



550 South Alaska Street Suite 202 Palmer, AK 99645 (907)-746-6019

Representative Ivy Spohnholz  
State Capitol Room 406  
Juneau AK, 99801  
BY EMAIL AT: [Representative.Ivy.Spohnholz@akleg.gov](mailto:Representative.Ivy.Spohnholz@akleg.gov)

March 2, 2022

Re: House Bill 265 (Version A, 32-LS0754\W)

Dear Representative Spohnholz,

Daybreak, Inc. is a community behavioral health treatment and recovery grantee agency that provides case management services for adults that experience serious and long-term mental illness in the Mat-Su and Anchorage communities. Daybreak, Inc. believes strongly in providing people with the power, hope and choice in their mental health recovery. Daybreak, Inc. supports House Bill 265 because it will allow consumers to have choice in how they attend their mental health and medical appointments, and how they interact with their providers.

During the Federal COVID-19 Public Health Emergency (PHE), restrictive regulations and policies that have hampered our ability to provide timely access to quality behavioral health treatment and recovery services were temporarily set aside. Flexibility regarding where the telehealth service occurred and how it occurred was provided. Additionally, payment for the treatment service shifted from focusing on how the treatment was provided to a better focus on what was provided. These changes made it easier for Alaskans to access behavioral health care and offered our clients and their healthcare providers more options to choose from to best address the client's treatment and recovery needs.

When the Federal PHE expires, providers and clients risk losing the regulatory and policy flexibility that has proven to be so beneficial over these last couple of years. House Bill 203 extends the telehealth flexibility that has been in place during the PHE past the expiration of the PHE.

Here are some examples of the benefits the flexible telehealth policy has provided. At the start of the pandemic Daybreak, was able to connect with consumers to use telehealth to meet with the consumers while working from home. The weekly meetings were beneficial to assist the consumers in coordinating telehealth appointments with providers to ensure continuation of services and medications. The case managers were able to assist the consumers in learning how to utilize on-line shopping, medication delivery and other necessary resources to maintain their mental health and reduce anxiety during the pandemic.

Due to the size of the Matanuska Susitna borough, and the lack of transportation services outside of the core areas (Wasilla and Palmer) our clients have historically had a lot of challenges getting to appointments on time. HB265's flexibilities recognize barriers to access treatment and removes unnecessary hurdles. The use of telehealth also improved the attendance rates with providers and improved mental health outcomes for the consumers we served. the flexible telehealth policy has provided. Because this benefit is so important to our clients and to our mission of providing timely access to quality behavioral health services, Daybreak, Inc. supports HB265.

Sincerely,  
Polly-Beth Odom, MS BSW  
Executive Director  
Daybreak, Inc.

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March 3, 2022

Representative Ivy Spohnholz  
State Capitol Room 406  
Juneau AK, 99801

Dear Representative Spohnholz:

I am contacting you regarding House Bill 265 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](mailto: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>



**KENAITZE**  
**INDIAN**  
**TRIBE**

www.kenaitze.org

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P.O. Box 988 • Kenai, AK 99611

March 2, 2022

The Honorable Ivy Spohnholz  
Alaska House of Representatives  
Alaska Capitol Building, Rm 406  
Building, Rm 121  
Juneau, AK 99801

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

RE: House Bill 265/Senate Bill 175

Dear Representative Spohnholz and Senator Wilson,

The Kenaitze Indian Tribe 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 Kenaitze Indian Tribe is a federally recognized Tribal Government reorganized in 1971 under the statutes of the Indian Reorganization Act of 1934, as amended for Alaska in 1936, and the Tribal Council is the governing body of Kenaitze Indian Tribe. The Kenaitze Indian Tribe has established long-term goals to enhance the health, social, and economic well-being, education, and sustainability concerns of its people by administering programs that serve over 4,410 Alaska Natives and American Indians (AN/AI) and other people who reside in the central and upper Kenai Peninsula, including approximately 1,809 enrolled Tribal Members.

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 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. 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. Through telehealth, now a group therapy program can support patients across an entire region.

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."

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 Vidyos<sup>1</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 Vidyos 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.

The Kenaitze Indian Tribe appreciates the opportunity to support this legislation, should you have any questions regarding this letter, you may contact me at [BAtchison@kenaitze.org](mailto:BAtchison@kenaitze.org).

Duk'idli, Respectfully,



Bernadine Atchison  
Tribal Council Chair

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<sup>1</sup> Vidyos is a health video-teleconferencing platform.



American College of  
Emergency Physicians®

ALASKA CHAPTER  
ADVANCING EMERGENCY CARE 

Rep. Ivy Spohnholz, Co-Chair  
House Labor and Commerce Committee  
State Capitol, Room 406  
Juneau, AK 99801

Re: House Bill 265 : Telehealth Services

Dear Representative Spohnholz:

On behalf of the Alaska Chapter of the American College of Emergency Medicine Physicians, we are writing in support of HB 265 “An Act relating to telehealth,” and ongoing legislative efforts expanding access to telehealth services in the state.

