



3601 C Street, #1420 | Anchorage, AK 99503
1-866-227-7447 | Fax: 907-341-2270 | TTY: 1-877-434-7598
aarp.org/ak | ak@aarp.org | [@aarpalaska](https://twitter.com/aarpalaska)
facebook.com/AARPAK

March 12, 2018

The Honorable Senator Cathy Giessel
State Capitol 427
Juneau, AK 99801-1182

Re: SB 169 – Medicaid: Behavioral Health Coverage – Support

Dear Sen. Giessel,

AARP Alaska, the state's largest member organization advocating for Alaskans 50+, is pleased to offer our support for SB 169, relating to Medicaid Behavioral Health Coverage. The primary impact of this bill will be on the ability of behavioral health providers to more flexibly render needed clinical services in community based settings and legitimately receive Medicaid payment for those services. Existing law requires supervision of behavioral health service providers by a psychiatrist, physically present on the premises at least 30% of the time. This generally requires the services to be rendered on those same premises.

SB 169 takes advantage of the increasing capacities of telehealth, and expands the definition of who may qualify to provide supervision to include a physician or advanced practice registered nurse. The supervision may be available either in the clinic (on the premises) or by communication device (e.g., phone or Skype).

The provisions of SB 169 would be very helpful in the provision of clinical mental health services to older adults. I can attest to this, having been the Director of Senior Services for Anchorage Community Mental Health Services, Inc., for many years.

Older people are not likely to seek mental health services in the first place, due to generational stigma, shame, and fear of the consequences of losing mental capacity. Rarely, in my experience, would a senior want to ride an AnchorRides bus and be seen getting off for an appointment at the mental health center. Nor would they welcome any diagnosis that threatened their sense of capability or independence.

Much more effective, we learned, was community outreach...to senior centers, congregate housing, and even individual home visits. Not only did this permit a more natural and personal relationship to be established, it often provided much more valuable clinical assessment information. A home visit could quickly reveal many tell-tale signs of problems....accumulating stacks of unread newspapers or bills, unturned pages of a calendar, spoiled food in the refrigerator, medications not taken correctly, etc. In addition, many positives could also be identified, such as other persons in the home, photos of family members, the presence and availability of neighbors, and observation of an individual's own coping skills and mastery of problems. Plus, on a senior's own turf, they did not have to feel as threatened and a trusting and therapeutic relationship could be more easily established.

Unfortunately, in those days, a few decades ago, services provided off premises of the community mental health center were not reimbursed. Ultimately, the specialized mental health services for older people had to be discontinued. It remains, even today, that there are not any specialized geropsychiatric services available in the state of Alaska. SB 169 could potentially revitalize interest and capacity for provision of clinical mental health services for Alaska's seniors.

It is also the case that older people typically have a trusting relationship with their primary care provider....whether physician or nurse practitioner. The ability for that provider to supervise the provision of mental health services would help ease the burden of psychiatric shortage, clinic wait lists, and uncompensated care. The provisions of SB 169 are urgently needed to help address the increasingly serious behavioral health needs of Alaskans of all ages.

We applaud your leadership on this important issue, Sen. Giessel, and wish successful passage and enactment of Senate Bill 169.

Respectfully,



Ken Helander
Advocacy Director

762-3314
khelander@aarp.org