



March 2, 2022

The Honorable David Wilson Chair, Senate Health & Social Services Committee State Capitol, Room 121 Juneau, Alaska 99801

Electronic Letter

RE: Providence Alaska Supports Senate Bill 175: HEALTH CARE SERVICES BY TELEHEALTH

Dear Senator Wilson,

Providence Alaska has set the standard for modern health care in Alaska for more than 100 years. Today we remain the state's largest health care and behavioral health provider, and the largest private employer, with nearly 5,000 caregivers across Alaska. As the CEO of Providence Alaska, I write in support of Senate Bill 175.

Providence is working to be a catalyst of change within health care and to work to reduce costs while improving health outcomes. An important step is to stop incentivizing the most expensive forms of health care. Providence Health 2.0 is an initiative that modernizes our own vision of how we serve communities and Alaskans. Traditional models center around the hospital, Health 2.0 centers around the individual and the most appropriate care setting.

The top 10% of health care users account for the vast majority of costs. Our family medicine Medicaid demonstration project targeted that top group of utilizers, many of whom visit the emergency room multiple times per month and rely on the emergency department as primary care. A simple description of the demonstration project is that we provided patient-centered care and wraparound services for that top group of utilizers. We also listened to the patients and asked why they routinely depend on the emergency department. Primary themes emerged as access and connection.

Transportation is not often considered a component of health care, but to some, easy access to public transport, bus line routes, and ride sharing costs can play a major role in their health care decisions. Primary care offices may not be on public transportation routes, but emergency rooms are. Telehealth removes barriers and improves health equity, strengthens patient relationships, while also incentivizing the most effective care settings.

Telehealth is safe and effective. This is one of the unique instances where we have positive results to build upon. The past two years have been like a pilot program, where the temporary telehealth waivers have allowed Providence Alaska to bring care closer to Alaskans. In 2020, Providence Alaska served more than 12,000 Alaskans via telehealth. Thirty-one percent of our telehealth volume is behavioral health; the other top four departments by patient volume are: internal medicine, family medicine, pediatrics, and maternal and fetal medicine. Providence Alaska has vibrant telestroke and teleICU programs and sees the great telehealth potential for case management.

I'd like to highlight a couple of examples of transformation that has been made possible by the telehealth waivers and that we want to continue to use to better serve Alaskans. Home health and remote patient monitoring can provide significant benefits to patients facing chronic or acute illness. During the early days of the pandemic, Providence saw the need to provide safe and effective home care for Covid-positive patients and we rapidly responded to the available telehealth flexibilities. Through remote patient monitoring, we tracked patient vitals and symptoms and scheduled telehealth check-ins with patients in their homes. If a patient's vitals changed or symptoms worsened, we were able to track in real time and move the patient to a higher-acuity care setting only when clinically necessary.

This service was even more impactful to hospitals outside of Anchorage, including our Critical Access Hospitals in Valdez, Seward, and Kodiak, and through our partnerships with Mat-Su Regional Medical Center and Fairbanks Memorial Hospital. We avoided unnecessary emergency room visits and admissions, protected critical staffed bed capacity, and protected both our patients and caregivers from unnecessary risks of exposure. Perhaps most importantly, we were able to care for roughly 1,000 Alaskans near their support networks and improve health outcomes, providing safer environments for both patients and caregivers.

As we look at patients with chronic illness, this technology will improve health outcomes while reducing costs. Heart disease is the second leading cause of death in Alaska and thousands of Medicaid beneficiaries are diagnosed annually. Patients with a diagnosis of heart failure require intensive monitoring after hospitalization and rehospitalizations are common. Research indicates that many patients do best when they are administered therapies that may include as many as four different medications. Patients must be carefully monitored to track symptoms and reactions to medication to optimize treatment. Without telehealth and remote patient monitoring, these visits must be done in person without sufficient ongoing and real-time monitoring of the patient's condition.

Health outcomes will always be the most important metric; working to provide Alaskans with the opportunity to live longer and healthier lives. However, there is also a real cost to the state. The Alaska Medicaid program pays hundreds of millions of dollars for services to Medicaid beneficiaries diagnosed with heart disease. Remote patient monitoring and home health can reduce in-person visits and travel, while providing more effective treatment and reducing readmissions.

