



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of Commerce, Community,
and Economic Development

STATE MEDICAL BOARD

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March 18, 2014

The Honorable Fred Dyson
State Senate
Alaska State Capitol
Juneau, Alaska 99801-1182

The Honorable Lynn Gattis
House of Representatives
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Senator Dyson and Representative Gattis:

At their March 6-7, 2014 meeting, the Alaska State Medical Board reviewed Senate Bill 80 and House Bill 281 and discussed telemedicine issues. They noted that the current system of telemedicine is practiced lawfully and successfully throughout the state. Though it originated in Tribal Health Programs, it does not deny access to anyone, and may be practiced by any Alaska-licensed physician. Under current practice standards, an Alaska-licensed physician may lawfully engage in telemedicine practice if they either have an established physician-patient relationship, or if there is an appropriate (licensed) health care provider with the patient to assist the physician with their examination and diagnosis process.

These bills propose to allow for a corporate model of telemedicine practice without one or the other of these two elements, and would therefore be below the current standard of care in Alaska. While the bills imply a solution to poor rural health care access, Alaska has been for years and remains far ahead of the lower 48 states regarding rural access to health care. These bills will have a small impact in rural Alaska, as there are few sites in those areas without a provider and existing telemedicine. As these bills make no distinction between rural and urban practice of telemedicine, the much larger impact will be in the urban setting. The real question becomes, "do we need a different telemedicine model in Anchorage, Fairbanks, and Juneau?" As with many technological "advances" in medicine, the motivation behind this bill seems more related to promoting technology and reimbursement than providing good patient care.

The Board has concerns regarding possible consequences of changing practice standards through the proposed legislation:

- potential for missed diagnoses and overprescribing associated with no physical examination of the patient
- negative consequences of the proposed legislation on current medical practice in Alaska
- potential liability and investigative costs related to misdiagnosis or mismanagement with resultant poor outcomes
- decreasing the standard of care throughout Alaska
- setting practice standards by statute instead of Board-promulgated regulation

While Alaska is second to none regarding rural health care access, the Board has recognized that there are areas that do not have any health care provider (physician, physician's assistant, nurse practitioner, nurse, or community health aide). To address this, the Board is proposing a specific exemption to current regulations to allow expanded telemedicine in these areas.

The Board has taken the following position on the proposed legislation:

The essence of the practice of medicine is founded in the physician-patient relationship which includes the physical examination of the patient. These bills attempt to forego this essential element and re-define Alaska standards for the practice of medicine. This is not in the best interest of public safety/protection, which is our charge.

Sincerely,

David A. Miller, M.D., F.A.C.S
Board President
Alaska State Medical Board

Cc: Legislators hearing SB 80 or HB 281
Members of the Alaska State Medical Board