

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 2, 2021

1:32 p.m.

**MEMBERS PRESENT**

Senator David Wilson, Chair  
Senator Shelley Hughes, Vice Chair  
Senator Mia Costello  
Senator Lora Reinbold  
Senator Tom Begich

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

CONFIRMATION HEARING(S)

State Medical Board

David Boswell - Fairbanks  
Larry Daugherty - Eagle River

- CONFIRMATIONS ADVANCED

SENATE BILL NO. 21

"An Act relating to mobile intensive care paramedics; relating to duties of the State Medical Board and the Department of Health and Social Services; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 78

"An Act relating to telehealth."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 21

SHORT TITLE: LICENSE MOBILE INTENSIVE CARE PARAMEDICS  
SPONSOR(s): SENATOR(s) REVAK

01/22/21 (S) PREFILE RELEASED 1/8/21  
01/22/21 (S) READ THE FIRST TIME - REFERRALS  
01/22/21 (S) HSS, L&C  
03/02/21 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 78

SHORT TITLE: HEALTH CARE SERVICES BY TELEHEALTH  
SPONSOR(s): LABOR & COMMERCE

02/10/21 (S) READ THE FIRST TIME - REFERRALS  
02/10/21 (S) HSS, L&C  
03/02/21 (S) HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

DAVID BOSWELL, Appointee  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified as the governor's appointee to the State Medical Board.

LARRY DAUGHERTY, M.D., Appointee  
Eagle River, Alaska

**POSITION STATEMENT:** Testified as the governor's appointee to the State Medical Board.

DIRK CRAFT, Staff  
Senator Josh Revak  
Alaska State Legislature

**POSITION STATEMENT:** Presented SB 21 on behalf of the bill sponsor.

SETH DUGGAN, Staff  
Senator Josh Revak  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented the sectional for SB 21 on behalf of the bill sponsor.

CLINT FARR, Deputy Director  
Division of Public Health  
Department of Health and Social Services (DHSS)  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions about SB 21.

TODD MCDOWELL, EMS Program Manager  
Division of Public Health  
Department of Health and Social Services (DHSS)  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions about SB 21.

BRIAN WEBB, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Explained the background of SB 21.

WILMA VINTON, representing self  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support of SB 21.

RICHARD ETHERIDGE, Alaska Fire Chiefs Association  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 21.

MICHAEL LEVY, M.D., EMA Medical Director  
Anchorage, Alaska

**POSITION STATEMENT:** Inaudible testimony.

KATIE MCCALL, Staff  
Senator Mia Costello  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented SB 78 on behalf of the Senate Labor and Commerce Standing Committee.

SARA CHAMBERS, Director  
Division of Corporations, Business, and Professional Licensing  
Department of Commerce, Community and Economic Development  
(DCCED)  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions about SB 78.

SARAH HETEMI, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 78.

PORTIA NOBLE, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 78.

RYAN MCKEE, Americans for Prosperity  
Wasilla, Alaska

**POSITION STATEMENT:** Testified in support of SB 78.

## **ACTION NARRATIVE**

[1:32:10 PM](#)

**CHAIR DAVID WILSON** called the Senate Health and Social Services Standing Committee meeting to order at 1:32 p.m. Present at the call to order were Senators Costello, Hughes, Begich, Reinbold, and Chair Wilson.

### **CONFIRMATION HEARING(S)** **State Medical Board**

[1:33:02 PM](#)

CHAIR WILSON announced the consideration of the governor's appointees to the State Medical Board. He called on appointee David Boswell.

[1:33:25 PM](#)

DAVID BOSWELL, Appointee, Fairbanks, Alaska, said he is a father of eight. He is the senior minister of the Northern Lights Church of Christ in downtown Fairbanks. He has volunteered in numerous capacities. He has been a foster parent for five years for nine children, four of whom he adopted. He was a member of the Governor's Council on Disabilities and Special Education. He is the public member of the Alaska State Medical Board. He has been an active and interested member in his community. He was appointed to the medical board at a unique time for the state, nation, and world. He has participated in the Alaska Medical Board since last March as the secretary. He probably has had more opportunities than normal to meet with the board over the last 12 months because of the needs of the emergency.

MR. BOSWELL said the board met weekly to prepare for the necessity of creating regulations for the pandemic. He has been through incredible training the past year. He attended the Federation of State Medical Boards Zoom conference. He gained access to numerous resources. Although he didn't realize the vast quantity of time that would be asked of him when he began this position a year ago, it was worthwhile and rewarding.