We believe establishing relationships with local providers is critical to health outcomes. The inperson visit cannot be fully replaced. However, we are successfully using more of a hybrid model to expand access, deliver care in the most effective settings, and to connect Alaskans with local resources. You may have seen the expansion of Providence Express Cares across the Anchorage area, or our recently opened Midtown primary care clinic and urgent care center. Through these spaces, you can choose to schedule a telehealth appointment on your phone or other device, schedule an appointment for an in-person visit later that day, or walk-in to receive immediate lower-acuity care. During the height of the pandemic, Providence Express Care Alaska averaged more than 120 virtual visits per day. We often connect patients with primary care physicians and additional health resources on the spot. This hybrid model of in-person and virtual care empowers Alaskans to make informed health decisions. The patient/provider relationship is important, and we support clarifying language to provide a balance between expanding access to care and prioritizing Alaska providers.

I'd also like to echo the immense behavioral health benefits in SB 175 that have been highlighted by many of our colleagues. Alaska has a lot of work to do to build our fragile behavioral health continuum of care and telehealth can play a vital resource in getting Alaskans the care they need and deserve. Eliminating barriers to substance use disorder treatment increases the number of Alaskans in recovery and benefits us all.

Alaskans have access to high-quality health care, and we should be proud of our in-state health care options. But we must transform our system of care to improve overall economics and health outcomes. We have an amazing opportunity to take success stories from the regulatory relief provided during the pandemic and to use these tools to modernize our health care system. There are significant federal investments in improving our broadband infrastructure and cyber security. The time to modernize health care is now.

Preston M. Simmons, DSc. FACHE

Chief Executives Providence Alaska

Cc: Representative Ivy Spohnholz Jared Kosin, Alaska State Hospital and Nursing Home Association

From: Cpt Bob Pawlowski

Sent: Wednesday, March 02, 2022 4:55 PM **To:** Senate Health and Social Services

Cc: Sen. Mia Costello

Subject: Testimony for CSSB 175

Chair Wilson & Committee Members:

On behalf of myself, I am writing in support of CSSB175: Health Care Services by Telehealth. In my past working life, I have worked remotely on many projects. Most important to the issue of Health Care Services by Telehealth was my time working for the St. George Tanaq Corporation and in sailing in and out of Dutch Harbor. In both cases, the medical treatment available at the time would have benefitted greatly from Telehealth. While at the Denali Commission, on behalf of the Legislature, I saw the early implementation of Telehealth to rural communities. Today, Telehealth has advanced to the state where it can provide access and often reasonable accommodation to those in rural Alaska. Key to that is the ability for the provider to provide health care without requiring an in-person examination. I particularly support the ability to work directly with a federal program, like the VA or the Indian Health Service for remote telehealth services. And for allowing payment in accordance with federal programs, so that consistency can be achieved in providing services and receiving payment under the specific federal program rates.

Finally, writing for myself but with knowledge as Chair, Alaska Pioneer Homes Advisory Board, the ability to have telehealth in the Homes is an essential service to the residents. The recent ability to have providers 'see' residents while residents remained in the home has greatly improved the care received. This is because providers often find it difficult to schedule visits to the homes due to the time required to drive back and forth from the office and therefore expect residents to come to the office. This is very difficult and draining for the residents and also very time consuming for staff which may delay the residents being seen. With telehealth visits, residents have been seen quickly while remaining comfortably in the home.

Thank you for considering my support for CSSB175.

Captain Bob Pawlowski, NOAA (Ret)

From: Anna Spilker

Sent: Wednesday, March 02, 2022 10:06 PM

To: Senate Health and Social Services; House Health and Social Services

Subject: CS SB 175 & CS HB 265

Hello,

I am providing this written testimony in support of SB 175 and HB 265, in support of continued telehealth service availability in Alaska. My name is Anna Spilker and I am a pediatric speech-language pathologist in a small private practice in Anchorage, Alaska. At the beginning of the COVID-19 pandemic, I began to offer telehealth services to clients to provide speech therapy at home while many of us were in quarantine. Since that time, I have continued to provide teletherapy services to many existing clients and several new ones who have been referred by their pediatricians specifically for telehealth. My clients who elect to participate in telehealth often experience health concerns that make it important to minimize exposure in the community OR they live in more remote communities in Alaska where access to local providers is limited. Without telehealth, four families I see would be unable to access weekly therapy services, instead needing to travel to Anchorage or another hub for very sporadic services. Teletherapy services have allowed for continuity of care and expanded access to services for many individuals. Please continue to allow telehealth as a service option in our state. Thank you for your consideration.

Anna

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Anna Spilker, M.S., CCC-SLP
Articulate Speech and Language Therapy, LLC

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From:

Sent: Thursday, March 03, 2022 7:54 AM **To:** Senate Health and Social Services

Subject: SB175

I strongly support the Telehealth bill currently being debated.

