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Sectional Analysis

SB 175 G

"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 (.085 Telehealth) to AS 08 (Business and Professions) .01 (Centralized Licensing).

- (a) Allows a healthcare provider (other than physician licensed in in another state) to provide health care services via telehealth without first conducting an in-person visit.
- (b) Allows an out-of-state physician to provide health care services via telehealth if:
 - (1) The physician and patient have a pre-established relationship.
 - (2) There has been an in-person examination.
 - (3) The telehealth visits are a follow-up to previously provided health care services.
- (c) Creates limits for a telehealth appointment. If a telehealth appointment falls outside a provider's authorized scope of practice, they may refer the patient to an appropriate clinician. Prohibits a healthcare provider from charging for any portion of the visit that was beyond their scope of practice.
- (d) Requires fees charged for telehealth to be no more than fees charged for in person visits.
- (e) Allows a physician, podiatrist, osteopath, or physician assistant licensed with the State of Alaska to prescribe controlled substances via telehealth if they comply with Alaska Statute regarding prescribing controlled substances without a physical examination.
- (f) Allows an advanced practice registered nurse licensed with the State of Alaska to prescribe controlled substances via telehealth if they comply with AS 08.68.710 (Section 3 of this legislation).
- (g) Prohibits a provider from prescribing controlled substances via telehealth other than as provided in (e) and (f).

- (h) Removes the burden to document barriers to an in-person visit and clarifies that the board or department cannot require health care services to be provided from a certain location.
- (i) Clarifies that nothing in this section requires a provider to provide telehealth services or a patient to use telehealth services.
- (j) Defines: “health care provider,” “licensed,” and “telehealth.”

Section 2: Amends AS 08 (Business and Professions) .64 (Medicine) .364 (Prescription of drugs without a physical examination).

Removes 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: Adds a new section (.710 Prescription of drugs without physical examination) to AS 08 (Business and Professions) .68 (Nursing).

- (a) Establishes that the board of nursing may not sanction APRNs for diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription for drugs that are not controlled substances if:
 - (1) The APRN or another in the practice will provide follow-up care.
 - (2) Request permission to and, if consent is given, sends records to the patient’s primary care provider.
- (b) Allows an APRN to prescribe, dispense, or administer a controlled substance via telehealth if they meet the requirements of (a) of this section and of AS 08.68.705 (maximum dosages for opioid prescriptions).
- (c) An APRN may not prescribe based on email or questionnaire if the APRN does not have a preexisting relationship with the patient.
- (d) Defines controlled substance, prescription drug, and primary care provider.

Section 4: Adds a new section (.100 Telehealth) to AS 18 (Health, Safety, Housing, Human Rights, and Public Defenders) .08 (Emergency Medical Services).

- (a) Allows an individual certified or licensed to provide emergency services to provide emergency services through telehealth.
- (b) Requires a certified or licensed individual to stay within their scope of practice during a telehealth visit. Prohibits them from charging for any portion of the visit that was beyond their scope of practice.
- (c) Requires fees charged for telehealth to be no more than fees charged for in person visits.
- (d) Removes the burden to document attempts at an in person visit and clarifies that the council or department cannot require health care services to be provided from a certain location.

- (e) Clarifies that nothing in this section requires a provider to provide telehealth services or a patient to use telehealth services.
- (f) Defines “telehealth” as defined in section 1.

Section 5: Adds a new section (.069. Payment for Telehealth) to AS 47 (Welfare, Social Services, and Institutions) .07 (Medical Assistance for Needy Persons).

- (a) Requires Medicaid to pay for services by telehealth at the same rate they would if the services were provided in person.
- (b) Requires the department to adopt regulations for services provided through telehealth. Requires these regulations to treat services provided through telehealth in the same manners as services provided in person. Allows the department to limit modes, coverage, and reimbursement of telehealth only if:
 - (1) The department specifically excludes or limits services from telehealth coverage through regulation.
 - (2) Determines, through substantial medical evidence, that a service cannot be safely provided via telehealth.
 - (3) Providing a service through telehealth would violate federal law or render a service ineligible for reimbursement under federal law.
- (c) Requires all telehealth services comply with HIPAA.
- (d) Defines “federally qualified health center,” “rural health clinic,” “state plan,” and “telehealth.”

Section 6: Amends language enacted by section 5 of this bill.

This section takes effect in 2030. It repeals language that requires DOH to pay for telehealth at the same rate as in person visits.

Section 7: Amends language enacted by section 5 of this bill.

This section takes effect in 2030. It repeals language that requires DOH to pay for telehealth at the same rate as in person visits.

Section 8: Adds a new section (.585 Telehealth) to AS 47 (Welfare, Social Services, and Institutions) .30 (Mental Health).

Identical to section 3 but applies to entities which are approved to receive grant funding by the Department of Health and Social Services to deliver community health services.

Section 9: Adds a new section (.145 Telehealth) to AS 47 (Welfare, Social Services, and Institutions) .37 (Uniform Alcoholism and Intoxication Act).

Identical to section 3 but applies to 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 10: Amends uncodified law.

Instructs the Department of Health to submit an amendment to the state plan and seek approval from the U.S. Department of Health and Human Services if needed. Instructs the department to again submit an amendment when the pay parity language is repealed.

Section 11: Amends uncodified law.

Adds language regarding what departments and boards must adopt regulations and when they must adopt them by.

Section 12: Amends uncodified law.

Adds a conditional effective date for Section 5, 6, and 7 of the legislation based on Federal approval.

Section 13: Sets an immediate effective date for the authority to write regulation and to amend the state plan.

Section 14: Sets a July 1, 2022 effective date for the Department of Health's ability to write regulations.

Section 15 and 16: Sets an effective date for pay parity and pay parity repeal.

Section 17: Set an effective date of June 30, 2023 for all other sections of the bill.