alaska!

In October of 2020, we were fortunate to experience a telehealth visit with our Seattle Oncologist. This experience was positive in every way! We were able to discuss everything that we would have discussed in person (labs, imaging, biopsy results, how he was feeling and etc). We were / are extremely sadden and frustrated that telehealth is no longer an option for Alaskans (our Seattle Oncologist continues to practice telehealth in two other states).

My husband was forced to fly to Seattle in December 2021 as Omicron was beginning to hit the west coast. How does it make sense to force a severely immunocompromised person to fly to a major city during a pandemic just to talk to someone?

So many Alaskans have already benefit from telehealth locally. What we need now is to permanently expand out-of-state access for best outcomes for Alaskans. Telehealth eases the much-needed collaboration between patients and specialists that are experts in their field (such as Oncology). As you can imagine, cancer can be tricky to diagnose and treat. For example, there are over 70 different types of lymphoma and not everyone responds to treatment in the same way. A second opinion can make the difference of life and death (as it has in our circumstances). Twice now, having a pathology over-read at University of Washington has provided further insight into my husband's condition and this additional information was pivotal in his care (and the reason he is still alive). The first time, UW identified that my husband's lymphoma had morphed from a slow growing Hodgkin's to an aggressive non-Hodgkin's and a completely different chemotherapy was then prescribed. The second time a biopsy sample was re-read, it provided further insight about his poorly functioning immune system (something that was not reported on with local pathologists). Having a second set of eyes saves lives!

The Telehealth visit saved everyone time and money as we didn't have to pay for:

- Boarding our three animals for a minimum of two days.
- Roundtrip airfare x 3 (we have a dependent child)
- Parking fees at airport for a minimum of two days
- Ground transportation (easily \$100.00 round trip)
- Hotel fees for at least two days
- The cost of eating out for at least two days
- No lost wages from work for at least two days
- No interruptions with school
- No risk of Covid / flu

For those who are not currently established with an out of state provider, a telehealth would be beneficial prior to travel as the patient can ensure:

- That they would be a good fit with provider
- The provider and patient can still discuss lab work, pathology, imaging results, treatment plans all BEFORE traveling for a therapy that may not be available in Alaska.

In closing, a close friend of mine was told six months ago that she had a rare lymphoma impacting her skin and it was recommended that she travel to Seattle for an expert opinion. On this trip, she learned that she did not have cancer after all, but instead an autoimmune disease that mimics cancer! Out of state travel once again was pivotal in someone's life! Unfortunately, she (also immunocompromised) was forced to fly to Seattle to discuss something that could have been done via telehealth.

Won't you please help Alaskans by providing access to telehealth for medical care? After all, it's just another tool in the toolbox!

Thank you so much for your time and consideration.

Sincerely,

Jacki Churchill, RN