

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 14, 2014

1:30 p.m.

MEMBERS PRESENT

Senator Bert Stedman, Chair
Senator Peter Micciche, Vice Chair
Senator Kevin Meyer
Senator Pete Kelly
Senator Johnny Ellis

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 134(HSS)

"An Act requiring Medicaid payment for medication compliance packaging, delivery, and dispensing services of a prescription for specified recipients; and providing for an effective date."

- HEARD AND HELD

HOUSE BILL NO. 361

"An Act relating to licensing of behavior analysts."

- MOVED HB 361 OUT OF COMMITTEE

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 281(L&C)

"An Act relating to prescription of drugs by a physician without a physical examination."

- MOVED CSHB 281(L&C) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HB 134

SHORT TITLE: MEDICAID PAYMENT FOR MEDISET PRESCRIPTION

SPONSOR(S): REPRESENTATIVE(S) COSTELLO

02/20/13	(H)	READ THE FIRST TIME - REFERRALS
02/20/13	(H)	HSS, FIN
03/19/13	(H)	HSS AT 3:00 PM CAPITOL 106
03/19/13	(H)	Heard & Held

03/19/13 (H) MINUTE(HSS)
03/28/13 (H) HSS AT 3:00 PM CAPITOL 106
03/28/13 (H) Heard & Held
03/28/13 (H) MINUTE(HSS)
04/02/13 (H) HSS AT 3:00 PM CAPITOL 106
04/02/13 (H) Heard & Held
04/02/13 (H) MINUTE(HSS)
04/04/13 (H) HSS AT 3:00 PM CAPITOL 106
04/04/13 (H) Scheduled But Not Heard
04/06/13 (H) HSS AT 9:00 AM CAPITOL 106
04/06/13 (H) Heard & Held
04/06/13 (H) MINUTE(HSS)
04/08/13 (H) FIN AT 8:00 AM HOUSE FINANCE 519
04/08/13 (H) Scheduled But Not Heard
03/13/14 (H) HSS AT 3:00 PM CAPITOL 106
03/13/14 (H) Scheduled But Not Heard
03/14/14 (H) HSS AT 8:00 AM CAPITOL 106
03/14/14 (H) Moved CSHB 134(HSS) Out of Committee
03/14/14 (H) MINUTE(HSS)
03/17/14 (H) HSS RPT CS(HSS) NT 4DP 2NR
03/17/14 (H) DP: REINBOLD, NAGEAK, TARR, HIGGINS
03/17/14 (H) NR: PRUITT, KELLER
03/24/14 (H) FIN AT 8:30 AM HOUSE FINANCE 519
03/24/14 (H) Heard & Held
03/24/14 (H) MINUTE(FIN)
03/26/14 (H) FIN AT 7:00 PM HOUSE FINANCE 519
03/26/14 (H) -- MEETING CANCELED --
03/28/14 (H) FIN RPT CS(HSS) NT 6DP 4NR
03/28/14 (H) DP: GUTTENBERG, HOLMES, MUNOZ, GARA,
COSTELLO, STOLTZE
03/28/14 (H) NR: THOMPSON, NEUMAN, T.WILSON,
AUSTERMAN
03/28/14 (H) FIN AT 8:30 AM HOUSE FINANCE 519
03/28/14 (H) Moved CSHB 134(HSS) Out of Committee
03/28/14 (H) MINUTE(FIN)
04/01/14 (H) TRANSMITTED TO (S)
04/01/14 (H) VERSION: CSHB 134(HSS)
04/02/14 (S) READ THE FIRST TIME - REFERRALS
04/02/14 (S) HSS
04/07/14 (S) HSS AT 1:30 PM BUTROVICH 205
04/07/14 (S) -- MEETING CANCELED --
04/09/14 (S) HSS AT 1:30 PM BUTROVICH 205
04/09/14 (S) Scheduled But Not Heard
04/11/14 (S) HSS AT 1:30 PM BUTROVICH 205
04/11/14 (S) -- MEETING CANCELED --
04/14/14 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: HB 361

