



ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION

March 27, 2019

Rep. Ivy Spohnholz  
State Capitol, Room 421  
Juneau, Alaska 99801

Re: HB 29 –Insurance coverage for Telehealth

Dear Representative Spohnholz,

The Alaska State Hospital and Nursing Home Association (ASHNHA) writes this letter in support of HB 29, an Act relating to insurance coverage for benefits provided through telehealth. ASHNHA is a membership organization representing Alaska's hospitals, skilled nursing facilities, and other health care providers.

HB 29 requires insurers that offer a state health care insurance plan to cover healthcare or mental healthcare benefits provided through telehealth by a health care provider licensed in the state of Alaska and may not require a prior in-person contact occur between a healthcare provider and a patient before payment is made for covered services.

ASHNHA supports efforts to improve access to care and address challenges faced by workforce shortages, particularly in rural Alaska. We believe that telehealth offers opportunities to expand access, especially to address behavioral health needs. Medicaid and Medicare already cover these types of telehealth services and it makes sense to ensure Alaskans with other insurance have access to telehealth services.

Please let us know how we can further assist your office in advancing this important legislation.

Sincerely,

Becky Hultberg  
President/CEO

March 25, 2019

The Honorable Ivy Spohnholz  
State Capitol  
Room 421  
Juneau, AK 99801



Dear Representative Spohnholz,

Moda Health would like to express our support for House Bill No. 29, which you introduced to the Alaska legislature on February 20, 2019. Telehealth is becoming a more popular information and communication system to provide and support distant healthcare services, of which mental health care is a major domain. Particularly in a geography like Alaska, telehealth can be particularly effective to improve access to services and convenience for patients. We support the value of telehealth for mental health services and support including these as covered services.

Founded in 1955, Oregon-based Moda is a company committed to building healthier communities. In addition to its more than 1 million dental lives, Moda has 330,000 members in its medical plans and more than 1 million members in its stand-alone pharmacy segment. The Moda family of enterprises includes Moda Health, ODS Community Dental, Eastern Oregon Coordinated Care Organization, Ardon Health, BenefitHelp Solutions, Astra Practice Partners, Dental Commerce Corporation, Healthy Grid, Arrow Dental, and PropacPaylessPharmacy.

Moda has participated in Alaska's insurance market since 2004, and is proud to have an office in Anchorage.

Please do not hesitate to contact us with any further questions.

Sincerely,

Jason Gootee  
Vice President, Strategic Market Development



[modahealth.com](http://modahealth.com)

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THE STATE  
of ALASKA  
GOVERNOR MIKE DUNLEAVY

## Department of Health and Social Services

ALASKA COMMISSION ON AGING

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March 21, 2019

Representative Ivy Spohnholz  
Alaska State Capitol, Room 421  
Juneau, Alaska 99811-0001

Subject: ACoA Letter of Support, HB 29

Dear Representative Spohnholz:

The Alaska Commission on Aging is pleased to offer support for HB 29, "Insurance Coverage for Telehealth" authored by you. This legislation, designed to improve access to primary care, behavioral health, and urgent care services in rural, remote and urban areas of Alaska, seeks to modernize Alaska's private payer insurance plans and Medicaid by allowing reimbursement for telehealth services. Currently, 39 states have passed laws that govern private payer telehealth reimbursement policy. Through passage of HB 29, Alaska will expand provider reimbursement to include primary care, in addition to existing coverage of mental health/behavioral health care services, by Medicaid and private payer insurance plans regulated by the State.

SB 74, passed by the legislature in 2016, enacted comprehensive reform of Alaska's Medicaid program through a series of 16 different initiatives for implementation by the Department of Health and Social Services. One of these initiatives included expanded use of telehealth practices in Alaska. HB 29 builds on this initiative by expanding telehealth from coverage of behavioral health to include primary health care. The Commission believes that HB 29 will enhance statewide access to health care for more Alaskans at a lower cost, reduce the need for expensive medical travel, improve access to specialty care, and enhance patient outcomes.

While Medicaid and tribal health care plans already cover telehealth services, Medicare does not provide this coverage as telehealth does not meet Medicare's "face to face" requirement for delivering health care. New federal guidance from the Centers for Medicare and Medicaid, as required by the Bipartisan Budget Act of 2018, proposes to broaden coverage and allow clinically-appropriate telehealth services under Medicare Advantage plans that would take effect in the 2020 coverage year. These services would cover telehealth visits from the beneficiaries' homes, instead of patients needing to go to health care facilities to receive the covered telehealth services. Medicare Advantage is not yet available in Alaska, however, there has been growing interest in exploring managed care plans as a means to control costs in our State. The Commission on Aging will be following these developments.

