



### **Vision**

A Native Community that enjoys physical, mental, emotional and spiritual wellness.

### **Mission**

Working together with the Native Community to achieve wellness through health and related services.

### **Customer-Owners**

Serving over 65,000  
Alaska Native and American  
Indian People

### **Communities Served**

*Anchorage Service Unit  
and 55 Tribes to Include:*

Anchorage	Matanuska-
Chickaloon	Susitna Borough
Eklutna	McGrath
Igiugig	Newhalen
Iliamna	Ninilchik
Kenaitze	Seldovia
Knik	St. Paul Island
Kokhanok	Tyonek

### **Services Offered**

*Over 90 Community-Based  
Programs Including:*

Medical  
Behavioral  
Dental

Co-Own and Co-Manage the  
Alaska Native Medical Center

### **Board of Directors**

Karen Caindec, Chairperson  
Roy M. Huhndorf, Vice Chairman  
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Sandra Haldane, Director  
Dr. Jessie Marrs, Director  
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Lisa Wade, Director

### **President and CEO**

April Kyle, MBA

### **Tribal Authority**

Cook Inlet Region, Inc.

February 16, 2022

Representative Ivy Spohnholz  
State Capitol, Room 406  
Juneau, AK 99801

RE: Support for House Bill 265—Health Care Services by Telehealth

Dear Representative Spohnholz

On behalf of Southcentral Foundation (SCF), I am pleased to offer support for House Bill 265 relating to telehealth licensing for provider and telehealth services paid for by Medicaid. This legislation will continue the telehealth flexibilities established during the COVID-19 pandemic. Over the past two years of pandemic response, Alaskans across the state have benefitted from the flexibilities provided through various methods of telehealth service delivery. For health care systems that have been incredibly stressed during the waves of infection, telehealth is an innovation health care providers and patients alike want to keep.

From a patient perspective, the customer-owners we serve have utilized telehealth for a number of reasons. Families have an easier time accessing care without needing to find childcare or dealing with transportation issues that increase appointment times. Telehealth has led to consistent attendance at appointments and better management of chronic conditions, which leads to better health outcomes. SCF's Behavioral Services Division has found some customer-owners who have a hard time with in-person appointments due to physical disabilities or mental health challenges often flourish with the regularity and ease of access through telehealth.

SCF operates and manages numerous health care clinics in villages off the road system. The ability of these clinics to provide audio-only and telephonic telehealth appointments is key in some communities. In rural Alaska, broadband connectivity or other challenges to consistent internet access made the pre-pandemic Medicaid requirement for audio-visual telehealth difficult. Providing customer-owners telephonic connections has allowed us to meet Alaskans where they are and with the resources at their disposal, without negative effects on clinical outcomes. Additionally, our clinicians based in Anchorage are able to work with individuals in rural areas to determine if follow up travel is necessary, and, if it is, to define the

scope of needed services when the individual travels, planning and preparing for their visit in advance. This saves the state resources, and it helps Alaskans avoid unnecessary travel during the pandemic.

From a provider perspective, our clinicians have adapted to delivering care via telehealth. In March 2020, our programs transitioned from in-person appointments to telehealth appointments quickly. This allowed clinicians and customer-owners to avoid possible COVID-19 exposure and save vital supplies of personal protective equipment. Additionally, because of the ease of access for telehealth appointments, our clinicians have seen reduced no-shows for appointments compared to those scheduled in-person. This has led to more efficient use of clinician time. SCF and other health care organizations have seen tremendous success with delivering care via telehealth, and the health care sector needs certainty that these new options will continue through this pandemic and beyond.

Thank you for introducing this legislation and working with organizations across the health care sector on this policy. If you or fellow legislators need additional information or have questions about SCF's experience with telehealth, please contact me at [akyle@southcentralfoundation.com](mailto:akyle@southcentralfoundation.com).

Sincerely,  
SOUTHCENTRAL FOUNDATION

A handwritten signature in cursive script, appearing to read 'Kyle', written in dark ink.

