

SB

169

<TARGET><BILL>SB 169</BILL><SUBJECT>SB
169</SUBJECT><COMM>HHSS30</COMM></TARGET>

ALASKA STATE LEGISLATURE

1500 W Benson Boulevard
Anchorage AK 99503
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State Capitol
Juneau AK 99801-1182
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North to the Future

Senator Cathy Giessel

Senate District N

Senate Bill 169 Medicaid: Behavioral Health Coverage CS for SB 169(RLS) Sponsor Statement vsn U

For most of us, Alaska is a great place to live – diverse, challenging, and full of opportunity. But this is not the case for some Alaskans, who experience the negative impacts from opioid misuse, domestic violence, depression, malnutrition, Adverse Childhood Experience Syndrome (ACES), alcoholism and other debilitating problems.

Alaska has mental health care professionals who can provide needed services to Alaskans. However, the system has built-in constraints on where and how providers can offer mental health services, limiting access to many.

The lack of behavioral health care services was discussed at length during the Medicaid Reform initiative in 2016 during deliberations on SB 74. One barrier to care is an existing state regulation mandating that mental health professionals in a behavioral health clinic must have a supervising psychiatrist physically present in their clinic 30% of the time in order to bill Medicaid.

There have been reports that some clinics have up to a 2-year waiting list. That is completely unacceptable; while patients wait, their conditions worsen and often lead to other negative behaviors such as assault, robbery, severe depression and even death.

Supervision of mental health therapists, by a psychiatrist, is mandated by state regulation. Senate Bill 169 appropriately manages this mandate by allowing a **physician** to supervise providers in a clinic either in person or by communication device. This allows use of modern technology to accomplish the supervisory oversight.

With health care services expanding in Alaska via the use of telemedicine, particularly in rural areas, the removal of this barrier opens doors to expand needed behavioral health care treatments to many more Alaskans.

It's 2018, we can't ignore this mounting crisis, and the time to act is now. Please join me in support of SB 169.

Chair Senate Resources Committee
Senator.Cathy.Giessel@akleg.gov



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of
Health and Social Services**

Senior and Disabilities Services
Governor's Council on Disabilities & Special
Education
Patrick J. Reinhart, Executive Director

3601 C Street, Suite 740
Anchorage, Alaska 99503
Main: 907.269.8990
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March 28, 2018
RE: SB169 Letter of Support
To Senator Giessel:

The Governor's Council on Disabilities and Special Education (the "Council") fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the state DD Council, the Council works with Senior and Disabilities Services (SDS) and other state agencies to ensure that people with intellectual and developmental disabilities and their families receive the services and supports that they need, as well as participate in the planning and design of those services. One of the duties of the state DD Council is providing comments on bills that may have an impact on individuals with intellectual and/or developmental disabilities and their families.

In some parts of our state, communities have been enduring a lack of mental health services for several years or more. In those areas, mental and behavioral health providers are overwhelmed and unable to provide services for those who have little money and/or no health insurance coverage. Medicaid providers limit their clientele to the most severe cases or those leaving the correctional system. Most private mental health providers will not accept Medicaid, making severely limiting access to mental or behavioral health services to vulnerable populations.

Alaska has mental health care professionals who can provide needed services to Alaskans. However, the system has built-in constraints on where and how providers can offer mental health services, limiting access to many. One barrier to care is an existing regulation mandating that mental health professionals in a behavioral health clinic must have a supervising psychiatrist physically present in their clinic 30% of the time. There have been reports that some clinics have up to a 2-year waiting list. Many of these individuals waiting for care are unable to work or function in their community. Many are homebound because they cannot cope with their mental health issues without receiving services. That is completely unacceptable; while patients wait, their conditions worsen and often lead to other negative behaviors such as assault, robbery, severe depression and even death.

Federal Medicaid law mandates supervision of mental health therapists by a psychiatrist. Senate Bill 169 would allow a physician to supervise providers in a clinic by consultation or communication device. This allows the use of modern technology to accomplish the same supervisory oversight that includes clinical consultation, approving behavioral health treatment plans, reviewing each case, ensuring services are medically necessary, and assuming professional responsibility for the services provided.

With health care services expanding in Alaska via the use of telemedicine, particularly in rural areas, the removal of this barrier opens doors to expand needed behavioral health care treatments to many more Alaskans. The Governor's Council on Disabilities and Special Education advocates and supports people experiencing disabilities. A large majority of this vulnerable population experiences mental health issues and would be better able to live more independently if they had more access to affordable mental health services. These services are absolutely needed now because lives are at stake, and those contemplating suicide or harmful behaviors cannot continue to linger on waitlists.

Respectfully,

Handwritten signature of Maggie Winston.