[1:36:42 PM](#)

SENATOR REINBOLD asked him what exact role he has been playing in the disaster response and his take on the executive disaster response.

At ease due to technical difficulties.

[1:38:09 PM](#)

CHAIR WILSON reconvened the meeting and asked Mr. Boswell to restart his response to Senator Reinbold's question.

MR. BOSWELL said at the beginning of his term, the board learned how to do emergency regulations even before they learned how to do typical regulations. That was helpful because the board appropriately dealt with the needs for telehealth during the pandemic. They worked with the current and changing needs of the Prescription Drug Monitoring Program (PDMP). As the secretary, he chaired one of the meetings. He had incredible guidance from the executive administrator and from the trainings provided.

SENATOR REINBOLD said she understands the administrative work. She wants to know overall what he thinks of the response and the global impacts to schools and the economy. etc. In particular, she asked if the Medical Board had access to hydroxychloroquine and ivermectin or had heard of any issues with those

MR. BOSWELL said he was struggling to hear the audio.

SENATOR REINBOLD asked what his general feeling is about the administrative response to the disaster.

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At ease because of technical issues

[1:45:37 PM](#)

CHAIR WILSON reconvened the meeting.

[1:46:09 PM](#)

CHAIR WILSON asked Mr. Boswell to continue.

MR. BOSWELL said that the State Medical Board has done an excellent job of responding to the emergency declaration.

SENATOR REINBOLD said that is good to hear because she has not received any feedback about the medical board. She asked if there had been any issues with hydroxychloroquine and ivermectin or getting any medications that have been proven to be effective against COVID-19. MR. BOSWELL replied that acquiring medications was not under the purview of the board.

SENATOR REINBOLD clarified that the pharmacy board would deal with medication and clarified that the medical board deals with licensure and had not heard of any issues with those medications.

MR. BOSWELL agreed.

1:47:33 PM

SENATOR BEGICH said he recalled that when they spoke last year the position of the executive secretary, which is a paid position, was vacant. The vacancy required that board members exam each physical license for each physician. He asked if that position was still vacant and if it were vacant, how has that impacted the work of the board.

MR. BOSWELL answered that when he began, Miss Alicia Jones was executive administrator. She stepped down this past fall and the position was then filled by Ms. Zinn who prepared the transition to Natalie Norberg, the current administrator. The board worked seamlessly during the transition. It was beyond what he could have hoped for. Everything was taken care of behind the scenes by the staff.

SENATOR BEGICH said the governor's disaster declaration expired a few weeks ago. Under that disaster declaration, there were emergency powers for the board to issue emergency medical licenses. For the PDMP, there is a requirement that doctors sign up for that program, but that doesn't always happen. Under the emergency powers, the board had powers to deal with both of those issues. He asked if that has been affected by the expiration of the emergency powers.

MR. BOSWELL said the at the last board meeting, they spoke to the compliance issue with the PDMP. This current year the compliance has increased significantly. The board has discussed ways to make it more efficient and to make all physicians registering with the PDMP aware of the expectations. One of the board members has drafted a letter to speak to that. The executive administrator has drafted a letter to send to physicians to explain the two-step process to improve compliance.

SENATOR BEGICH asked what the percentage is for compliance. He asked again about the impacts of the expiration of the emergency order.

MR. BOSWELL replied that emergency licenses are still good until the license finishes, and there is time to transition to a regular license. That was a useful tool during the emergency declaration. Those who want to keep a license can go through the normal licensure process.

SENATOR BEGICH asked about the compliance percentage for the PDMP.

MR. BOSWELL said he doesn't have that number, but it was presented to the board.

CHAIR WILSON added he has already requested that data from Director Sara Chambers because of an issue with another bill. He called on appointee Larry Daugherty.

1:53:16 PM

LARRY DAUGHERTY, M.D., Appointee, Eagle River, Alaska, said he came to Alaska in 2014. It is a privilege to serve his community as a radiation oncologist. He also has a background as a paramedic and firefighter. As a radiation oncologist at the Anchorage Radiation Oncology Center, he has difficult conversations with patients. His job is to help people navigate during a time of crisis and to offer help. The state has faced its own type of nightmare this past year in confronting the challenges of the COVID-19 pandemic. As a result, the legislative body at times has been paralyzed, as evidenced by the delay in confirmations of the State Medical Board appointees. He has been working on the board for over a year. The board has worked to expedite emergency licensure. The board has crafted and approved guidelines for telemedicine. The board has worked to optimize the workflow and skills of physician assistants and paramedics. All has been done as a service to the state. The State Medical Board exists to protect the public and ensure the state has safe, competent, licensed healthcare professionals practicing in Alaska. The board grants licenses and investigates complaints.