April Kyle, MBA  
President and CEO



## KODIAK AREA NATIVE ASSOCIATION

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3449 Rezanof Drive East Kodiak, Alaska 99615 | 907.486.9800 | [www.kodiakhealthcare.org](http://www.kodiakhealthcare.org)

February 16, 2022

The Honorable Ivy Spohnholz  
Alaska House of Representatives  
Alaska Capitol Building, Rm 406  
Juneau, AK 99801

The Honorable David Wilson  
Alaska Senate  
Alaska State Capitol Building, Rm 121  
Juneau, AK 99801

RE: House Bill 265 and Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

Kodiak Area Native Association (KANA)<sup>1</sup> is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their healthcare from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

Telehealth access to behavioral health services has had an important impact for our rural Alaska Native and American Indian population. In the first year of the pandemic, some rural regions of Alaska saw a decline in completed suicides. Providers also saw dramatic increased utilization of some behavioral health services such as group therapy and substance use disorder (SUD) treatment. In rural Alaska, it can be difficult to access such group therapy services in a small village. This would normally have required a patient to travel to the hub community where the service is delivered. Another barrier to receiving behavioral health and SUD services is transportation after evening group appointments, as well as securing childcare in order for clients to participate in routine group therapy sessions. Through telehealth, many of these barriers have been eliminated.

Kodiak Island is a small, rural community. One of the barriers to accessing counseling and therapy services can frequently be maintaining anonymity. Expanded telehealth services for behavioral health patients in small communities can now allow patients to receive care in the privacy of their homes, through telephone or synchronous audio-visual broadband connections. For younger beneficiaries, behavioral health providers have reported that telephonic services have improved openness and

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<sup>1</sup>Kodiak Area Native Association (KANA) is a Tribal health organization providing health and social services to the Alaska Natives and American Indians (AN/AI) on Kodiak Island since 1966. There are ten federally recognized tribes in the Kodiak Archipelago, which includes the City of Kodiak and the six remote villages of Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie and Port Lions. Since its inception, KANA has evolved into a service provider for healthcare and social services within our region.



## KODIAK AREA NATIVE ASSOCIATION

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progress in treatment plans.

Providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265/SB 175 would make permanent is saving Alaskan lives. Other providers in Alaska have commented on the viability of telephonic behavioral health services, “I firmly believe and have seen that the delivery of services can be accomplished well over the phone (e.g. assessments, consults, sessions etc.). It is doable, therapeutic, and effective.”

One patient, who is also a health care provider, offered their personal story on the benefit of telehealth for their family:

*Telehealth is vital to rural and remote Alaska; we live in a vast State where not all places are accessible on a whim especially when we have such changing weather in a moment's notice. During the pandemic meeting the needs of the clients in [a village] was vital to making their needs met via video or telephonically. We meet the needs of the clients where they are at. My children were able to see their dad who was in a severe snowmobile accident in 2020 via Vidyo<sup>2</sup> while in Anchorage. Patients who were sent on a medivac could not have a family member to fly with them due to COVID-19. The doctors in Anchorage made sure the family was able to make vital decisions through Vidyo and telephonically. Being able to have my kids connect to their dad during the difficult time was important to them and gave sense of peace being able to see him. They greatly appreciated seeing their dad and the opportunity that telehealth was able to connect them during a difficult time in their life. Our people matter, we have limited resources but utilizing them with what we have means continuity and a blessing for us because when the pandemic hit it did show that resource is vital.*

It is clear that improved telehealth access during the pandemic has saved Alaskan lives – it has saved Alaska Native lives. The value of saving a life is immeasurable and priceless. Without making permanent the current telehealth flexibilities through this legislation, we risk losing access to these telehealth benefits if the COVID-19 public health emergency ends in April 2022. If we lose the increased access to telehealth, we will bear the cost of returning to the pre-COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

Kodiak Area Native Association appreciates the opportunity to support this legislation. Should you have any questions regarding this letter, please contact me at [Mike.Pfeffer@kodiakhealthcare.org](mailto:Mike.Pfeffer@kodiakhealthcare.org) or 907-486-9810.

