

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



UPCOMING
CHANGES

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) will expire on July 15, 2022

- *HIPAA standards were relaxed, allowing wider use of video technologies for telehealth.*
- *DEA waived in-person examination requirements for buprenorphine.*

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 without an additional in-person health care provider.*
- *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.

Increases 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.

Saves time and money for Alaskans by reducing in-state and out-of-state travel.

Why is HB 265 needed?

HB 265 does the following:

- 1.) Establishes a framework for telehealth in statute.
- 2.) Improves patient care for out-of-state specialty treatment.
- 3.) Increases access to safe prescribing of controlled substances via telehealth.
- 4.) Expands Medicaid coverage for telehealth services and modalities.

1.) *Establishes 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
- Registered Nurses and Advanced Practice Registered 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.) *Improves patient care for out-of-state specialty treatment.*

Creates a narrow exemption for physicians licensed in another state delivering follow-up care via telehealth if they have:

- Conducted an in-person physical exam
- Established a physician-patient relationship

The State Medical Board can **sanction** an exempted physician if they:

- Violate Alaska laws for licensed physicians or telehealth
- Prescribe, administer, or dispense a controlled substance to an Alaska patient located in the state

3.) Increases access to safe prescribing of controlled substances via telehealth.

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

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.**

4.) 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?