This bill increases access to behavioral health services when an in-person visit is unnecessary or difficult.

It reduces the need to travel out of state for specialty care (e.g., cancer treatment, neurology) by allowing physicians licensed to deliver follow-up care via telehealth after an in-person examination and an established patient-provider relationship

It ensures telehealth is a choice for patients who don't have an alternative option or a certain service available in person, especially in rural Alaska.

Please pass this legislation. It is good for all Alaskans.

Patricia Fisher Mat-Su Borough

From: Janice Sheufelt

Sent:Thursday, March 03, 2022 10:08 AMTo:Senate Health and Social ServicesSubject:Testimony in favor of SB 175

Dear senators,

This email is to provide testimony in favor of SB 175.

I am a family physician in Juneau, providing telemedicine services for patients throughout the state, for medications for the treatment of opioid use disorder.

This bill has a number of vital improvements to allow life-saving care to Alaskans.

I am strongly in favor of allowing the treatment of opioid use disorder without an in-person physical exam requirement. The care of opioid use disorder via telemedicine, without a physical exam component, is safe and effective, and critical for the patients around the state who don't have easy access to a provider.

Also, I am strongly in favor of payment parity for audio-only visits - I have many patients in remote villages, where the internet bandwidth is limited, and it can be very difficult to do video visits. Especially in these cases, phone visits are essential.

Thank you,
Janice Sheufelt, MD
Juneau, AK
Board certified - family medicine and addiction medicine
Current president - Alaska State Medical Association
Delegate - Alaska Academy of Family Physicians

From: Molly Thompson

Sent: Thursday, March 03, 2022 11:35 AM **To:** Senate Health and Social Services

Subject: SB175

Telehealth has been a huge help for me as a provider and a family member. My grandson receives occupational therapy. During the pandemic, he continued to have access to healthcare- when family was sick, the office was closed due to outbreaks or the roads were terrible for driving. He made huge gains that impacted his academic and personal life because he didn't miss his sessions.

Telehealth is not just for people living in less populated areas. Telehealth is not a different therapy. It is the same service just provided over the internet. Having the option to receive services via telehealth makes sense for families in this new age of technology. Therapy is effective with the internet connections and platforms we have.

As a speech pathologist, I can attest to the effectiveness of my therapy via in person and telehealth. I was in a study with Indiana State University in the fall that compared my in person services to telehealth with the same client. The child was highly verbal and did all tasks., making gains on her goals. She was three years old. There was no difference in the amount of language and speech this child was producing in either session. In the hands of our expert clinicians, telehealth is effective, cost-saving and convenient for families. Think of the money saved not flying our remote families to Anchorage for services. Telehealth is a win all around.



Molly Thompson M.S. CCC-SLP ASHA Fellow, Pediatric Speech-Language Services- Part of the Ability Group Consortium

F:866.861.8204

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From: Meredith Mesquita

Sent: Thursday, March 03, 2022 1:34 PM

To: Senate Health and Social Services; House Health and Social Services

Subject: CS SB 175 & CS HB 265

Hello,

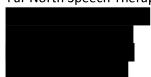
I am providing this written testimony in support of SB 175 and HB 265, which describes continued telehealth service availability in Alaska. My name is Meredith Mesquita and I am a pediatric speech-language pathologist working in my own private practice in Anchorage, Alaska. I began providing telehealth services to my clients and their families once the COVID-19 pandemic hit in early 2020 in order to reduce the spread of the disease and keep myself and my clients and their families safe. Over the past 2 years, I have continued to provide telehealth services to the same clients and new clients that were referred to me by local pediatricians. This method of delivery has been extremely beneficial to the clients I see on a weekly and sometimes daily basis who are medically fragile or have medically compromised family members. It provides families with assurance that their risk of exposure is low while still allowing their child to receive the medically necessary services to thrive and navigate the community.

Additionally, I am currently 7 months pregnant and have been gravely concerned about contracting COVID-19 since many of the children I see are too young to be vaccinated. Telehealth has been a reliable and safe method of delivering services to children who go to school and have a higher risk of getting sick and infecting me during my pregnancy. Teletherapy has allowed me to reduce feelings of worry and anxiety and focus more on my job and provide the best services I can to my clients.