DR. DAUGHERTY said that serving on the board is a service. These are unpaid positions that can take a lot of time away from family, medical practice, and other pursuits. He does not enjoy the regular meetings and bureaucracy and being in a position to take disciplinary action against his peers, but he can make a difference. Instead of being a critical voice on the sidelines, he is doing what he can to take action and provide solutions. He wants to change some of the things that drive him crazy about the current system. The state is among the slowest in processing applications for licensure. Much of the system is antiquated and expensive and needs to be modernized. Some well-intended laws are flawed, namely the PDMP. He hopes that his can be a voice to convince the legislative body to fix these laws. Despite these annoyances, in his opinion, Alaska is the best place on earth to

practice medicine. Alaska needs to keep it great by continuing to maintain high standards for licensure and maintaining high expectations for how healthcare professionals conduct themselves.

[1:57:44 PM](#)

SENATOR REINBOLD thanked him for his willingness to serve and bringing issues to the table he wants solved. She wants to hear if the committee can do anything to help process applications faster and improve the PDMP.

DR. DAUGHERTY replied that the board over the last year has shown it can process applications quickly when it needs to with emergency licensure. He sees no reason why the process can't be improved in significant ways. He has crafted a resolution about the PDMP with another board member. The resolution passed the board unanimously. It should be coming to the committee. The board is asking for a simple change in the law which would increase compliance and utilization of the PDMP.

SENATOR BEGICH asked why the licensing process takes so much time. He asked Dr. Daugherty to briefly walk the committee through that process. He also asked Dr. Daugherty to explain the proposed change to the PDMP.

DR. DAUGHERTY answered that when an applicant applies for licensure, the state is a comprehensive and thorough, as it should be, in vetting candidates in order to verify education and training and to make sure there are no adverse actions from other states. Other than seeing inefficiencies in the software process, he doesn't yet know why it takes six to eight months to receive a license. In other states it takes weeks. That may have to do with Alaska law and the policy of every application being reviewed by board members, but he thinks it is an antiquated system. Every month he gets a dozen or so applications in one giant PDF. It is cumbersome to analyze and review the data. He is confident that other states have better processes. There is a federation of state medical boards with a centralized system. He doesn't know the answer, but other states do it better.

DR. DAUGHERTY said the PDMP is a wonderful program and tool with great potential for solving the opioid crisis. Prescriptions for these drugs have decreased, but with the way the law is written, physicians can delegate others to access the PDMP on their behalf. The law stipulates that the delegate must hold a formal license. In Alaska, medical assistants don't hold a license. On a daily base the medical board gets complaints from anonymous

sources that well-intended physicians don't understand that they cannot assign a medical assistant as a delegate. Then they have committed a felony. The board's hands are tied because of the way the law is written. The board resolution is that a physician should have delegates they trust at whatever level of training.

SENATOR BEGICH said that he appreciates his candor. To be clear, Dr. Daugherty and other members are reviewing the applications.

DR. DAUGHERTY replied that the board members do a final review of the entire application.

[2:05:18 PM](#)

SENATOR COSTELLO said that the Senate Labor and Commerce Committee has taken portions of the governor's disaster declaration, and as a courtesy to the process, is reviewing his administration's request for changes in statute to determine whether to make certain statutes COVID-aware or provide temporary changes that are needed as the state works its way through the vaccination process. Several bills are running through the process. She would be happy to work with him through Senator Reinbold's office on a licensure bill. As chair of the Labor and Commerce Committee, her intention is to ferret through why the process is taking so long and to find ways to expedite the licensure process. She would welcome his suggestions on how to speed up that process. The state is so lucky to have talented Alaskans like himself who are willing to provide the expertise and donate the time to make the state a better place to live and work.

DR. DOUGHERTY thanked her and said he looks forward to working with her on that.

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CHAIR WILSON entertained a motion.

[2:07:27 PM](#)

SENATOR HUGHES stated that in accordance with AS 39.05.080, the Senate Health and Social Services Standing Committee reviewed the following and recommends the appointments be forwarded to a joint session for consideration:

State Medical Board

David Boswell - Fairbanks  
Larry Daugherty - Eagle River

She reminded members that signing the reports regarding appointments to boards and commissions in no way reflects individual members' approval or disapproval of the appointees; the nominations are merely forwarded to the full legislature for confirmation or rejection.

