



Alaska Psychological Association

Advancing psychology as a science, a profession, and a means of promoting health and welfare

February 25, 2016

Senator Peter Micciche
Senator Cathy Giessel
Alaska Senate
Alaska State Capitol Building
Juneau, AK 99801-1120

RE: SB 98 – “An Act relating to diagnosis, treatment, and prescription of drugs without a physical examination”

Dear Senators Micciche & Giessel:

The Alaska Psychological Association (AK-PA) was formed, as a member based entity to advance psychology as science, profession and as a means for promoting human welfare in Alaska. Psychology as a profession recognizes and welcomes the expanding role of technology in the provision of needed psychological services and the continuous development of new technologies that may be useful in the practice of psychology. These practices represent both new opportunities as well as very real challenges to the provision of services that recognize the geographical and cultural richness in a state such as Alaska.

As a professional association that has been actively involved in the current Medicaid redesign project we are committed to transforming the healthcare system in Alaska so that integrated, affordable primary and behavioral healthcare is available to all Alaskans. Further, we believe that expanded access to qualified, licensed professionals can only be good for Alaskans, and we applaud your efforts at removing obstacles to the provisions of these services. To that end we support the stated intent of SB 98 as amended by Committee Substitute.

As you are well aware, telemedicine practice is a highly complex service, and guidance to professionals is in a continual state of change. As is the case with other professional healthcare disciplines, the American Psychological Association has published a set of practice guidelines for the practice of telepsychological services, the *Guidelines for the Practice of Telepsychology*. These highlight the complexity inherent in telehealth: “The practice of telepsychology involves consideration of legal requirements, ethical standards, telecommunication technologies, intra- and interagency policies, and other external constraints, as well as the demands of the particular professional context.”

Issues related to the provision of psychological services across jurisdictional boundaries have not been resolved. Again, as noted by the American Psychological Association, “Psychological service delivery systems within such institutions as the U.S. Department of Defense and the Department of Veterans Affairs have already established internal policies and procedures for providing services within their systems that cross jurisdictional and international borders. However, the laws and regulations that govern service delivery by psychologists outside of those systems vary by state, province, territory, and country (APAPO, 2010).”

Done thoughtfully, deliberately, and with the active involvement of the professional stakeholders and consumers of these services, this legislation could help ensure that the recipients of telehealth services are receiving the high levels of quality, integrated service that Alaskans deserve. In its current form, however, a number of questions, concerns, and recommendations emerge:

- SB 98 was originally drafted for the board of medicine in Alaska, and a very recent amendment adds the related professional mental health boards; this amendment greatly complicates the bill with relatively little time left in the session.
- While the stated intent of the bill, which as we understand is removing the unintended sanctioning of professionals engaged in telemedicine is one that we support, the provision of behavioral health services (i.e., mental health and substance abuse services) is itself a highly complex area, one that cannot be adequately addressed by amending a bill that

- initially sought to make the prescription of medications available without a physical examination.
- The question of identifying any safeguards need to ensure that consumers are protected from questionable practices that are not regulated by Alaska licensing boards need to be seriously considered.
 - We believe that adequate regulatory oversight of telemedicine services in Alaska requires that the respective licensing boards be authorized to ensure that services provided meet the standard for professional practice.
 - In this context, AK-PA's response to SB 74 advocated for a specific statute change. The statute, **AS 47.05**, defines the practice of "telemedicine." AK-PA recommended adding the following requirement (in bold): Sec. 47.05.270. Medical assistance reform program (recommendation in bold): ***"(e) In this section, "telemedicine" means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations between providers licensed in Alaska who are physically separated from the recipient or from each other."***
 - We recommend that all of the impacted licensing boards referred to in this bill develop consistent, and where needed commingling policies regarding the provision of telehealth services. This will require additional time.
 - We do not believe that simply opening up the provision of telemedicine services to all interested parties is the answer to developing an integrated and high-quality healthcare system. We urge caution here, as poorly implemented, long-distance telemedicine services have the potential to negatively impact the quality of care, increase regulatory and licensing burden on professionals, and ultimately decrease the viability of the Alaska workforce. In its current form there is the potential for the outsourcing telehealth services to lowest bidder without adequate safeguards to ensure that high quality of care is maintained.
 - As an example of where additional time is needed to work through the implications of the bill, the requirement to seek consent for the release of records for a behavioral health encounter and send these to the person's primary care provider if the behavioral health professional is not the primary care provider will not by itself help to integrate healthcare. If anything, it has the potential to overwhelm both the mental health and primary care providers with unnecessary and burdensome administrative tasks that likely will not contribute to the overall quality of care, especially without an effective and efficient Health Information Exchange (HIE) in Alaska.
 - *Finally, because consumers and practitioners alike will benefit from a thoughtful and coordinated telehealth system, we recommend that the legislature take the time needed to craft such complex legislation right the first time, and table this bill to allow for interim hearings.*

Thank you both for your dedication to developing the highest quality of healthcare for Alaskans. We applaud your efforts and look forward to working with you moving forward. Please consider us a resource.

Respectfully submitted,



Michael Sobocinski, PhD
President, Alaska Psychological Association

cc: Members of Senate Labor and Commerce Committee
Valerie Davidson, Commissioner, DHSS
Randall Burns, Division of Behavior Health, DHSS
Tom Chard, Alaska Behavioral Health Association
Jeff Jessee, Mental Health Trust