SHORT TITLE: LICENSING OF BEHAVIOR ANALYSTS

SPONSOR(S): REPRESENTATIVE(S) SADDLER

02/26/14 (H) READ THE FIRST TIME - REFERRALS
02/26/14 (H) HSS, FIN
03/18/14 (H) HSS AT 3:00 PM CAPITOL 106
03/18/14 (H) Moved Out of Committee
03/18/14 (H) MINUTE(HSS)
03/19/14 (H) HSS RPT 1DP 3NR
03/19/14 (H) DP: TARR
03/19/14 (H) NR: PRUITT, REINBOLD, KELLER
04/04/14 (H) FIN AT 8:30 AM HOUSE FINANCE 519
04/04/14 (H) Heard & Held
04/04/14 (H) MINUTE(FIN)
04/07/14 (H) FIN RPT 9DP 1NR
04/07/14 (H) DP: GUTTENBERG, MUNOZ, THOMPSON,
EDGMON, T.WILSON, GARA, COSTELLO,
STOLTZE,
04/07/14 (H) AUSTERMAN
04/07/14 (H) NR: NEUMAN
04/07/14 (H) FIN AT 1:30 PM HOUSE FINANCE 519
04/07/14 (H) Moved Out of Committee
04/07/14 (H) MINUTE(FIN)
04/09/14 (H) TRANSMITTED TO (S)
04/09/14 (H) VERSION: HB 361
04/11/14 (S) READ THE FIRST TIME - REFERRALS
04/11/14 (S) HSS, FIN
04/14/14 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: HB 281

SHORT TITLE: PRESCRIPTION WITHOUT PHYSICAL EXAMINATION

SPONSOR(S): REPRESENTATIVE(S) GATTIS

01/27/14 (H) READ THE FIRST TIME - REFERRALS
01/27/14 (H) HSS, L&C
02/13/14 (H) HSS AT 3:00 PM CAPITOL 106
02/13/14 (H) Heard & Held
02/13/14 (H) MINUTE(HSS)
02/27/14 (H) HSS AT 3:00 PM CAPITOL 106
02/27/14 (H) Moved CSHB 281(HSS) Out of Committee
02/27/14 (H) MINUTE(HSS)
02/28/14 (H) HSS RPT CS(HSS) 4DP
02/28/14 (H) DP: SEATON, PRUITT, KELLER, HIGGINS
03/17/14 (H) L&C AT 3:15 PM BARNES 124
03/17/14 (H) Heard & Held

03/17/14 (H) MINUTE(L&C)
03/26/14 (H) L&C AT 3:15 PM BARNES 124
03/26/14 (H) Heard & Held
03/26/14 (H) MINUTE(L&C)
03/28/14 (H) L&C AT 3:15 PM BARNES 124
03/28/14 (H) Moved CSHB 281(L&C) Out of Committee
03/28/14 (H) MINUTE(L&C)
03/31/14 (H) L&C RPT CS(L&C) 2DP 4NR
03/31/14 (H) DP: CHENAULT, OLSON
03/31/14 (H) NR: HERRON, JOHNSON, SADDLER, JOSEPHSON
04/07/14 (H) TRANSMITTED TO (S)
04/07/14 (H) VERSION: CSHB 281(L&C)
04/08/14 (S) READ THE FIRST TIME - REFERRALS
04/08/14 (S) HSS, L&C
04/11/14 (S) HSS AT 1:30 PM BUTROVICH 205
04/11/14 (S) -- MEETING CANCELED --
04/14/14 (S) HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

CHARLES GUINCHARD, Staff
Representative Mia Castello
Alaska State Legislature
Juneau, Alaska, presented HB 134 on behalf of the sponsor.