[2:07:51 PM](#)

At ease

**SB 21-LICENSE MOBILE INTENSIVE CARE PARAMEDICS**

[2:09:44 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 21 "An Act relating to mobile intensive care paramedics; relating to duties of the State Medical Board and the Department of Health and Social Services; and providing for an effective date." He states his intent to hear an overview of the bill and take invited testimony. He asked the staff of bill sponsor Senator Revak to introduce the bill. He noted a number of people available online to answer questions.

[2:10:43 PM](#)

DIRK CRAFT, Staff, Senator Josh Revak, Alaska State Legislature, said that SB 21 seeks to consolidate oversight of the Emergency Medical Services (EMS) system under a single agency to better provide better peer and professional oversight. This has been years in the making through a deliberative process that involved hundreds of stakeholders throughout the EMS community. It has been unanimously supported by the State Medical Board and has broad support from paramedics around the state. Currently EMS oversight is split between the State Medical Board within the Department of Commerce and the EMS section of the Department of Health and Social Services (DHSS). This bill will transfer all paramedic licensure to the Alaska Emergency Medical Services in DHSS, which currently is responsible for certifying EMTs (Emergency Medical Technicians), EMT instructors, EMT training, ground ambulance and medevac services, paramedic instructors, and paramedic training. The split arose because paramedics did not exist in Alaska before 1974. After 1974, the term mobile intensive care paramedic was created for the new scope of practice in the Anchorage and Fairbanks fire departments. EMS within DHSS did not exist in Alaska code until 1981 when the responsibility to license and credential paramedics was placed under the State Medical Board. In 1984 the EMS section became fully functional; however, the paramedic licensure still stayed under the State Medical Board.

MR. CRAFT said that SB 21 will not change the scope of practice, license requirements, or fee structure for the approximately 600 paramedic licenses in Alaska. Medical direction will be provided by the existing DHSS chief medical officer and the EMS medical director's committee comprised of 11 members specializing in emergency medicine, five of whom are required to have paramedic experience. The EMS existing data systems are able to incorporate paramedic licensure, making the move a seamless transition. Transferring oversight and licensure of mobile intensive care paramedics from the State Medical Board to DHSS will fully integrate the EMS system and ensure it is robust, sustainable, and resilient. Aligning all EMS services under a single agency better promotes public health and safety while also providing efficiencies through peer and professional oversight.

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SETH DUGGAN, Staff, Senator Josh Revak, Alaska State Legislature, Juneau, Alaska, presented the sectional analysis:

Sec. 1 amends 08.64.107, State Medical Board/Regulation of physician assistants and intensive care paramedics, to remove regulation of paramedic licensure from the Medical Board. (See also Sec. 8.)

Sec. 2 amends 08.64.170(a), License to practice medicine, podiatry, or osteopathy, allowing paramedics to practice medicine to render emergency lifesaving service under "another law" instead of under the Medical Board's authority. (See also Sec. 6)

Sec. 3 amends 08.64.360, Penalty for practicing without a license or in violation of chapter, to remove paramedics. (See also Sec. 10)

Sec. 4 amends 08.64.369(d), Health care professionals to report certain injuries, to change paramedics licensed under the Medical Board to those licensed under DHSS, for health care providers who must report certain injuries to the Department of Public Safety.

Sec. 5 amends 12.55.185(11), Sentencing and Probation, to change paramedics licensed under the Medical Board to those licensed under DHSS.

Sec. 6 amends 18.08.075, Authority of emergency medical technician, to allow paramedics to provide emergency medical care. (See also Sec. 2.)

Sec. 7 amends 18.08.080, Emergency Medical Services/Regulation, to require DHSS to adopt regulations establishing standards for paramedic licenses.

Sec. 8 adds a new subsection 18.08.082(a)(5), Issuance of certificates; designations, to add regulation of paramedic licensure to DHSS. (See also Sec. 1.)

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Sec. 9 amends 18.08.082(b), Issuance of certificates; designations, to clarify that DHSS is the central certifying and licensing agency for all emergency medical services.

Sec. 10 amends 18.08.084(a), Certificate required, to prohibit a person from practicing as a paramedic without a license. (See also Sec. 3.)

Sec. 11 amends 18.08.086(a), Immunity from liability, adding license because they are certified. This means it provides immunity in 08.02, which includes paramedics. They are not liable for civil damages unless it's gross negligence.