Telehealth has benefits for older adults particularly for those age 55 to 64 who are insured by Medicaid or a private payer insurance. Among those in the Medicaid Expansion population, adults age 55 to 64 are the second most numerous age category (10,721) behind young adults age 19 to 34 (19,631) and represent 22% of this population (DHSS Medicaid in Alaska Dashboard, February 2019). As a less expensive form of health care, there is expectation that increased utilization of telehealth care services will improve patient access to primary care, behavioral health care, and minor acute care services thereby reducing the amount of expensive emergency services attributed to lack of routine care and monitoring of health care conditions. Older adults, age 55 to 64, with access to primary care often enter Medicare with better health requiring less costly services and unnecessary higher cost care.

Access to health care is consistently identified as the #1 priority for Alaskans age 55 and older in surveys conducted by the Commission. During community forums, seniors have expressed their support for telehealth services in order to address Alaska's shortage of healthcare providers, improve access to specialty services such as geriatric health care and dementia care, and enhance access to health care in rural and remote settings using licensed health care providers.

The Alaska Commission on Aging supports HB 29 and telehealth services as a means to improve access to comprehensive, affordable health care services for more Alaskans. The Health Resources Services Administration defines Alaska as a "medically underserved area" with too few primary care providers to support the health care needs of our state's population. We believe that HB 29 will help to increase access to health care, which is particularly important for rural Alaska and older people.

Thank you for your leadership on HB 29. Please contact Denise Daniello, ACoA's Executive Director, at 465-4879 or [denise.daniello@alaska.gov](mailto:denise.daniello@alaska.gov) for further information.

Sincerely,



Gordon Glaser  
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello  
Executive Director, Alaska Commission on Aging



## Mind Matters Research

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From: Lyn Freeman, Ph.D.  
To: Rep. Ivy Spohnholz  
Date: February 2, 2019

**Subject:**

**For bill entitled: An act related to insurance coverage for benefits provided through telehealth; and providing for an effective date.**

I am a licensed professional counselor in Anchorage, and also a former NIH-funded mind-body and cancer researcher. My master's degree is in human sciences and my Ph.D. in psychology. My work and clinical outcomes have been published in peer-reviewed journals and I am also author of academic textbooks and medical manuals. I provide psychological care to patients with serious medical conditions, by physician referral only.

The patients I treat have medical conditions that may include, but are not limited to, cancer, Parkinson's disease, various auto-immune diseases, traumatic brain injury, cognitive impairment and chronic pain, both physical and emotional. Additionally, many of the persons I treat suffer from chronic fatigue, sleep deprivation, and depression or anxiety. Some are in wheel chairs and not able to travel to my office without great effort and discomfort. Others live in bush Alaska and have no options for specialized care if telehealth is denied to them.

**How do I utilize telehealth to the benefit of these patients?** Although my personal preference would be to see all patients in my office at Alaska Regional Hospital, this is often not possible or even the best treatment option for the patient in question. In addition to the treatment of depression, anxiety, pain and fear, I also specialize in behavioral and perceptual change therapy that help patients adapt their way of living and thinking to support better medical and psychological outcomes. This is accomplished by working hand in hand with the physicians who referred the patients to me.

When insurance companies balk at paying for telehealth, or (as now seems to be occurring) want patients to only see counselors or therapists who are contracted directly to the insurance company, this severely limits patient options. I understand that there is a move in that direction in the industry. I hope this will not prevail, as this will prevent specialized care for the patients I see, where physician and counselor work as a team. We both have full access to patient medical and psychological records and can case patient progress or lack thereof. I seriously doubt any insurance company can provide this level of communication and follow-thru.

I had the opportunity last year to speak with a 'counselor' through the insurance-based telehealth type of service provided to me, and was able to identify they had no access to my medical or psychological information; no relationship with other providers in the state; and certainly could not match provider specialty to patient need. I am deeply concerned with insurance company attempts to interfere with the treatment provided by local providers, by attempting to circumvent local and team-based patient services.

In summary, it is important to make it possible for patients to access telehealth with their local providers without being 'herded' into a lesser form of care by insurance companies or denied telehealth altogether. I urge the legislature to make telehealth available to Alaska patients, and without prejudice against their local providers.

Please do not hesitate to call me if I can be of further service.

Sincerely,



Lyn Freeman, PhD, LPC  
Director of Integrative Medicine  
Alaska Regional Hospital

