

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



WHAT HB 265 DOES

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:

- 1.) Creates a framework for telehealth in statute.
- 2.) Enhances the telehealth delivery of substance use disorder treatment.
- 3.) Expands Medicaid coverage for telehealth services and modalities.

1.) Creates a framework for telehealth in statute.

HB 265 removes telehealth barriers (e.g., in-person and documentation requirements) for:

All health care providers licensed with the State of Alaska in Title 8

- 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

Emergency medical services in Title 18

Entities in Title 47

- Grantees which deliver community mental health services
- Facilities approved by DHSS to deliver substance use disorder treatment

2.) Enhances telehealth access for substance use disorder treatment.

Removes in-person requirement to prescribe controlled substances through telehealth for physicians, podiatrists, osteopaths, physician assistants (PAs), and advanced practice registered nurses (APRNs).

Allows DEA-registered practitioners (e.g., physicians, PAs, and APRNs) to prescribe buprenorphine via telehealth without an additional health care provider present with the patient.

3.) Expands Medicaid coverage for telehealth.

Allows reimbursement for...

- Behavioral health services
- Home and community-based 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

Ensures payment parity for telehealth modalities, including audio-only visits



QUESTIONS?