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Chair, House Ways and Means Committee

Co-Chair, House Labor and Commerce Committee

Serving House District 16: College Gate, Russian Jack, Nunaka Valley, & Reflection Lake

Sectional Analysis

House Bill 265 v. D

"An Act relating to telehealth; relating to the practice of medicine; relating to medical assistance coverage for services provided by telehealth; and providing for an effective date."

Section 1

Adds a new section on telehealth under Title 8 for all health care providers licensed with the State of Alaska. This section removes the requirement for an in-person examination prior to a telehealth appointment.

Subsections (b) and (c) create limits for a telehealth appointment. If a telehealth appointment falls outside of a provider's authorized scope of practice, they may refer a patient to an appropriate clinician. The cost of a service delivered through telehealth must be the same as if it were delivered in person.

Subsections (d) and (e) ensures that authorized providers can prescribe controlled substances (e.g., buprenorphine, Adderall, etc.) via telehealth without conducting an in-person examination.

- Subsection (d) pertains to providers in Title 8, Chapter 64 (Medicine) (i.e., physicians, podiatrists, osteopaths and physician assistants). These providers must comply with the statutory authority of the prescription of controlled substances via telehealth defined in AS 08.64.364.
- Subsection (e) pertains to Advanced Practice Registered Nurses (APRNs) in Title 8, Chapter 68 (Nursing). These providers must comply with the statutory authority of the prescription of controlled substances via telehealth defined in AS 08.68.710 (a new section under bill Section 3).

Subsection (f) prevents telehealth-only prescription of controlled substances from any other providers licensed with the State of Alaska or licensed in another state.

Subsection (g) removes requirements to document all attempts for an in-person visit and prevents the department or board from limiting the physical setting of a health care provider delivering telehealth.

Subsection (h) confirms that health care providers under this section are not required to deliver telehealth services.

Subsection (i) defines all health care providers applicable to this section and specifies that the provider must be licensed in good standing.

Section 2

Eliminates the in-person requirement in AS 08.64.364(b) for an appropriate health care provider to assist a patient during a telehealth appointment with a physician or physician assistant regarding controlled substances.

Section 3

Creates a new section under the Title 8, Chapter 68 (Nursing) defining the telehealth prescriptive authority of APRNs in statute, emulating language in AS 08.64.364 pertaining to the telehealth prescriptive authority of physicians and physician assistants, and reflecting the existing telehealth authority for APRNs defined in regulation. This section aligns the regulatory authority of the Board of Nursing with the State Medical Board and does not change the scope of practice for APRNs.

This language eliminates the regulatory requirement in 12AAC 44.925(c) for an appropriate health care provider to assist a patient during a telehealth appointment with an APRN regarding controlled substances.

Section 4

Adds a new section on telehealth under Title 18 for emergency medical services. This section removes the requirement for an in-person examination prior to a telehealth encounter. This section replicates the same provisions on cost, scope of services, documentation, physical setting, and patient protections as Section 1.

Section 5

Adds a new section on telehealth payment under Title 47 for Alaska Medicaid. This section requires the Department of Health and Social Services to pay for telehealth services in the same manner as an in person service for the following: behavioral health services, home and community based 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, non-HCBS services covered under a federal waiver or demonstration, other services provided by an individual or entity eligible for department certification and Medicaid reimbursement, and services provided at rural clinics and federally qualified health centers.

This subsection also allows for a telehealth visit to be conducted through any means which could be useful in a patient-provider relationship including an audio-only (i.e., phone call) appointment.

Subsection (b) requires the department to adopt regulations regarding payment of telehealth services. This provision also allows the department to limit or restrict Medicaid coverage under this section if a service delivered via telehealth cannot be safely delivered according to substantial medical evidence, or if the federal government will not reimburse the delivery of the service via telehealth.

Subsection (c) specifies that the coverage of services in Alaska Medicaid must be HIPAA-compliant.

Section 6-7

Adds sections on telehealth under Title 47 for grantees which deliver community mental health

services, or facilities approved by the department to deliver substance use disorder treatment. Both sections replicate the same telehealth provisions on cost, scope of services, patient protections, documentation, and physical setting as Section 1.

Section 6 creates AS 47.30.585 to include entities designated under AS 47.30.520 – AS 47.30.620, which are approved to receive grant funding by the Department of Health and Social Services to deliver community mental health services.

Section 7 creates AS 47.37.145 to include public or private treatment facilities approved by the Department of Health and Social Services in AS 47.37.140 to deliver services designated under AS 47.37.40 – AS 47.37.270 addressing substance use disorders.

Section 8

States that the Department of Health and Social Services will submit a Medicaid state plan amendment for approval by the federal government if necessary to implement the Medicaid provisions in Section 5.

Section 9

Specifies that regulations related to this bill must be adopted by applicable licensing boards and the Department of Health and Social Services by June 30, 2023.

Section 10-11

Amends the uncodified law to instruct the Department of Health and Social Services to submit an amendment to the state plan and seek approval from the U.S. Department of Health and Human Services if needed and provides immediate effective dates for the Medicaid provisions of this bill.

Section 12-13

Provides that the implementation process to adopt regulations in Section 9 must take effect immediately and states the effective date of the bill as June 30, 2023.