POSITION STATEMENT:

GERALD BROWN, Pharmacist
Fairbanks, Alaska,
POSITION STATEMENT: Testified in opposition to several provisions in HB 134.

ARLENE BRISCOE, Registered Nurse
Alaska Nurses Association
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 134.

BERRY CHRISTENSEN, Co-Chair
Alaska Pharmacists Association - Legislative Committee
Ketchikan, Alaska
POSITION STATEMENT: Testified in support of the concept of Mediset, but in opposition to limiting the number of pharmacies.

REPRESENTATIVE DAN SADDLER
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor of HB 361.

ANNETTE BLANAS, Director
Capacity Building and Autism Interventions Project
Center for Human Development
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 361.

SUZANNE LETSO, CEO
Alaska Center for Autism
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 361.

SARA CHAMBERS, Director
Division of Corporation, Business, and Professional Licensing
Department of Commerce, Community and Economic Development
(DCCED)
Juneau, Alaska
POSITION STATEMENT: Answered questions related to HB 361 and HB 281.

REPRESENTATIVE LYNN GATTIS, Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor of HB 281.

DR. HENRY DEPHILLIPS, Corporate Chief Medical Officer
Teladoc
Nashville, Tennessee
POSITION STATEMENT: Answered questions related to HB 281.

JENNIFER MEYHOFF
Alaska Association of Health Underwriters
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 281.

ACTION NARRATIVE

[1:30:39 PM](#)

CHAIR BERT STEDMAN called the Senate Health and Social Services Standing Committee meeting to order at 1:30 p.m. Present at the call to order were Senators Micciche, Ellis, and Chair Stedman. Senators Kelly and Meyer arrived shortly thereafter.

HB 134-MEDICAID PAYMENT FOR MEDISET PRESCRIPTION

[1:31:25 PM](#)

CHAIR STEDMAN announced the consideration of HB 134. [CSHB 134(HSS) was before the committee.]He said it was the first

hearing of the bill. The intent is to have the sponsor introduce the bill, take public testimony, and set the bill aside for further review.

[1:31:50 PM](#)

CHARLES GUINCHARD, Staff, Representative Mia Castello, Alaska State Legislature, Juneau, Alaska, presented HB 134 on behalf of the sponsor. He related that the bill is the sponsor's intent to memorialize in statute a program that exists at the level of regulation. The goal of the mediset program is to save the state long-term costs by helping the most vulnerable Alaskans stay compliant with their medications. He referred to a legislative research brief in members' packets that shows cost of care decreases when patients are compliant with their medication. Medication management services such as mediset helps them stay compliant.

He listed the support for the bill from the Alaska Mental Health Board, the Chugiak-Eagle River Senior Center, the Alaska Commission on Aging, the Alaska Mental Health Trust Authority, the Alaska Nurses Association, the Governor's Council on Disabilities, Hope Community Resources, the Alaska Pharmacist Association, and various assisted living homes and pharmacies.

[1:33:56 PM](#)

MR. GUINCHARD showed a video relating to mediset prescriptions and who they apply to. It described the difficulties the frail and elderly have with taking prescriptions and how mediset assists them. It explained some of the costs saved by the dispensing services.

[1:38:35 PM](#)

MR. GUINCHARD explained the sections of the bill. In Section 1 (a) the Department of Health and Social Services (DHSS) establishes the fee to pay a qualified pharmacy for a prescription that requires scheduled units of use to a qualified medical assistance recipient. He pointed out on line 9, "for a prescription that requires" is the language that will result in a physician needing to physically write "Mediset" on the prescription.

He related that in Section 1 (b), the bill addresses pharmacies that are qualified to dispense with five qualifiers - the cost drivers when preparing and dispensing a mediset. These five cost drivers will be incorporated into one mediset fee determined by DHSS. He said that Section 1 (c) addresses who under Medicaid will qualify for a mediset. It was language added at the

department's request so that the bill will not expand nor contract the scope of who is currently eligible. Section 1 (d) consists of two definitions; "medication compliance packaging" and "units of use."