Finally, teletherapy has also allowed families to still receive services when weather conditions severely impact the roads and make it difficult to safely come to the clinic. It has saved many appointments from being cancelled and having a client miss critical and important services. Especially in Alaska, I believe it is very beneficial to still have teletherapy and telehealth provided as a service since bad weather, poor road conditions, and natural disasters such as earthquakes can limit a child's ability to physically travel to a location safely.

Please continue to allow telehealth as a service option in our state for the reasons above. Thank you for your consideration.

Meredith Mesquita, M.S., CCC-SLP Far North Speech Therapy, LLC



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3745 Community Park Loop, Suite 200 Anchorage, AK 99508 Tel 907.269.7960 www.mhtrust.org

March 3, 2022

Senator David Wilson Alaska State Legislature State Capitol Room 121 Juneau AK, 99801

Sent via email

Re: Support for Senate Bill 175

Dear Senator Wilson,

The Alaska Mental Health Trust Authority (Trust) supports SB175 which will put into law many of the beneficial telehealth delivery flexibilities that arose during response to the COVID-19 pandemic and expand access to essential health services.

The Trust has long been an advocate for improved access to care for Trust beneficiaries; Alaskans who experience mental illness, substance use disorders, traumatic brain injuries, developmental disabilities, and Alzheimer's disease and related dementia. Telehealth, particularly behavioral health services delivered through telehealth, has an increasingly important role in helping ensure Trust beneficiaries in communities across the state have access to the care they need to thrive.

During the pandemic, the Trust supported many partners as they quickly adapted to using telehealth technology to provide essential behavioral health and other supportive services. We know that both our beneficiaries and our provider partners have greatly benefitted from the expanded use of telehealth. For Trust beneficiaries, telehealth reduces barriers such as transportation, and privacy or stigma-related concerns. For providers, telehealth improves the ability to provide consistent, quality care, reduces the number of no-show appointments, improves geographic reach, and improves coordination of care.

SB175 maintains the pandemic-related telehealth flexibilities and creates certainty around Medicaid coverage for telehealth services. SB175 also recognizes that many communities in Alaska have limited broadband service and allows for reimbursement of some audio-only telehealth services.

Telehealth is an essential and growing component of our state's system of care for Trust beneficiaries. We appreciate your leadership in sponsoring this legislation that will improve access to care, help ensure Trust beneficiaries live and receive services in their community of choice, and supports Alaska's network of providers.

Sincerely,

Steve Williams,

Chief Executive Officer



To Whom It May Concern:

I am the CEO for Mat-Su Regional Medical Center in Palmer, AK and I am writing to express my support for House Bill 265 (HB265), Health Care Services by Telehealth.

During the initial phases of the COVID19 pandemic in 2020 we were pressed into expanding our telehealth options at Mat-Su Regional Medical Center. We are thankful for the temporary broadening of laws that improved the access of telehealth services to Alaskans especially in our service area of the Mat-Su Borough. We did not realize before how beneficial this was and now that we do, we need to take action in order to continue to facilitate this expansion and broadening of telehealth services.

In the past, many barriers existed to providing telehealth services in Alaska. One of which was the requirement for an initial in-person visit and HB265 removes this necessity. During the early days of the pandemic most face to face contact was eliminated, including health care visits to help slow the progression of the disease in the population. We now accept that COVID19 is a normal part of our lives and regardless of the preponderance of the disease on any given day we need to make sure that health care can continue safely and effectively. The removal of the requirement to have an in-person visit molds quite well with much of the patient population in the state of Alaska due to the large size of our demographic that live rurally and remotely. In our population many are forced to travel to see a health care provider and this hampers health care distribution to Alaskans causing pockets of underserved people. By removing this requirement for in-person visits, HB265 will help ensure that more patients from remote areas can access telehealth services without travel. Furthermore, HB265 also allows for telehealth services to be given by out of state providers, providing that the out of state provider has actually established an existing relationship with an initial in person visit. This allows many Alaskans to access specialties that are only located out of state and it will help underserved Alaskans in the same manner going forward.

Another barrier in the past to offering telehealth services has been cost and reimbursement. HB265 will ensure that there will be a parity between telehealth visits and in-person visits making telehealth not as burdensome on the healthcare provider. This will make these telehealth services financially sustainable. HB265 also allows both the patient and provider to choose whether or not they want to participate in a telehealth encounter.

Here in the Mat-Su Valley one of the service lines that has been improved by the increase in telehealth services and will continue to be improved by HB265 is that of Behavioral Health care. Often times initial behavioral health visits are unnecessary and this bill will eliminate these initial visits as a necessity. HB265 will remove the need to document barriers that exist that necessitate teleservices. This is a cumbersome burden and removing this requirement will help make sure that these needed services are not inhibited. This telehealth bill will also continue

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help improve our combat of the opioid epidemic by improving access to medication assisted treatment for patients receiving care in that manner.