Sec. 12 18.08.089(a) is amended to allow a paramedic to pronounce someone's death if the paramedic falls under one of the three categories.

Sec. 13 adds a new paragraph (14) to 18.08.200, Emergency Medical Services/Definitions, to add the definition of "mobile intensive care paramedic". (See also Sec. 14.)

Sec. 14 Amends 29.45.050(r) to include mobile intensive care paramedics in a municipal property tax exemption. Emergency Medical Services are already under this, this section just clarifies Mobile Intensive Care Paramedics.

MR. DUGGAN noted that Section 14 is only for voluntary EMS staff.

Sec. 15 amends 37.05.146(c)(77)(F), Definition of program receipts and non-general fund program receipts, to add fees for licensure of paramedics to the list of fees collected by DHSS.

Sec. 16 repeals 08.64.366, Liability for services rendered by a mobile intensive care paramedic (See 18.08.086, Immunity from liability, under DHSS). Repeals 08.64.380, Medicine/Definitions to remove (3) "emergency lifesaving service" and (4) "mobile intensive care paramedic" (See also Sec. 12).

Sec. 17 amends the uncodified law to provide transitional authorities: (a) A current paramedic license issued before January 1, 2021 remains valid until it expires under the Medical Board, is suspended or revoked, or is converted to a license under DHSS. (b) The Department of Commerce, Community and Economic Development and the Medical Board will transfer to DHSS on January 1, 2021, files of all pending paramedic-related records and proceedings, applications, and disciplinary actions. (c) Authority for DHSS to adopt regulations which shall include the conversion of unexpired paramedic licenses issued under the Medical Board.

Sec. 18 provides an immediate effective date for DHSS to adopt regulations.

Sec. 19 provides an effective date of January 1, 2022.

[2:16:55 PM](#)

SENATOR BEGICH said that anecdotally he has heard that the process for EMT licensure takes a long time. He asked if this will speed up that process. He noted the blank pages in the fiscal notes and asked if the bill would lead to any cost savings.

MR. CRAFT replied that speeding up the process was one of the primary reasons for introducing the legislation, as well to house all these emergency medical personnel under one professional licensing statute. The fiscal notes are zero because the department can absorb any potential change in cost but he would defer to the department.

[2:18:24 PM](#)

CLINT FARR, Deputy Director, Division of Public Health, Department of Health and Social Services (DHSS), Juneau, Alaska, said that DHSS can absorb any costs associated with the transfer of paramedics to his division. The division already has certification/licensure processes in place and licenses thousands of EMTs annually, so with the number of paramedics, the office can absorb that with current staffing and processes.

SENATOR BEGICH asked when jurisdiction transfers from the State Medical Board, if there is a provision for public comment about any issues with EMS services.

MR. FARR replied that the public has a way to comment through the regulatory process. He deferred to Todd McDowell.

[2:20:11 PM](#)

TODD MCDOWELL, EMS Program Manager, Division of Public Health, Department of Health and Social Services (DHSS), Juneau, Alaska, answered that the medical director's committee has biannual meetings open to the public for comment.

SENATOR REINBOLD asked if the governor's executive order to split DHSS into two departments takes effective, which commissioner would EMS be under.

CHAIR WILSON answered the Division of Public Health. He clarified with Mr. Farr.

MR. FARR replied that is correct.

SENATOR REINBOLD suggested that if DHSS is bifurcated, the bill should have conforming language. She shared that the Chugiak Fire Department is so important to her community and asked that they be allowed to weigh in. She would love to hear from them and their views on the bill.

SENATOR HUGHES said that when the classification was first created, the only place to put it was under the State Medical Board. She asked why the change has taken so long.

MR. CRAFT replied there is a long history. Brian Webb who was a paramedic around that time can explain.

[2:23:57 PM](#)

BRIAN WEBB, representing self, Anchorage, Alaska, said he was a former regional EMS training coordinator. He has been involved with this for many years. One of the issues with his generation

of medics was a feeling if they switched from licensure to certification that would somehow diminish their stature and them as a medical practice as a whole. His era has retired or died off. The newer generation is looking at streamlined and easier ways of doing things because the paramedic licensure process in Alaska is a dramatic affair. He has been working on this for the past 20 years. He started this process with Senator Birch over three years ago. The paramedics have tried to do this in different ways over the years and finally the nexus came to be to do it legislatively.

