

HB 265:

*HEALTH CARE
SERVICES BY
TELHEALTH*

*Representative
Ivy Spohnholz*

32nd Legislature



Photo: Norton Sound Health Corporation

Overview

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TELEHEALTH IN
ALASKA



IMPORTANCE
OF HB 265



HB 265
SECTIONAL



UPCOMING
CHANGES

Payment

- No telehealth parity laws
- Some telehealth services are not covered under Medicaid
- Higher burden for audio-only visits

Regulation

- In-person requirements for select health care providers, including prescription of controlled substances
- Must document barriers

Current Barriers to Telehealth

COVID-19 Changes to Telehealth in Alaska

Federal Public Health Emergency (PHE) may expire in April 2022

- *HIPAA standards were relaxed, allowing wider use of video technologies for telehealth.*

State Public Health Emergency (PHE) expired in April 2021

- *Emergency Regulations tied to the PHE eliminated requirements for in-person visit prior to telehealth.*
- *Licensing boards allowed DEA-registered practitioners (e.g., physicians, physician assistants, and AAPRNs) to prescribe buprenorphine to treat opioid use disorder.*
- *Licensure requirement was waived for health care providers licensed in other states.*

Alaska Medicaid expanded coverage for telehealth modalities and services

Continues the telehealth flexibilities from the COVID-19 pandemic by making them permanent in statute.

Reduces bureaucracy by eliminating in-person visits for all health care providers licensed with the State of Alaska prior to a telehealth appointment.

Expands Medicaid coverage of telehealth services which were reimbursed during the pandemic.

- Increases accessibility of telehealth modalities, including **audio-only** appointments.

Improves access to behavioral health and services addressing opioid use disorder, including medication assisted treatment.

Ensures Alaskans have an option to access quality care in a timely manner when an in-person visit is unnecessary or not possible.

Why is HB 265 needed?

HB 265 does the following:

HB 265 Sectional

- 1. Removes in-person barriers to telehealth delivery in licensing statute.**
- 2. Enhances the telehealth delivery of substance use disorder treatment.**
- 3. Expands Medicaid coverage for telehealth services and modalities.**

1.) Removes in-person requirements to telehealth

**Applies
to all
health
care
providers
licensed
with the
State of
Alaska**

Audiologists or speech-language pathologists

Behavior analysts

Chiropractors

Professional counselors

Dental hygienists and dentists

Dietitians or nutritionists, naturopaths

Marital and family therapists

Physicians, podiatrists, osteopaths, physician assistants

Direct entry midwives

Nurses

Dispensing opticians and optometrists

Pharmacist

Physical therapists or occupational therapists

Psychologist or psychological associates

Social workers

2.) Enhances telehealth access for substance use disorder treatment

Removes in-person requirement to prescribe controlled substances through telehealth without an in-person visit for physicians, osteopaths, and physician assistants.

Allows DEA-waived practitioners to deliver medication assisted treatment via telehealth without an in-person requirement.

3.) Expands Medicaid coverage for telehealth

Sectional

Ensures reimbursement for...

- Behavioral health services
- Medicaid waiver and demonstration services
- Services provided by a community health aide or community health practitioner
- Behavioral health aide or behavioral health practitioner
- Dental health aide therapist, chemical dependency counselor
- Other services provided by an individual or entity eligible for department certification and Medicaid reimbursement
- Services provided at rural clinics and federally qualified health centers

Expands modalities for telehealth, including audio-only visits

Upcoming Changes

1. Remove requirements to document barriers prior to a telehealth visit.
2. Include Medicaid coverage of telehealth home and community-based services.
3. Update Medicaid regulatory definition of "visit" to include telehealth.
4. Ensure telehealth services under Medicaid are HIPAA-compliant for all modalities.
5. Change in-person examination to "visit" or "appointment" and update corresponding language that references an in-person "examination."
6. Cleaning up OUD/MAT provisions in Section 1 by removing subsection (e) and removing the in-person requirement for Advanced Practice Registered Nurses (APRNs) in subsection (d).
7. Create telehealth provisions to include health facilities licensed in Title 47.
8. Narrow telehealth for out-of-state providers by removing language related to the out-of-state referrals, and then exempting follow-up care via telehealth for physicians licensed out-of-state.

QUESTIONS?