He related that Sections 2 and 3 are a complicated effective date. Because of any change to the state's Medicaid program requires federal approval, Section 2 specifies that. Section 3 says when DHSS has received approval, the statute will come into effect.

CHAIR STEDMAN noted one zero fiscal note from Department of Health and Social Services (DHSS).

He opened public testimony.

[1:43:23 PM](#)

GERALD BROWN, Pharmacist, Fairbanks, Alaska, testified in opposition to several provisions in HB 134. He noted a restriction included in the bill that says 75 percent of a pharmacy's business must be medisets in order to receive payment for unit-dosing prescriptions for individuals. He said his pharmacy does not have that ratio, yet does over 900 bubble packs per month. He maintained that the ratio is not reasonable and all pharmacies should be eligible to receive the unit dosing fee. As written, the bill is limited to certain pharmacies in Anchorage.

MR. BROWN addressed the dispensing fee, which was last established on 50 cents per unit. He said it takes \$3 to do so now. He requested that it be equitable to the pharmacy costs in preparing the units and keeping records. He emphasized that the mediset service is much needed. It is important that the fees cover the actual costs.

CHAIR STEDMAN noted a forthcoming committee substitute that would address those issues.

MR. BROWN suggested the bill provisions should be open to all pharmacies.

[1:47:42 PM](#)

ARLENE BRISCOE, Registered Nurse, Alaska Nurses Association, Anchorage, Alaska, testified in support of HB 134. She shared that many of her patients suffer from severe mental illness which precludes them from remembering to take their medications. She stressed that they need the assistance this bill provides.

She voiced concern about the department's reimbursement policy for pharmacies - that 75 percent of their business must be providing medisets in order to qualify. She noted that at her hospital patients often have to be kept longer because they are waiting for mediset medications, which is costing Medicaid and other insurance plans money. She stressed that the program should be available to all pharmacies in the state, including rural pharmacies.

[1:50:24 PM](#)

BERRY CHRISTENSEN, Co-Chair, Alaska Pharmacists Association - Legislative Committee, Ketchikan, Alaska, testified in support of the concept of mediset, but in opposition to limiting the number of pharmacies who can qualify for the dosage unit fee.

[1:51:26 PM](#)

CHAIR STEDMAN closed public testimony.

CHAIR STEDMAN held HB 134 in committee.

HB 361-LICENSING OF BEHAVIOR ANALYSTS

[1:52:04 PM](#)

CHAIR STEVENS announced the consideration of HB 361. He said it was the first hearing on the bill. The intent is to have the sponsor introduce the bill, take public testimony, and look to the will of the committee.

[1:52:41 PM](#)

REPRESENTATIVE DAN SADDLER, Alaska State Legislature, Juneau, Alaska, sponsor of HB 361. He read from the following sponsor statement:

Autism is a significant and growing problem in Alaska. Statistics show that about 2 percent of Alaska children are born with this developmental disability, characterized by a diminished ability to communicate, social isolation, and other symptoms.

While not curable, autism is treatable. Scientific, peer-reviewed studies have shown that early intensive treatment in the form of Applied Behavioral Analysis offers the best opportunity to help people with autism improve their ability to function productively in society.

Applied Behavior Analysis is recognized as the basis for the most effective form of treatment for autism by the U.S. Surgeon General, The National Institute of Child Health, and the American Academy of Pediatrics. You can best understand ABA as behavior modification therapy: It seeks to encourage appropriate behavior by assessing and managing the relationship between the environment and the desired behavior.

Forty years of research shows that nearly half of people with autism who receive intensive early intervention and treatment do not require lifelong services and support – and half can achieve normal functioning after two to three years. This can mean lifetime savings of \$200,000 to \$1.1 million for a person through the age of 55.