SENATOR HUGHES said she will try to help them get it across the finish line. Her husband was in Vietnam as a medic and was an EMT and then a paramedic. She asked what the difference is between an EMT and a paramedic. She observed the fiscal note that moving the paramedics over will create a smoother pathway for career advancement for EMTs.

MR. WEBB said that the Office of EMS is already staffed by paramedics who already manage the training and certification as mentioned. That will streamline process, especially for people from out of state. It will simplify a lot of things. The subject matter experts are already at the Office of EMS who know the process and can streamline it for folks in the future.

SENATOR HUGHES asked him to explain an EMT vs a paramedic.

MR. WEBB said that an EMT I requires 110-160 hours of training with no clinical experience required before certification. An EMT I can become an EMT II with another 50-80 hours of training, plus some additional skills and patient care verification. To become an EMT III requires 50-80 hours of additional training and a test. Paramedics are in classrooms for over 1,000 hours and then after graduating from a paramedic program they spend about 650 hours in the lower 48 riding along with an advanced life support ambulance service. Then they take the national registry test and apply for state licensure. It is a much longer road with advanced skill sets compared to EMTs.

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CHAIR WILSON opened public testimony.

[2:29:14 PM](#)

WILMA VINTON, representing self, Fairbanks, Alaska, said that she is a mobile intensive care paramedic (MICP) since 2007 and an EMT since 1979. She is an assistant chief of EMS for Steese Volunteer Fire Department. She is an EMS instructor and past

adjunct faculty for the University of Alaska Fairbanks paramedic program. She assists EMTs and MICPs with acquiring and maintaining their certifications and licenses. She has personally gone through both processes. This move from the Medical Board to EMS in DHSS is an excellent way to streamline the licensing process. EMTs and MICPs work side by side, but when she is assisting members with certifying and recertifying, she is working with two different agencies and processes. The state Office of EMS is already providing certification to EMTs in an efficient and effective manner. EMTs are regularly certified within a week of testing but definitely within 20 days. She sees no problems with MICPs being licensed in that same timeline. The licensing under the State Medical Board can take several months. The board only meets four times a year. The Office of EMS has staff who work on this on a daily process. This shortened timeframe is especially important for someone trying to get job in Alaska as a paramedic. It will be a seamless move and will align the MICPs with EMS as they are in many states. This will benefit students, military leaving the service, and those in the lower 48 seeking jobs in Alaska as paramedics.

[2:32:06 PM](#)

RICHARD ETHERIDGE, Alaska Fire Chiefs Association, Juneau, Alaska, said the Fire Chiefs Association supports SB 21. Paramedics often have to be hired from out of state. It often takes several months to get licensed in Alaska because of licensure through the Medical Board. The delay places a burden on a community trying to get paramedics to serve. Sometimes it takes six to eight months. Transitioning paramedics to EMS will shorten the timeframe of getting licenses or certificates. There will be no decrease in quality control. It is beneficial for fire chiefs to have one state agency to work with for continuing education and certification. The State Medical Board voted to support this transition and the Office of EMS is willing to accept the program.

[2:33:56 PM](#)

MICHAEL LEVY, M.D., EMA Medical Director, Anchorage, Alaska, was not able to testify because of sound problems.

CHAIR WILSON asked him to submit his testimony to shss@akleg.gov.

[2:35:53 PM](#)

CHAIR WILSON closed public testimony.

SENATOR REINBOLD noted that the next committee of referral is Labor and Commerce and asked that the chair to get the feedback of the Chugiak Fire Department.

CHAIR WILSON replied that the bill is not moving out of committee today. The bill sponsor will try to get in touch with the fire department before the bill moves out of committee.

SENATOR COSTELLO added that her staff has been in touch with the fire department and will work to make sure their concerns are heard.

[2:36:49 PM](#)

CHAIR WILSON held SB 21 in committee.

### **SB 78-HEALTH CARE SERVICES BY TELEHEALTH**

[2:37:07 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 78 "An Act relating to telehealth." He asked Senator Costello and her staff to the table.