During the COVID-19 pandemic Alaskans have encountered new challenges accessing medical care. During our initial state disaster response we were able to broaden the use of telehealth and serve Alaskans in innovative new ways. A good example of this is the implementation and continuation of medication assisted therapy for the treatment of opioid use disorder. Medication assisted therapy (MAT) utilizes medications, particularly buprenorphine, to treat opioid use disorder. These programs reduce opioid related morbidity and mortality, help patients resume more normal lives, and have been implemented with success in communities all over the United States. There are two main options, methadone and buprenorphine (Also called Suboxone). Buprenorphine is a partial opioid agonist and unique in its ability to bind the opioid receptor with high affinity, effectively preventing withdrawal symptoms and reducing cravings, while also doing so in a safe way with a much lower risk of overdose, and misuse. It also blocks other opiates from binding the opioid receptor, so even if a patient uses another opioid, its effect is blocked. Methadone is tightly controlled, requiring daily clinic visits which while beneficial for some, is too much of a barrier for others. Buprenorphine can be prescribed and dispensed for long term use without daily visits.

As a specialty emergency medicine has heavily advocated for and championed the use of MAT. Emergency medicine physicians are able to start our patients on buprenorphine in our emergency departments on the day of an acute crisis. We are part of a harm reduction model, the foremost goal of which is to reduce deaths, and subsequently allow patients to get back to work, family, and their lives, which have been hijacked by opioids. We feel that these conversations are most effective in our treatment setting,

allowing us to meet the patient where they are. For example, when a patient has experienced an overdose, is in active withdrawal, has intravenous drug use related infection they nearly always get care in an Emergency Department, indeed, the ED may be the first and only opportunity to intervene. As ED physicians we treat the emergent complaint and have the opportunity to counsel them on opioid cessation, give rescue narcan kits, and prescribe buprenorphine. This is the first step in their journey, studies have found that MAT is most effective when the patient can commit to at least 6 months of therapy. Long term therapy is offered by MAT clinics, or less commonly by primary care providers. In Anchorage, it has become more straightforward to access long term MAT as more clinics have opened. It is no longer terribly burdensome to get follow up for our patients, however, this is not the case in our more rural Alaskan communities and has been a barrier to implementation in more remote hospitals.

If passed HB 265 would support rural access to MAT by creating avenues for long term telehealth mediated treatment of substance use. Emergency medicine providers in rural communities can continue to prescribe MAT to their patients, and long term follow up would be established utilizing telehealth with a MAT clinic in a larger nearby community. With the expanded telehealth provisions laid out in HB 265, the burden of flying to a larger community for an in person visit is waived.

While we have all been working hard through the COVID-19 pandemic, the opioid epidemic has continued to insidiously smolder resulting in rising numbers of opioid related deaths in 2022. Now is the time to take the lessons we learned, and invest in practices that reduce harm related to opioid use disorder. Thank you for your support of vulnerable Alaskans with your support of HB 265.

Sincerely,



Helen Adams, MD

Board member AK Chapter of ACEP



Nicholas Papacostas, MD

President, AK Chapter of ACEP



March 3, 2022

Representative Ivy Spohnholz  
State Capitol Room 406  
Juneau AK, 99801

RE: Letter of Support for HB 265: Health Care Services by Telehealth

Dear Representative Spohnholz,

The joint mission of the Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) is to advocate for programs and services that promote healthy, independent, productive Alaskans. AMHB/ABADA are statutorily charged with advising, planning, and coordinating behavioral health services and programs funded by the State of Alaska.

The Boards support HB 265 for the expansion of behavioral health services via telehealth for improved access to care and increased access to behavioral health services in rural communities. Thank you for your continued engagement with our boards and with the many other stakeholders and partners in which your office engages.

Behavioral health providers have told our Boards how telehealth flexibilities during the current COVID public health emergency assisted in maintaining, and in some cases expanding, access to care to Alaskans. Mandating that the State of Alaska incorporates telehealth services in the Medicaid state plan is needed as the current flexibilities will end as the public health emergency is lifted this spring.

Provisions in HB 265 that mandate equitable fees and reimbursement payments for telehealth services in lieu of in-person care, are essential for providers to maintain these services in the long term. Another key provision in this bill includes allowing certain audio-only telehealth services which is of great importance for rural Alaskans who have long struggled with access to behavioral services and may not have the broadband internet service needed for videoconferencing.

Thank you for your leadership on this important public policy initiative.

