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February 23, 2018

Senator Cathy Giessel
State Capitol Room 427
Juneau AK, 99801

Re: Senate Bill 169

Senator Giessel –

The Alaska Behavioral Health Association (ABHA) is a member-driven, non-profit trade group with senior leadership from mental health and substance abuse treatment providers throughout the state. ABHA has over 60 member organizations from small community clinics to the largest healthcare employers in the state. We are continually working to improve access to quality, cost-effective treatment services and view Senate Bill 169 as a way to help accomplish that goal.

Senate Bill 169 adds a new section to statute at A.S. 47.07.030 to clarify that a psychiatrist's supervision of behavioral health treatment services can be conducted remotely. It further annuls current regulation at 7 AAC 135.030(e) requiring onsite supervision.

The provisions in Senate Bill 169 apply to mental health physician clinics only. Community Behavioral Health Centers (CBHCs) are not subject to the current statutory and regulatory requirements addressed in SB169. Specifically, Community Behavioral Health Centers do not have a requirement mandating a psychiatrist be onsite at least 30% of the time for supervision. There are other checks in place to help safeguard quality, including a physician agreement required by regulation at 7 AAC 70.100(3). The changes proposed in SB169 do not directly affect the operations of community behavioral health centers. It is our understanding that there are very few (if any) mental health physician clinics currently operating in the state of Alaska. No mental health physician clinics are currently members of the Alaska Behavioral Health Association. ABHA offers the following perspective as system advocates working to improve access to mental health and substance abuse treatment services for Alaskans.

When ABHA examines proposed legislation or other policy changes, it does so through a framework that assesses potential impact on access, cost, and quality.

In our estimation, SB169 would improve access to behavioral health services. Currently, regulation at 7 AAC 135.030(e) requires a mental health physician clinic to have a psychiatrist on premises for at least 30 percent of the time they are open in order to provide clinical supervision. The requirement has proven to be challenging in at

least three distinct ways: First, a limited number of licensed psychiatrists in Alaska has contributed to difficulties recruiting and retaining the workforce needed to meet behavioral health needs in our state. Secondly, the requirement that a psychiatrist be *on premises* does not take advantage of advances in technology that make the delivery of behavioral health services more efficient and more possible than ever, particularly in remote areas of the state. Finally, the requirement that the psychiatrist be onsite *at least 30% of the time* has proven to be logistically challenging, especially for psychiatrists providing supervision in multiple clinic settings. It is our understanding that current requirements have contributed to an environment that has discouraged mental health physician clinics from practicing and, as a result, there are very few (if any) mental health physician clinics operating in Alaska today. By allowing for supervision to occur remotely and by eliminating the requirement to provide supervision at least 30% of the time, SB169 helps address some of these challenges. As a result, ABHA anticipates that SB169 will help support and encourage behavioral health services offered through mental health physician clinics thereby improving access to treatment.

ABHA understands there is often a commensurate cost involved with increased access to services. Identifying and intervening in behavioral health disorders early is both cost-effective and helps limit the traumatic and disruptive impact on individuals, their families, and communities. The provision in SB169 allowing for remote supervision using available technology is also anticipated to reduce the overall cost of behavioral health treatment services.

Lastly, in regard to the potential impact on the quality of service delivery, current regulation at 7 AAC 135.030(d) allows for reimbursement of services provided only by certain licensed behavioral health practitioners operating in mental health physician clinics (explicitly including psychiatrists, psychologists, psychological associates, licensed clinical social workers, physician assistants, advanced nurse practitioners, psychiatric nursing clinical specialists, licensed marriage and family therapists, and licensed professional counselors). It requires the direct supervision of a psychiatrist (that would be permissible remotely through SB169) and requires the psychiatrist to assume responsibility for the treatment services delivered. Effectively, quality controls primarily rest on the individual practitioner's license. ABHA believes that strict enforcement of professional licensing requirements and oversight will help ensure good clinical practice. Additionally, ABHA recognizes that a value-based system requires access to accurate, meaningful, and comparable client health outcome data. A data reporting system has been developed and is universally required for community behavioral health providers; a similar system has yet to be developed for other provider types.

As a final consideration, ABHA believes that proposed changes to the service delivery system should be fair and equitable to all provider types. Unfairly advantaging certain provider types often results in much larger system consequences with downstream impact on Alaskans in need of behavioral health services and supports. We believe that all behavioral health providers should be subject to the same requirements.

In summary, the potential benefit SB169 offers Alaskans through increased access to behavioral health services outweighs any concerns about potential impacts on cost or quality, therefore the Alaska Behavioral Health Association is in support of Senate Bill 169.

Sincerely,



Tom Chard

Alaska Behavioral Health Association (ABHA)