One of the most important elements in successful autism treatment is having it provided by well-trained behavioral therapists – those who hold the nationally recognized credential of Board-Certified Behavioral Analyst, or BCBA.

To qualify as a BCBA, applicants must have a minimum of a master's degree, plus extensive training and experience requirements of up to 1,500 hours of supervised practice in the field, 225 hours of graduate-level classroom work, or a year's experience teaching ABA at the university level. They must also pass the challenging BCBA certification examination. The Board-Certified Assistant Behavioral Analyst, or BCaBA credential, requires slightly lower standards.

The state already supports the training of BCBAs through a grant to the Center for Human Development, at the University of Alaska Anchorage. There are about 20 to 30 BCBAs and BCaBAs in Alaska today, although not all of them are currently working in the field.

Under current state law, Alaskans with BCBAs cannot bill health insurance companies or Medicaid for their services at a rate that reflects their high degree of training and professional skill because they are not formally licensed.

HB 361 addresses this situation by providing for those holding the BCBA or BCaBA credentials in Alaska to be

licensed by the Division of Professional Licensing, in the Alaska Department of Commerce, Community and Economic Development. Fourteen other states currently provide licensing and regulate behavior analysts. This approach has the strong support of Alaska BCBAs and of national autism advocacy groups.

By ensuring licensing and higher standards of practice for BCBAs and BCaBAs, HB 361 will:

- encourage more people to provide autism services in Alaska
- offer higher reimbursement rates for professional providers
- provide better outcomes for Alaska children with autism
- save the state money by avoiding the need for costly institutional care, and
- improve the quality of life for hundreds of Alaskans and their families

[1:56:15 PM](#)

CHAIR STEDMAN noted two fiscal notes; one indeterminate note from Department of Health and Social Services (DHSS), and one fiscal note for \$46,600 receipt-supported services from Department of Commerce, Community and Economic Development (DCCED).

SENATOR MICCICHE asked about the fiscal note from DCCED.

REPRESENTATIVE SADDLER explained that it covers the initial cost of setting up the database and arranging for professional licensing. The subsequent \$1,700 is a minimal cost that covers the cost of fingerprinting for new applicants, potential hearing mediation costs, legal support, and paperwork. He noted the advantage of professional licensing by a department, rather than by a professional licensing board; lower need for meetings, travel, and administrative staff support.

CHAIR STEDMAN opened public testimony.

[1:57:54 PM](#)

ANNETTE BLANAS, Director, Capacity Building and Autism Interventions Project, Center for Human Development, Anchorage, Alaska, testified in support of HB 361. She said she is also a licensed board certified Behavioral Analyst and the mother of an autistic child. She described how desperate people are to

receive services for autism. She related that some services provide inadequate and unsafe programs and there is very little parents can do to address problems. Rural communities have little access to professionals and are at risk of receiving services from practitioners who are not providing quality or safe services. She spoke of the importance of licensure and the advantage of allowing practitioners to bill insurance companies.

SUZANNE LETSO, CEO, Alaska Center for Autism, Anchorage, Alaska, testified in support of HB 361. She said she is also on the Behavioral Analyst Certification Board. She stated that in addition to helping families in rural areas, there is also a need to protect large schools like Anchorage who are spending well over \$1 million a year on ABA services. She opined that the state would save money if even one person is able to come home from an out-of-state placement or prevented from needing such a placement. She referred to documents in members' packets that depict cost savings in this area.

She maintained that this legislation will save money, protect consumers, and enhance the quality of life for people with autism and their families. She noted that this legislation also has applicability for other populations like fetal alcohol syndrome and traumatic brain injury sufferers. .

[2:02:37 PM](#)

At ease

CHAIR STEDMAN closed public testimony.

