

19 February 2018

To whom it may concern,

The intention of this letter is to express my support of SB 169 which changes "supervision" by a psychiatrist physically present in the clinic to supervision that is able to be complete via telemedicine, or from a distance. In addition, I support changing "psychiatrist" to "physician" in order to increase access to this requirement, thereby reducing the waitlist for therapy services provided to Medicaid recipients.

I am a psychiatric nurse practitioner and a small business owner within the Anchorage community. I see clients for medication management, assessments, diagnoses, individual and group therapy. More than 60% of my clients are on Medicaid. Currently, any clients that I refer out for therapy on an outpatient basis are facing exorbitant wait times for those services. On average, the current wait to receive therapy services as a Medicaid recipient from an outpatient clinic is over 18 months in the Anchorage area.

Part of the reason that these services are so hard to find is the requirement that necessitates a clinic having a psychiatrist on site 30% of the time in order for therapists to bill for outpatient therapy services. As a nurse practitioner, I may bill Medicaid for therapy services independently of a psychiatrist. However, I cannot hire a therapist at my clinic, as we do not have a psychiatrist present at my clinic. This means that I am extremely limited in what services I can provide for Medicaid recipients, and ultimately, I provide more medication and outpatient medication management visits, which are more costly than therapy visits. If the requirement were loosened to include "physician" and also so that the supervision could be done off site, I would consider contracting with a physician to provide this oversight, so that I could hire a therapist(s), reducing the waitlist in the community, and ultimately improving outcomes and reducing costs for mental health patients.

I know other facilities would benefit from this as well.

In addition, the requirement that the physician be a psychiatrist is also restrictive. There is already a shortage of psychiatrists in the State of Alaska. Many facilities are contracting out of state for psychiatric coverage. The federal language only requires a physician supervision. Changing the State of Alaska requirement to read "physician" may also help reduce the burden of long waits and long wait lists, as well as increase the likelihood that a therapist can bill Medicaid for their services.

With these two changes made, you may find other clinics are willing to begin providing therapy services for outpatient Medicaid clients.

Please do not hesitate to contact me for further information.

Respectfully,



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