In closing I would simply say that HB265 is a necessary piece of legislation. It will continue the emergency laws placed that have become invaluable as we combat COVID19 and offer health care services to our unique population and I encourage you to support this bill as well.

Sincerely,

Dave Wallace



To Whom It May Concern:

My name is Hope Allison, I am the Executive Director of Behavioral Health at Mat Su Regional Hospital. I am writing to show support for HB 265; which would maintain and expand Alaska's access to telehealth services.

When telehealth services were expanded during Covid-19 it allowed Mat Su Regional Hospital to continue to provide behavioral health services without interruption. It also provided us with an innovative way to meet patients' needs which was and continues to be critical to the vulnerable and underserved population that we serve.

The benefits of BH 265 includes:

- 1. Increase access to behavioral health services when in-person visits are difficult or unnecessary.
- 2. Reduces needless emergency room visits and focuses on getting individuals the care they need in the most appropriate settings which reduces cost.
- 3. Improves access to behavioral health providers across the entire state.
- 4. Allows patients to receive behavioral health services in their home communities.
- Telehealth helps address the recruitment challenges that we face in Alaska and allows for behavioral health services to be provided without interruption.

Respectfully,

Hope Allison

Executive Director of Behavioral Health

Mat Su Regional Medical Center

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Affiliates in Anchorage, Fairbanks, Juneau, and North Slope Serving all of Alaska

March 3, 2022

Senator David Wilson Chair, Senate Health and Social Services Committee Alaska State Legislature Juneau, Alaska. 99801

Re: SB 175 – Access to Telehealth Delivery of Medical Services

Dear Senator Wilson and members of the Senate Health and Social Services Committee,

The purpose of this letter is to support Senate Bill 175, and in particular, behavioral health services via telehealth when available.

NAMI stands for the National Alliance on Mental Illness – we advocate for access to mental health services, treatment, support and research, and we are steadfast in our commitment to raising awareness and building a community of hope for those in need throughout Alaska.

We strongly support this important legislation to assist mental health beneficiaries in Alaska to help them obtain access to mental health support, and in some cases, provide the only support available in their communities.

Telehealth has been a pivotal development in creating the ability to access care in Alaska, and it is changing health care delivery, especially in Alaska where resources are limited, for urban AND rural regions. It has been a silver lining to the COVID pandemic. These possibilities continue to grow.

NAMI Alaska supports SB175. Thank you to Senator Wilson for sponsoring this legislation. We ask for your support to provide access to care through telehealth connections. Help Alaskans obtain the health care they need by the use of telehealth as an option.

Respectfully,

Ann Ringstad, MPA Executive Director NAMI Alaska



March 3, 2022

Senator David Wilson Room 121 Juneau AK, 99801

Dear Senator Wilson:

I am contacting you regarding Senate Bill 175 and its' provisions for continuing access to behavioral health services via telehealth systems. We are in support of efforts that continue or expand access to behavioral health services through virtual means.

The Alaska Center for Fetal Alcohol Spectrum Disorders (FASD) was founded in 2017 and works to reduce alcohol-exposed pregnancies, promote successful outcomes for affected individuals and families, and is a catalyst for creating FASD-informed communities of care. https://alaskacenterforfasd.org/

The pandemic has heightened the need for supportive behavioral health services across many population groups including those who are affected by prenatal exposure to alcohol. Most of the estimated 47,860 individuals (1) in Alaska who experience an FASD do not have a diagnosis, nor do they understand the foundation of their life challenges which can manifest as attention, learning/memory, social, and behavioral symptoms.

As a result, they are moving through life believing that they are stupid, a bad person, and that it is 'their fault' that they struggle. We know from research that individuals with FASD who do not receive needed services and supports are more at risk for developing behavioral health secondary conditions. (2) In addition, the mere fact that they experienced prenatal alcohol exposure increases their risk of conditions such as anxiety, depression (and suicidality) due to the effects the teratogen, alcohol had on their developing central nervous system and neural transmitter receptors. Individuals with FASD are often not recognized in the behavioral health systems but we are working hard to change that here in Alaska. (https://www.fasdcollaborative.com/recordings What Behavioral Health Professionals Need to Know About FASD archived FREE webinar with CE available for learners)

As someone who has engaged in prevention/direct service-related activities for 25 years and FASD diagnosis for 10 years I can tell you that Alaska has MANY individuals with FASD are seeking services for their mental health conditions (3), that executive function challenges due to their

disability can interfere with intake and treatment processes, and that a telehealth model can help these individual to experience less missed appointments and easier access to this service no matter where they may be living (i.e. geographically or housed/unhoused).