Sincerely,

Mike Pfeffer, Acting Chief Executive Officer  
Kodiak Area Native Association

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<sup>2</sup> Vidyo is a health video-teleconferencing platform.



Alaska Primary Care  
ASSOCIATION

February 17, 2022

House Health & Social Services Committee  
Alaska Legislature  
Juneau, AK 99801

Re: HB265 Support

Dear Co-Chairs Zulkosky and Snyder, and House Health and Social Services Committee Members:

The Alaska Primary Care Association (APCA) supports the operations and development of Alaska's 29 Health Centers (also commonly referred to as Community Health Centers or Federally Qualified Health Centers). Health Centers provide comprehensive whole person care, which includes medical, dental, behavioral, pharmacy and care coordination services.

APCA and Alaska's Health Centers support HB265 because it increases access to primary care and behavioral health services and expands telehealth in Alaska. This legislation:

- Includes a range of telehealth modalities, including audio-only, now & into the future
- Allows patients and providers to engage in telehealth services outside a clinic setting if they so choose
- Provides adequate reimbursement for telehealth visits, providing new points of access to whole person care, including behavioral health and substance use disorder treatment.

In the most recent year of full reporting, 2020, Alaska's Health Centers served 105,000 patients through 450,000 visits delivering medical, dental, behavioral health, substance use disorder treatment and other care. Behavioral health and substance use disorder services are Health Centers' fastest growing area of service. 40% of these visits were accommodated via telehealth. In the subspecialty of substance use disorder services, 45% of visits were via telehealth.

Alaska's Health Centers have weathered many emerging challenges brought on by the pandemic and APCA appreciates the actions taken by the Department of Health Social Services, which have allowed Health Centers to reach their patients via telehealth.

The temporary telehealth policy changes allowed Health Centers to be recognized as telehealth treating providers; to furnish some behavioral health services via audio-only

technology; and to be paid for telehealth services furnished to Medicaid beneficiaries under the Health Centers' unique payment system, called the prospective payment system (PPS).

APCA supports HB265 as this key legislation allows these temporary telehealth provisions to become permanent for patients and providers in Alaska.

Health Centers, by definition, serve hard-to-reach communities. The majority of Health Center patients experience a range of challenges in accessing health care that include facing long distances to reach local providers, cost of care, transportation, language, and cultural barriers. In Alaska, over half of Health Center patients are racial/ethnic minorities, a majority are low-income, and most patients live in rural communities.

Health Centers can best serve their patient populations if they have the ability to use technology to better support their patients. Additionally, workforce shortages, particularly in the behavioral health sector, impact Health Centers uniquely as nonprofit safety-net providers, and telehealth allows Health Centers to use their clinical workforce most nimbly.

Health Centers have witnessed how telehealth has provided stronger continuity of care for patients, reduced travel costs, has resulted in fewer dropped visits and a reduction in delayed (and more costly) care. We understand that delivering quality whole person care ultimately leads to better health outcomes, saves lives and in the long run, it saves on cost.

Telehealth plays an important role in whole person care, and telehealth is now embedded in Alaska's health care system, thanks to the Department of Health and Social Services' quick action in implementing Alaska's 1135 waiver.

Now is the time to ensure that we can build upon the early successes we've experienced and allow telehealth visits to continue moving forward in Alaska.

Alaska's Health Centers' experiences over the past two years help illustrate the importance of telehealth to their patients and clinical providers. For example, Kodiak Community Health Center used telehealth encounters to complete dual chronic condition management and behavioral health check-ins with cohorts of their most vulnerable patients over the phone. Patients with chronic conditions were able to check-in on their conditions and complete a basic behavioral health assessment to determine whether follow-up was warranted. This activity was popular with patients, delivered quality care, and was an efficient use of patient encounters.

Another Health Center, the Girdwood Health Clinic, was able to retain a behavioral health provider during the pandemic through collaboration with a partner agency, increasing access to behavioral health services to match the increasing demand in Girdwood.

