

Fiscal Note

State of Alaska
2022 Legislative Session

Bill Version:	CSSB 175(HSS)
Fiscal Note Number:	3
(S) Publish Date:	4/15/2022

Identifier: SB175-DOH-MAA-2-18-2022
Title: HEALTH CARE SERVICES BY TELEHEALTH
Sponsor: WILSON
Requester: (S) HSS

Department: Department of Health
Appropriation: Health Care Services
Allocation: Medical Assistance Administration
OMB Component Number: 242

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2023 Appropriation Requested	Included in Governor's FY2023 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2023	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Personal Services	100.4		120.5	120.5	120.5	120.5	120.5
Travel							
Services	10.0		10.0	10.0	10.0	10.0	10.0
Commodities	9.6		1.5	1.5	1.5	1.5	1.5
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	120.0	0.0	132.0	132.0	132.0	132.0	132.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	60.0		66.0	66.0	66.0	66.0	66.0
1003 GF/Match (UGF)	60.0		66.0	66.0	66.0	66.0	66.0
Total	120.0	0.0	132.0	132.0	132.0	132.0	132.0

Positions

Full-time	1.0		1.0	1.0	1.0	1.0	1.0
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2022) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2023) cost: 0.0 (separate capital appropriation required)

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/23

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

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Agency: Department of Health and Social Services

Phone: (907)465-1184
Date: 02/16/2022
Date: 02/18/22

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2022 LEGISLATIVE SESSION

Analysis

This bill establishes that health care providers may provide health care services through telehealth without an initial in-person consultation if they are providing services that are within their authorized scope of practice and as long as the provider holds a certificate or license in good standing. It further allows health care providers who are licensed in another state to provide services if the patient has been referred by a provider currently licensed in Alaska or a federal or tribal health care program.

This bill also directs that a health care provider shall advise the patient that some or all of the services fall outside their authorized scope of practice, and recommend the patient contact an appropriate provider for those services. This bill also stipulates that the health care provider may not charge a fee for those services for which they are not authorized to provide health care. Further, this bill requires that a fee for service provided through telehealth must be "reasonable and consistent" with fees typically charged for the same service and may not exceed those fees.

This bill establishes that a physician, osteopath, physician assistant, or advanced practice registered nurse - and only these practitioners - may examine, diagnose, and provide treatment for opioid use disorder. This bill explicitly excludes other providers from providing these services.

This bill addresses permissibility to prescribe controlled substances as listed under AS 11.71.140-11.71.190 or botulinum toxin through telehealth by physicians, podiatrists, osteopaths, and physician assistants as long as they comply with AS 08.64.364. The bill would allow an advanced practice registered nurse to prescribe, dispense, or administer a controlled substance as listed under AS 11.71.140-11.71.190 other than buprenorphine if they first conduct an in-person examination on the patient.

This bill provides a definition for "health care provider" as given under AS 08.11, AS 08.15, AS 08.20, AS 08.29, AS 08.32, AS 08.36, AS 08.38, AS 08.45, AS 08.63, AS 08.64, AS 08.65, AS 08.68, AS 08.71, AS 08.72, AS 08.80, AS 08.84, AS 08.86, and AS 08.95, respectively, and provides the definition of "telehealth" as that given in AS 47.05.270(e).

This bill requires the department to pay for all services provided through telehealth in the same manner as if the services had been provided in person, except as provided in section b, which outlines rate setting and the adoption of regulations.

One Medicaid Program Specialist 3 is needed to facilitate an anticipated increase in the volume of telehealth credentials being applied to provider enrollment files at new-enrollment and revalidation. The bill extends telehealth beyond current provider types; it is anticipated that there will be a significant increase in participation from existing provider types.

This position will conduct additional post-payment review of telehealth claims to ensure compliance with state and federal rules surrounding the delivery of telehealth services; this includes establishing new review strategies within the Surveillance and Utilization Review (SUR) unit and working with current data-analytics vendors to develop compliance strategies and peer group comparison algorithms.

Personal Services: Full Time Medicaid Program Specialist 3, Range 20, located in Anchorage, \$120.5 (prorated in FY2023 to reflect a September 1, 2022 hire date)

Services: \$10.0 annually for phone, rent, utilities, etc.

Commodities: Office supplies: \$2.0 in the first year and then \$1.5 annually

One-Time Commodities Cost: Computer, software, and office equipment: \$7.6

Promulgation of associated regulations will take approximately twelve months with implementation effective after July 1, 2023.