Feel free to contact me for questions or additional information at 907/249-6641 (office).

Sincerely,

Marilyn Pierce-Bulger, APRN President, Board of Directors Alaska Center for FASD marilyn@alaskacenterforfasd.org

- 1. McDowell Group for Alaska Mental Health Trust- The Economic Costs of Alcohol Misuse in Alaska 2019 Update Chapter 6 page 68 https://alaskamentalhealthtrust.org/wp-content/uploads/2020/01/McDowell-Group-Alcohol-Misuse-Report-Final-1.21.20.pdf
- 2. Petrenko, et al https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4007413/ Prevention of Secondary Conditions in FASD: Identification of Systems Level Barriers
- 3. McKinley Research Group for Alaska Mental Health Trust Fetal Alcohol Spectrum Disorders Healthcare Utilization Study 2021 Table 39 Mental Health Disorders 2017 pdf page 81 https://alaskamentalhealthtrust.org/wp-content/uploads/2021/08/MRG-FASD-Healthcare-Utilization-Report-Revised-Final-8.12.2021.pdf



March 4th, 2022

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

Re: Senate Bill 175

Dear Senator Wilson,

The All Alaska Pediatric Partnership (A2P2) is strongly supportive of Senate Bill 175, an act relating to telehealth and other matters relating to the practice of medicine. A2P2's core purpose is to promote excellent health for all of Alaska's kids. We do this in partnership with multiple statewide agencies who share the goal of healthy and thriving children and families throughout Alaska.

Help Me Grow Alaska (HMG-AK), a key program of A2P2, connects families statewide to needed services and supports. The HMG-AK call center is staffed by Family Support Specialists who receive calls from families, providers and caregivers in need of information, support and connection to resources and referrals. In the past four years, Help Me Grow Alaska has opened more than 1200 cases, serving families from more than 43 communities across the state. This past year we opened more cases and served more children than in any other year, more than doubling the number of new children served in one year.

As many partners have shared, 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 benefitted Alaskans by increasing access to 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.

During the pandemic, our call center has seen a significant increase in calls related to the mental health needs of children and teenagers with the corresponding barrier extremely limited availability and access to behavioral health services statewide.



The expansion of telehealth services during this time has been a life changing improvement in our system of care to families in both urban and rural areas.

In addition to HMG-AK, for the last two years A2P2 has also led the development of a novel pediatric subspecialty system for Alaska with the goal of a long-term solution to providing high quality care to Alaska children. Over the last 10 or more years, a number of systems had been used to provide pediatric subspecialty services to children within Alaska. Recently, these systems have proven fragile for multiple reasons. There have also been major changes in the local pediatric subspecialty provider sector, and a series of relatively minor events (when taken separately) starting in early 2019 have exposed the vulnerability of Alaska's current pediatric subspecialty systems. With an eye on both the historical shortages as well as a recent crisis in several of the pediatric subspecialties, A2P2 along with its board of directors has formed a coalition of leaders of Alaska pediatric healthcare, funders, government, and children's hospitals from other parts of the United States to work with an expert consultant to design a new model of care.

This new model will focus on providing the highest quality of care as close to home as possible, with an emphasis on financial sustainability. One of the major challenges we as a state face in achieving this goal is our ability to retain and recruit specialists, especially pediatric specialists and subspecialists. The relatively small population does not support more than one full-time provider for each subspecialty; however, a single provider cannot provide cover 24/7 every day of the year. To address this barrier, the new model of pediatric subspecialty services will include contracts with Outside subspecialty providers who will provide telehealth consultations in collaboration with the patients' local Alaskan primary care providers or medical home. Thus, the ability to utilize telemedicine is critical to Alaskan children accessing the high-quality medical services they need.

To summarize, expanding opportunities for telehealth services in and outside Alaska will provide children and families increased access to much-needed care, especially mental health care. The All Alaska Pediatric Partnership strongly supports the passage of these important bills to advance health equity and more effective delivery of high-quality services to children and families in Alaska.

Thank you for your consideration,

Tamor Ben-Yasep

Tamar Ben-Yosef Executive Director All Alaska Pediatric Partnership