Sincerely,

Sharon Clark  
AMHB Chair

Renee Schofield  
ABADA Chair



## **Railbelt Mental Health & Addictions**

**PO Box 159  
Nenana, AK 99760**

Representative Ivy Spohnholz  
State Capitol Room 406  
Juneau AK, 99801

03/04/2022

Re: Support for House Bill 265

Dear Representative Spohnholz,

Railbelt Mental Health and Addictions (RMHA) is a behavioral health clinic located in interior of Alaska. RMHA serves the northern Railbelt region, which is bisected by the Parks Highway, having its northern boundary at the Fairbanks North Star Borough, and as its southern boundary, the Mat-Su Borough. This area is approximately 180 road miles along the George Parks Highways, and includes the communities of Nenana, Anderson, Clear Space Force Base, Healy, McKinley Village, Denali Park, and Cantwell. The Railbelt Mental Health Association oversees the agency. We maintain three permanent offices in Nenana, Healy, and Anderson. Clients are seen at all locations. All the administrative services are based in the Nenana office.

During the Federal COVID-19 Public Health Emergency (PHE), restrictive regulations and policies that have hampered our ability to provide timely access to quality behavioral health treatment and recovery services were temporarily set aside. Flexibility regarding where the telehealth service occurred and how it occurred was provided. Additionally, payment for the treatment service shifted from focusing on how the treatment was provided to a better focus on what was provided. These changes made it easier to access behavioral health care and offered our clients and their healthcare providers more options to choose from to best address the client's treatment and recovery needs. When the Federal PHE expires, providers and clients risk losing the regulatory and policy flexibility that has proven to be so beneficial over these last couple of years. House Bill 203 extends the telehealth flexibility that has been in place during the PHE past the expiration of the PHE.

RMHA has multiple rural area's we serve, and these areas include homesteads, lack of transportation, severe weather issues, child care issues and 180 roads miles. Removing the in-person prerequisite to provide telehealth services has been enormously helpful in removing barriers to care and improving access. These barriers have caused significant issues to regular behavioral health services desperately needed. Having the option to continue services with telehealth during the pandemic we have seen a dramatic increase in participation of services for our chronic "no-shows." Speaking with clients and clinicians have resulted in positive feedback and the hope to continue offering this service to better our people served.

Because this benefit is so important to our clients and to our mission of providing timely access to quality behavioral health services, Railbelt Mental Health and Addictions supports HB265.

Sincerely,  
Magen Spencer  
Executive Director



Sterling Harders | President  
Adam Glickman | Secretary-Treasurer  
Andrew Beane | Vice President  
Shaine Truscott | Vice President  
Tangie Webb | Vice President

March 21, 2022.

**House Finance Committee  
Alaska Legislature  
Juneau, AK 99801**

**RE: HB 265 Support**

Dear Co-Chairs and Committee Members:

SEIU 775 is writing to support HB 265/SB 175 – Telehealth. Our union represents more than 50,000 caregivers who provide in-home care to seniors and people with disabilities in Washington and Montana. Over the last year, we've spent significant time with caregivers in Alaska learning about their experiences. We've heard from hundreds trying to help their clients access the care they need. Throughout the pandemic, this has become even more difficult to navigate, and thus, telehealth has become an important tool in making healthcare more accessible.

We wholeheartedly support legislation that allows Alaskans to live independently while remaining in their homes and communities. Telehealth expansions benefit people with disabilities, seniors, and their caregivers, many of whom require additional support in accessing health care. They are also likely to require regular trips to medical hubs, which are expensive and time-consuming to reach.

SEIU 775 represents a workforce that has sought to protect the most vulnerable from COVID-19—the elderly and those with disabilities. These populations have faced countless additional hurdles throughout the pandemic. Access to Telehealth has made some of these challenges manageable. We support making these emergency changes permanent and increasing their availability throughout the state.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Beane", with a stylized flourish at the end.

**Andrew Beane  
Vice-President  
SEIU 775**

**SEIU 775  
215 Columbia Street | Seattle, WA 98104**

Member Resource Center 1.866.371.3200 | [www.seiu775.org](http://www.seiu775.org)

Our mission is to unite the strength of all working people and our families, to improve our lives and lead the way to a more just and humane world.

**From:** [Jennifer Johnson](#)  
**To:** [REDACTED]  
**Subject:** Please vote FOR SB 175  
**Date:** Sunday, February 27, 2022 7:14:06 PM

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Dear Representative:

Please vote for SB 175 Health Care Services by Telehealth.

Receiving my health care through telehealth during the Covid-19 pandemic has been a great benefit. Being able to receive appropriate services from my home or workplace without the need to travel, take hours off work or away from family responsibilities removes barriers to access my health care.

I believe that quality, effective health care can, in many instances, be provided without hands on, face-to-face contact. In those instances when my provider and I decide after a telehealth visit that an onsite visit is needed, it has expedited my care by allowing my provider to order tests, medications, facilitate referrals, etc., and make the onsite visits more efficient and effective.

On an ongoing basis, post-pandemic, I believe telehealth services are of value and hope to be able to continue utilizing them. Please enable my health care providers to provide, and bill for, these services.

Please vote FOR SB 175.

Thank you for your time.

Jennifer Johnson