Maggie Winston, Chair

Handwritten signature of Art Delaune.

Art Delaune, Legislative Chair

Tom Chard
Executive Director
Alaska Behavioral Health Association (ABHA)
P.O. Box 32917 Juneau, Alaska 99803
(907/toll-free 855) 523-0376
tom@alaskabha.org



February 23, 2018

Senator Cathy Giessel
State Capitol Room 427
Juneau AK, 99801

Re: Senate Bill 169

Senator Giessel –

The Alaska Behavioral Health Association (ABHA) is a member-driven, non-profit trade group with senior leadership from mental health and substance abuse treatment providers throughout the state. ABHA has over 60 member organizations from small community clinics to the largest healthcare employers in the state. We are continually working to improve access to quality, cost-effective treatment services and view Senate Bill 169 as a way to help accomplish that goal.

Senate Bill 169 adds a new section to statute at A.S. 47.07.030 to clarify that a psychiatrist's supervision of behavioral health treatment services can be conducted remotely. It further annuls current regulation at 7 AAC 135.030(e) requiring onsite supervision.

The provisions in Senate Bill 169 apply to mental health physician clinics only. Community Behavioral Health Centers (CBHCs) are not subject to the current statutory and regulatory requirements addressed in SB169. Specifically, Community Behavioral Health Centers do not have a requirement mandating a psychiatrist be onsite at least 30% of the time for supervision. There are other checks in place to help safeguard quality, including a physician agreement required by regulation at 7 AAC 70.100(3). The changes proposed in SB169 do not directly affect the operations of community behavioral health centers. It is our understanding that there are very few (if any) mental health physician clinics currently operating in the state of Alaska. No mental health physician clinics are currently members of the Alaska Behavioral Health Association. ABHA offers the following perspective as system advocates working to improve access to mental health and substance abuse treatment services for Alaskans.

When ABHA examines proposed legislation or other policy changes, it does so through a framework that assesses potential impact on access, cost, and quality.

In our estimation, SB169 would improve access to behavioral health services. Currently, regulation at 7 AAC 135.030(e) requires a mental health physician clinic to have a psychiatrist on premises for at least 30 percent of the time they are open in order to provide clinical supervision. The requirement has proven to be challenging in at

least three distinct ways: First, a limited number of licensed psychiatrists in Alaska has contributed to difficulties recruiting and retaining the workforce needed to meet behavioral health needs in our state. Secondly, the requirement that a psychiatrist be *on premises* does not take advantage of advances in technology that make the delivery of behavioral health services more efficient and more possible than ever, particularly in remote areas of the state. Finally, the requirement that the psychiatrist be onsite *at least 30% of the time* has proven to be logistically challenging, especially for psychiatrists providing supervision in multiple clinic settings. It is our understanding that current requirements have contributed to an environment that has discouraged mental health physician clinics from practicing and, as a result, there are very few (if any) mental health physician clinics operating in Alaska today. By allowing for supervision to occur remotely and by eliminating the requirement to provide supervision at least 30% of the time, SB169 helps address some of these challenges. As a result, ABHA anticipates that SB169 will help support and encourage behavioral health services offered through mental health physician clinics thereby improving access to treatment.

ABHA understands there is often a commensurate cost involved with increased access to services. Identifying and intervening in behavioral health disorders early is both cost-effective and helps limit the traumatic and disruptive impact on individuals, their families, and communities. The provision in SB169 allowing for remote supervision using available technology is also anticipated to reduce the overall cost of behavioral health treatment services.

Lastly, in regard to the potential impact on the quality of service delivery, current regulation at 7 AAC 135.030(d) allows for reimbursement of services provided only by certain licensed behavioral health practitioners operating in mental health physician clinics (explicitly including psychiatrists, psychologists, psychological associates, licensed clinical social workers, physician assistants, advanced nurse practitioners, psychiatric nursing clinical specialists, licensed marriage and family therapists, and licensed professional counselors). It requires the direct supervision of a psychiatrist (that would be permissible remotely through SB169) and requires the psychiatrist to assume responsibility for the treatment services delivered. Effectively, quality controls primarily rest on the individual practitioner's license. ABHA believes that strict enforcement of professional licensing requirements and oversight will help ensure good clinical practice. Additionally, ABHA recognizes that a value-based system requires access to accurate, meaningful, and comparable client health outcome data. A data reporting system has been developed and is universally required for community behavioral health providers; a similar system has yet to be developed for other provider types.

As a final consideration, ABHA believes that proposed changes to the service delivery system should be fair and equitable to all provider types. Unfairly advantaging certain provider types often results in much larger system consequences with downstream impact on Alaskans in need of behavioral health services and supports. We believe that all behavioral health providers should be subject to the same requirements.