[2:03:03 PM](#)

SARA CHAMBERS, Director, Division of Corporation, Business, and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED), Juneau, Alaska, answered questions related to HB 361. She said bill would create a new licensing program governed by the division instead of by a board. The division would deliver administrative services to make sure that the statutes and ensuing regulations are complied with. She said the department does not take a position on the bill, but has been working with the sponsor to analyze the impact to the division. The department is prepared to implement the bill, should it become law.

[2:04:28 PM](#)

SENATOR ELLIS noted he served on the Autism Task Force along with the sponsor. He stated that HB 361 is important legislation

and gets more professionals into the field to help families that face major challenges.

SENATOR ELLIS moved to report HB 361 from committee with individual recommendations and attached fiscal notes.

CHAIR STEDMAN announced that without objection, HB 361 is reported from the Senate Health and Social Services Standing Committee.

HB 281-PRESCRIPTION WITHOUT PHYSICAL EXAMINATION

[2:05:19 PM](#)

CHAIR STEVENS announced the consideration of HB 281. [CSHB 281(L&C) was before the committee.] He said it was the first hearing on the bill. The intent is to have the sponsor introduce the bill, take public testimony, and look to the will of the committee.

[2:05:35 PM](#)

REPRESENTATIVE LYNN GATTIS, Alaska State Legislature, Juneau, Alaska, sponsor of HB 281. She said HB 281 is the companion bill to SB 80 and is, essentially, Section 2 of that bill. She noted that she has provided a comparison table of HB 281 and SB 80. She related that HB 281 clarifies in statute that physicians may not be sanctioned for dispensing or administering prescription medications without a physical examination of the patient. This practice is called telemedicine.

She explained that telemedicine-based medical care would be delivered by primary care physicians located in Alaska. Anyone needing medical care would be a candidate for this system. She gave examples of who might benefit and be able to attain over-the-phone or online consultations where physicians can diagnose an ailment and, if necessary, provide a prescription. This bill stipulates that physicians would not be able to prescribe controlled substances.

She listed the benefits of telemedicine: convenience for the patient, affordability, rapid access, higher productivity from a healthy workforce, and primary care access for rural residents. The efficient quality comes down to cost and access. She pointed out that telemedicine does not replace the relationship with a primary care provider. By requesting a consultation and filling out an intake form, consent and medical history forms, a person is entering into a doctor/patient relationship. If a patient does not have a primary care provider, they may designate a

telemedicine provider as such. Patient privacy, the Health Insurance Portability and Accountability act (HIPA), and privacy laws apply to telemedicine.

She noted that telemedicine already exists and is working in Alaska. Alaska has been one of the pioneers of telemedicine. The Alaska Native Tribal Health Consortium, the Veterans Administration, and the military, use telemedicine. Outside of the state, major employees like Home Depot and Costco use telemedicine.

She gave examples of medical conditions of people who seek telemedicine: acute respiratory illness, uterine track infections, skin problems, abdominal pain, and back and joint problems. She said 20 percent of Alaska's population lives in rural areas and needs quick and economical medical care.

2:09:56 PM

CHAIR STEDMAN noted that the committee is familiar with the concept of telemedicine.

REPRESENTATIVE GATTIS said the bill has not been heard in the Senate Health and Social Services Committee. She emphasized that there is a difference between the two bills. She explained that HB 281 requires physicians to be located in Alaska. Another difference is SB 80 required that physicians bill insurance companies, a provision not included in HB 281.

CHAIR STEDMAN noted one zero fiscal note from Department of Commerce, Community and Economic Development (DCCED).

2:11:56 PM

SENATOR MICCICHE asked why out-of-state doctors cannot be used.

REPRESENTATIVE GATTIS replied that the bill has gone through various House committees and Alaska doctors said they wanted to protect Alaskan doctors.

SENATOR MICCICHE reported that currently there are several thousand people using doctors who would no longer be allowed to use them.

REPRESENTATIVE GATTIS said the Native Health Consortium has a federal exemption that allows them to go out of state for telemedicine.