Health Centers are adept at leveraging their primary federal funding to strengthen their role and impact in Alaska's health care system. The ongoing pandemic and economic recession have taken a financial toll on Health Centers and have deeply impacted Alaska's Health Center workforce at a time when they are looked to as an essential source of care for

Alaska's low-income patients who are at high risk of COVID-19 infection and poor health outcomes.

As we move forward on a path towards recovery, we believe telehealth will continue to be a necessary tool to help patients access the whole person care they need today and into the future.

Alaska Primary Care Association and Health Centers across the state urge you to support HB265 and appreciate your consideration of this request for support.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Merriman", is positioned above a light blue horizontal line.

Nancy Merriman  
Executive Director



# Ilanka Community Health Center

705 Second Street

P.O. Box 2290

Cordova, Alaska 99574

Phone (907) 424-3622 Fax (907) 424-3275



**10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, & the Gulf of Alaska**

Feb 17, 2022

The Honorable Ivy Spohnholz  
Alaska House of Representatives  
Alaska Capitol Building, Rm 406  
Juneau, AK 99801

The Honorable David Wilson  
Alaska Senate  
Alaska State Capitol Building, Rm 121  
Juneau, AK 99801

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

The Native Village of Eyak is very supportive of House Bill 265 and Senate Bill 175, an Act relating to Telehealth and other matters. During the COVID-19 pandemic, telehealth was expanded through “flexibilities” to remove barriers for individuals to access their health care from the safety and comfort of their homes. These “flexibilities” have saved Alaskan lives; we must make them permanent.

The NVE operates the Ilanka Community Health Center, located in Cordova, Alaska within the traditional Eyak Lands. Cordova is a landlocked community with minimal access by air and ferry to Anchorage and beyond. Having access to behavioral health services is crucial to the mental health of our community. Being able to continue to provide distance services is important in over-coming some of the staffing crisis related to in-person services.

The expansion of telehealth during the COVID-19 pandemic has included more services available through telehealth modalities. For rural Alaskans, this has meant the ability to connect with a provider through a telephonic, audio-only encounter. This method of telehealth has meant Alaskans on Medicaid, who cannot afford the internet, mobile data, or whose communities do not have access to reliable broadband, can still make their appointments with their providers. This has been especially true in delivering behavioral health services.

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*Providing personalized quality health care for the entire Cordova Community.*



In our rural communities, one of the barriers to access counseling and therapy services can frequently be maintaining anonymity. Expanded telehealth services for behavioral health patients in small communities can now allow patients to receive care in the privacy of their homes, through telephone or synchronous audio-visual broadband connections. For younger beneficiaries, behavioral health providers have reported that telephonic services have improved openness and progress in treatment plans.

One provider shared this compelling story of the benefits of telehealth on suicide prevention:

*There is an individual at-risk for suicide in [a village] who likely wouldn't be getting services if it weren't for telehealth (phone, specifically). There is a conflict of interest with the [Village-Based Counselor] and [the patient] refuses to go to that office. This person doesn't have internet in the home so is unable to do video telehealth. Audio-only is the opportunity that has helped keep this individual safe and alive, and has allowed [behavioral health providers] to provide therapy so this person can address the trauma causing the suicidal ideations.*

Other providers have noted that access to telehealth during the pandemic has decreased the “no-show” rate for appointments. This increased availability under the flexibilities that HB 265/SB175 would make permanent is saving Alaskan lives. When asked on the viability of telephonic behavioral health services, one provider stated, “I firmly believe and have seen that the delivery of services can be accomplished well over the phone (e.g. assessments, consults, sessions etc.). It is doable, therapeutic, and effective.”

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COVID-19 telehealth paradigm—and it will be the people and cultures of Alaska who bear that cost.

The Native Village of Eyak appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact us at our Ilanka Community Health Center in care of Kari Collins, the Health Administrator. [Kari.Collins@eyak-nstn.gov](mailto:Kari.Collins@eyak-nstn.gov)

Sincerely,

A handwritten signature in blue ink that reads "Mark Hoover". The signature is fluid and cursive, with the first and last names being clearly legible.

Mark Hoover,  
Tribal Chairperson