In summary, the potential benefit SB169 offers Alaskans through increased access to behavioral health services outweighs any concerns about potential impacts on cost or quality, therefore the Alaska Behavioral Health Association is in support of Senate Bill 169.

Sincerely,



Tom Chard

Alaska Behavioral Health Association (ABHA)



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March 12, 2018

The Honorable Senator Cathy Giessel
State Capitol 427
Juneau, AK 99801-1182

Re: SB 169 – Medicaid: Behavioral Health Coverage – Support

Dear Sen. Giessel,

AARP Alaska, the state's largest member organization advocating for Alaskans 50+, is pleased to offer our support for SB 169, relating to Medicaid Behavioral Health Coverage. The primary impact of this bill will be on the ability of behavioral health providers to more flexibly render needed clinical services in community based settings and legitimately receive Medicaid payment for those services. Existing law requires supervision of behavioral health service providers by a psychiatrist, physically present on the premises at least 30% of the time. This generally requires the services to be rendered on those same premises.

SB 169 takes advantage of the increasing capacities of telehealth, and expands the definition of who may qualify to provide supervision to include a physician or advanced practice registered nurse. The supervision may be available either in the clinic (on the premises) or by communication device (e.g., phone or Skype).

The provisions of SB 169 would be very helpful in the provision of clinical mental health services to older adults. I can attest to this, having been the Director of Senior Services for Anchorage Community Mental Health Services, Inc., for many years.

Older people are not likely to seek mental health services in the first place, due to generational stigma, shame, and fear of the consequences of losing mental capacity. Rarely, in my experience, would a senior want to ride an AnchorRides bus and be seen getting off for an appointment at the mental health center. Nor would they welcome any diagnosis that threatened their sense of capability or independence.

Much more effective, we learned, was community outreach...to senior centers, congregate housing, and even individual home visits. Not only did this permit a more natural and personal relationship to be established, it often provided much more valuable clinical assessment information. A home visit could quickly reveal many tell-tale signs of problems....accumulating stacks of unread newspapers or bills, unturned pages of a calendar, spoiled food in the refrigerator, medications not taken correctly, etc. In addition, many positives could also be identified, such as other persons in the home, photos of family members, the presence and availability of neighbors, and observation of an individual's own coping skills and mastery of problems. Plus, on a senior's own turf, they did not have to feel as threatened and a trusting and therapeutic relationship could be more easily established.

Unfortunately, in those days, a few decades ago, services provided off premises of the community mental health center were not reimbursed. Ultimately, the specialized mental health services for older people had to be discontinued. It remains, even today, that there are not any specialized geropsychiatric services available in the state of Alaska. SB 169 could potentially revitalize interest and capacity for provision of clinical mental health services for Alaska's seniors.

It is also the case that older people typically have a trusting relationship with their primary care provider....whether physician or nurse practitioner. The ability for that provider to supervise the provision of mental health services would help ease the burden of psychiatric shortage, clinic wait lists, and uncompensated care. The provisions of SB 169 are urgently needed to help address the increasingly serious behavioral health needs of Alaskans of all ages.

We applaud your leadership on this important issue, Sen. Giessel, and wish successful passage and enactment of Senate Bill 169.

Respectfully,



Ken Helander

Advocacy Director

762-3314

khelander@aarp.org



AKCHILD & FAMILY

Senator Cathy Giessel
State Capital
Juneau, AK 99801

March 26, 2018

Dear Senator Giessel:

I am writing today in support of Senate Bill 169: Behavioral Health Coverage. As a provider of mental health services to children and their families, we have seen firsthand the devastation caused by delays in receiving mental health services. Parents with mental health or substance use disorders often are trying as hard as they can to raise their children. However, when there is depression, anxiety or substance use disorders involved, children don't get the parenting they need. Our organization treats hundreds of children each year with attachment disorder due to the inability of a parent to form a trusting and safe relationship with their own children.

By getting rid of the 30% rule and allowing physician supervision using technology from a distance, SB 169 will go a long way to support earlier intervention for people who need mental health services. While the simple act of allowing supervision through technology and not in person seems relatively small, it will help bring mental health services to many more people, thus helping families get help when the help is needed. Shortening the length of time it takes to gain access to much needed mental health services will, in the long run, not only affect the individual in need, but his or her whole family.

Please share this letter of support with your colleagues letting them know that they will be helping many Alaskans receive much needed help. I look forward to seeing the doors open up for people in need of help when they need it and where they need it.