[2:37:40 PM](#)

KATIE MCCALL, Staff, Senator Mia Costello, Alaska State Legislature, Juneau, Alaska, said that in January 2021, Governor Dunleavy asked the legislature to extend the public health disaster emergency with the passage of SB 56, a comprehensive bill with numerous provisions. The legislature instead passed a resolution asking the governor to issue a new emergency disaster declaration as there was not enough time for SB 56 to go through the legislative process before the expiration of the emergency disaster declaration in effect at the time. In the meantime, the legislature has taken individual sections from the governor's bill and created separate legislation to address different provisions. SB 78 was taken directly from Section 6 of the governor's bill to address telehealth expansion. The purpose of introducing this bill is to give the legislative branch the opportunity to determine whether statutes should be more COVID aware rather than rely on an emergency disaster declaration in order to keep the state operational. The Senate Labor and Commerce Committee intends to rely heavily on the administration to explain why certain sections in the disaster extension bill, such as the provisions now found in SB 78, are necessary. The Senate Labor and Commerce Committee has no position on this bill. The committee is introducing it as a courtesy to the

administration due to the expiration of the disaster declaration and provisions in the bill have no way to continue.

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SENATOR COSTELLO explained that this is one of several pieces moving through the process and that her office has been working with the committee chair, administration, and Director Sara Chambers in the Department of Commerce, Community and Economic Development (DCCED,) in addition to stakeholders. Changes can be made to the bill to address temporary needs of the state and long-term changes to make statutes more COVID aware. The committee will probably hear testimony today in opposition to this version of the bill, but she is hopeful that based on her conversations with the stakeholders and the administration that the bill can be crafted to meet the needs of the state as it moves into the recovery stage of the pandemic. The chair has also introduced a measure that has passed the Senate that makes some laws more COVID aware.

[2:41:17 PM](#)

SENATOR BEGICH noted that the bill has no effective date or expiration. He asked if that is intentional.

MS. MCCALL replied that the chair of this committee and of the Senate Labor and Commerce Committee, [Senator Costello], discussed adding a sunset date to the bill. If providers from out of state never become licensed in the state, they can continue to practice telehealth as long as the bill is in effect. A sunset date would not allow those services to continue indefinitely.

SENATOR BEGICH said that without an effective date, the bill would take effect 90 days after the end of the session.

MS. MCCALL replied that is something to look at changing.

SENATOR BEGICH pointed out that without an expiration date, there will be a loss of professional licensing fees for the state of Alaska. He asked if there had an analysis of that and any other impact that it would have on licensed Alaskan residents.

[2:43:17 PM](#)

SENATOR COSTELLO replied that the governor's disaster declaration stated that there would be no changes to licensing fees. The administration intention would be no changes or impacts to the fees with the disaster declaration, but the fees

are directly related to activities that have to be pursued by the licensing board. She had a concern about that. This is a good opportunity for the administration to explain its rationale for that. She understands that some Alaskans who have traveled outside the state for care. For example, one person's daughter has cancer. With the ability to travel curtailed by COVID, the parent wants to continue to see that provider who is out of state. Not many Alaskans are affected by this provision, but enough Alaskans are that it is necessary to allow that continuum of care to continue. It would make sense for the bill to become effective immediately with a sunset date so that it can be reviewed. She does not know what the impact will be on licensure, but perhaps Sara Chambers does.

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SARA CHAMBERS, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED), Juneau, Alaska, said her agency submitted an indeterminate fiscal note because the bill as written would change policy permanently and has no sunset date. Her agency could not determine the loss of revenue to self-funded boards. This is potentially a short-term bill in this season of COVID, so there is less concern about the fiscal impact. It is focused on a smaller constituency and not a long-term change to do away with licensing for all telemedicine. As the bill is written now, the fiscal note is indeterminate, but it would create a loss of revenue.

SENATOR REINBOLD said that SB 56 is a big bill. It is amazing that Senator Costello pulled this section out to work on independently. She thanked Senator Costello for that. The legislature has worked on telehealth in the past and worked hard with physicians on Alaskan preference for telehealth. That is important. She supports telehealth but there is nothing like meeting someone in person. She wants sidebars on that. She wants to review the committee discussion on SB 56 and work on amendments.

SENATOR HUGHES asked if this applies to behavioral health as there are a lot of mental health needs right now. Telehealth has been the platform for that during the pandemic. For some families in rural areas, it could still be helpful even when there is not a pandemic. She asked if the bill covers a variety of provider types, including behavioral health providers.

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MS. MCCALL replied that the bill does not specifically address behavioral health providers, but the topic came up in a meeting with the administration. Department of Health and Social Services (DHSS) mentioned that federal public health addresses that issue.

CHAIR WILSON said that through federal regulations, behavioral health is covered in the federal disaster declaration, so their guidance for telehealth and some of the waivers will continue. The department has assurance from the Biden administration that that will continue through the end of calendar year 2021. His office has been working on that. It is clear that behavioral health is covered.