SENATOR MICCICHE said several companies also use out-of-state physicians.

REPRESENTATIVE GATTIS deferred to Dr. DePhillips to discuss Costco and Home Depot.

SENATOR MICCICHE said they were not the only companies.

[2:13:56 PM](#)

DR. HENRY DEPHILLIPS, Corporate Chief Medical Officer, Teladoc, Nashville, Tennessee, answered questions related to HB 281. Dr. DePhillips responded to Senator Micciche's question by explaining that there are three large telemedicine companies and two of those three have put together a national network of physicians. He said Teladoc has several Alaska physicians. He noted Teladoc has a difference in interpretation of the Alaska Medical Board rules than the Board does, which is what prompted the bill. He said Teladoc has been operating in Alaska for a while under the "cross coverage exemption." He said Teladoc and other companies are looking for regulatory coverage through the bill, which would include Alaska licensed and resident physicians. He reported that Teladoc worked closely with the Alaska Medical Association and agreed that the care of Alaskans should be rendered by Alaska physicians.

[2:15:52 PM](#)

SENATOR MICCICHE asked why telemedicine is limited to physicians, especially in rural areas.

DR. DEPHILLIPS said nurse practitioners, physician assistants and others, are not included because Teladoc made a conscious business decision to keep the standard of patient care very high. He said they knew they would be a target and they have been a target over the last 12 years. Toledo's model is a physician-only model, as are the other two companies. Another reason is because the Medical Board censured physicians doing telemedicine, which is the reason behind the need for the legislation. He thought lower level providers were regulated by a different board.

SENATOR MICCICHE inquired about dispensing controlled substances via telemedicine. He brought up a concern regarding post-op care medications.

DR. DEPHILLIPS said that is a topic that has been discussed with the Department of Corrections and others during the evolution of the bill. He stated it is a balancing act. The concern was with

past history of internet prescribing controlled substances. He said it was Toledo's decision not to allow DEA controlled substances. He believed the other two companies also have that policy. It keeps the abuse issue at bay and makes the Medical Boards happy. He noted the Department of Corrections allows DEA controlled substances to be prescribed via telemedicine because there is a clinically trained person on site. The bill provides for that exception.

[2:19:38 PM](#)

SENATOR MICCICHE used an example of a post-op patient in rural Alaska who requires medication back in the village. He asked if there is a way for controlled substances to be prescribed.

DR. DEPHILLIPS said there is currently not a way for controlled substances to be prescribed using telemedicine. He observed that if someone post-op in a village requires pain control requiring a controlled substance, they would also need an in-person assessment. He concluded that there is currently not a vehicle to dispense a controlled substance.

[2:21:30 PM](#)

JENNIFER MEYHOFF, Alaska Association of Health Underwriters, Anchorage, Alaska, testified in support of HB 281. She opined that telemedicine has the potential to help contain high health care costs.

SARA CHAMBERS, Director, Division of Corporation, Business, and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED), Juneau, Alaska, answered questions related to HB 281.

CHAIR STEDMAN asked if the department has any concerns about the bill.

MS. CHAMBER said the department does not have concerns. She said she believes the State Medical Board has gone on record with their concerns.

CHAIR STEDMAN closed public testimony.

REPRESENTATIVE GATTIS concluded that HB 281 is not a catch-all and not a hospital, but brings Alaska into the 21st Century and will provide access to low-level health care. She shared a story about her experience with telemedicine.

[2:25:20 PM](#)

At ease

[2:28:03 PM](#)

SENATOR MICCICHE moved to report CS for HB 281 from committee with individual recommendations and attached zero fiscal note.

CHAIR STEDMAN announced that without objection, CSHB 281(L&C) is reported from the Senate Health and Social Services Standing Committee.

[2:28:39 PM](#)

There being nothing further to come before the committee, Chair Stedman adjourned the Senate Health and Social Services Standing Committee at 2:28 p.m.