SENATOR HUGHES thanked the chair for looking into that. Because of Alaska's geography and how spread out the state is, it is important that behavioral health providers continue to provide services through telehealth. She asked if anyone is working on that for once the federal disaster declaration ends.

CHAIR WILSON said that his office is looking to continue that as an end-state license process. Through working with the bill sponsor, his understanding is that an end date is being looked out for the out-of-state licensees. Regular boards and commissions will still have jurisdiction over those medical providers in the state and they follow the same process to become licensed medical providers.

SENATOR HUGHES clarified that she is asking specifically about behavioral health.

CHAIR WILSON replied all health practitioners of healthcare and behavioral health and dental would be covered. They are looking at any licensed person obligated to provide telehealth.

SENATOR BEGICH said that federal behavioral health waivers will go away at the end of the calendar year. He clarified that the chair is looking at something more comprehensive that would apply to any provider. He is in agreement with Senator Reinbold. Parameters or sideboards are important to protect the Alaska workforce. He knows the chair will be looking at that in terms of expiration dates and licensing issues. That is the issue in all his questions. He asked who is going to enforce and monitor the healthcare practitioners who are not licensed and residing in the state and who ensures they are in good standing. The bill doesn't seem to address that. He doesn't know what will cover that or to ensure practitioners are acting within the scope of

their expertise. The committee has discussed the Prescription Drug Monitoring Program with the State Medical Board. He asked what the prescribing process is. There could be different laws around prescriptions. These are the issues he wants to see addressed. Those monitoring costs have to be reflected in the fiscal note at some point.

MS. MCCALL said that for prescribing, the bill mentions the services provided have to be within the scope of practice within the jurisdiction that providers are licensed. Based on conversations she has had with Legislative Legal, licenses tend to be fairly uniform. Her office hasn't had a chance to reach out to Legislative Research to look at different licensing provisions and where there might be discrepancies. Legislative Legal was not concerned that there would be major differences, but that will be looked at more.

SENATOR BEGICH said that an easier answer might be to simply require providers to meet Alaska's own standards.

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CHAIR WILSON opened public testimony.

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SARAH HETEMI, representing self, Anchorage, Alaska, said that she was happy that Governor Dunleavy asked the legislature to extend the public health disaster emergency with the passage of SB 56. She was especially happy about Section 6 of the bill, which related to the issue of telehealth expansion. Telemedicine is a big part of the future. COVID-19 showed that more than ever. The state needs to empower its healthcare providers to deliver telemedicine as it is a crucial component of healthcare reform that will increase access to all. It could be lifechanging in terms of cost savings. Individuals who reside in underserved rural and urban communities have to wait longer, travel further, and ultimately pay more for healthcare. The state has the ability and opportunity to significantly improve service to these individuals. This bill should have bipartisan support. It is an opportunity to make statutes more up to date and more COVID-19 aware instead of relying on the emergency declaration alone.

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PORTIA NOBLE, representing self, Anchorage, Alaska, said that Alaskans need more accessibility and convenience, not just during a pandemic. In December of 2020, over 30 policy think tanks and grassroots organizations united to urge policy makers

across the country to permanently enact and enhance telehealth capabilities and remove as many barriers as possible. Healthcare groups, clinics, and hospitals in the last two years have innovated and invested in telehealth capabilities. Pandemic or not, there is a great opportunity to embrace and expand the free market in healthcare. Alaska has seen barriers eliminated specifically because of telemedicine. She agrees with Senator Reinbold about the in-person relationship with a doctor, but she sees interesting statistics that providers increased the number of weekly telehealth consultations for Medicare enrollees from 13,000 to 1.7 million. That statistic should be embraced to support elders in Alaska and across the country. She encouraged the committee to move forward with SB 78 and other free market health bills to improve accessibility and convenience for all Alaskans.

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RYAN MCKEE, Americans for Prosperity, Wasilla, Alaska, said this is a great step in giving the public an easier way to connect with doctors. Some may choose to go out of state, but Senator Reinbold is a big supporter of choice. Individuals should have this choice in healthcare of whether to seek healthcare in state or out of state. Across the nation more states are moving to allow telemedicine to be used more widely. Alaska has many rural communities where access to healthcare is often a struggle. Telehealth can help. Many cancer patients are doing telemedicine appointments right now. That is especially a benefit during the pandemic. Telehealth offers important alternative to some services. Alaska will gain from having it.

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CHAIR WILSON closed public testimony and held SB 78 in committee.

[3:02:02 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee at meeting 3:02 p.m.