Sincerely,

Denis McCarville
President and CEO
AK Child & Family



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

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March 27, 2018

Senator Cathy Giessel
Alaska State Capitol, Room 427
Juneau, AK 99801-1182

Subject: Support for SB 169, Medicaid, Behavioral Health Coverage

Dear Senator Giessel:

The Alaska Commission on Aging (ACoA) is pleased to offer support for SB 169 (RLS) "Medicaid, Behavioral Health Coverage, "Version U" that is authored by you. The prevalence of behavioral health conditions is increasing in Alaska due to critical gaps in the continuum of care. Many rural and remote areas of the state experience an acute lack of mental health services which further exacerbates the problem of access to care. In those areas with limited capacity, providers are unable to serve those without insurance coverage or ability to private pay which include many vulnerable, low-income people. While Alaska has mental health care professionals, including marital and family therapists, licensed clinical social workers, and clinic psychologists, there are constraints that limit how these providers can offer services.

The Commission agrees that SB 169 addresses this issue by (1) expanding options to meet the required mandate for clinical supervision to be conducted either onsite or remotely, utilizing telehealth and other communication devices to provide consultation, which will help to increase access for Alaskans living in rural and remote areas of the state at a reduced cost; and (2) allowing physicians, which includes both psychiatrists and physicians licensed under AS 08.54, to perform the required clinical supervision of behavioral health therapists.

Mental health and substance misuse issues are a growing concern for many Alaska seniors that have not received appropriate attention. Moreover, the aging of baby boomers is expected to increase the number and percentage of older adults having substance misuse disorders. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention, nearly one in five adults age 65+ has one or more behavioral health conditions defined as a mental health or substance use disorder. Based on 2017 Alaska population estimates for persons age 65 and older, 20% would amount to 16,600 older Alaskans. Many of these seniors have complex medical conditions including chronic pain, diabetes, cancer, and heart disease as well as mental health conditions, substance use disorders, and cognitive impairment such as dementia.

In comparison to their national counterparts, Alaska seniors have consistently higher rates for binge drinking, heavy drinking, smoking, obesity as well as a greater percentage reporting frequent mental distress, according to the Alaska Behavioral Risk Factor Surveillance Survey, 2016 findings. Age-adjusted mortality rates for persons age 65+ attributed to behavioral health causes are both higher among Alaska seniors than national averages for this age cohort and on the rise in Alaska for older adults. Alcohol use disorders, in particular, have been identified as a major risk factor for the onset of all types of dementia, based on a recent study published by the Lancet Public Health Journal (2018), including Wernicke-Korsakoff Syndrome, vascular

dementia, and young onset Alzheimer's. Further, substance misuse often increases a senior's risk for falls, particularly for those who take prescription medications.

SB 169 addresses the need to improve access to behavioral health care services by expanding options to meet the supervision oversight requirement for mental health therapists. Further, this legislation will help to offset emergency room charges through improved access to care as well as being of benefit to patients released from the Alaska Psychiatric Institute so that they are able to acquire their prescribed medications in a timely manner as these patients are only provided with a two-day prescription upon their release. ACoA supports SB 169 to advance access to care for more Alaskans, reduce costs, and improve utilization of our existing behavioral health workforce to provide more timely and appropriate behavioral health treatment for Alaskans of all ages.

Sincerely,



David A. Blacketer
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director

March 28, 2018

Senator Giessel
State Capitol Room Room 427
Juneau, AK 99801
Senator.Cathy.Giessel@akleg.gov

RE: SB 169 – Medicaid - Behavioral Health Coverage

Dear Senator Giessel:

The Alaska Mental Health Trust Authority fully supports SB 169.

Improving access to mental health services is a top priority for the Alaska Mental Health Trust Authority. Currently, statewide gaps in the continuum of care combined with gaps in health care coverage perpetuate a cycle of crisis response and create costly inefficiencies. We are hopeful that this bill will help move the state forward in reducing those gaps and inefficiencies.

The Alaska Behavioral Health Systems Assessment (produced by the Trust in 2016), estimated the prevalence rate of adults needing treatment for drug or alcohol treatment or a mental illness was approximately one in four. However, the behavioral health needs of many Alaskans are going unmet because of gaps in care, resulting in higher costs and poorer health outcomes.

This legislation will reduce the existing barriers for mental health physician clinics to offer mental health services, and, ultimately, allow for more Alaskans to access and receive necessary treatment to improve their quality of life. This legislation will also ultimately enhance the continuum of care for Trust beneficiaries.

Respectfully,



Michael K. Abbott
Chief Executive Officer



**MAT-SU HEALTH
FOUNDATION**

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March 4, 2018

Senator David Wilson
Chair, Senate Health and Social Services
Alaska State Legislature
120 4th Street
Juneau, AK. 99801

Dear Senator Wilson,

The Mat-Su Health Foundation strongly supports Senate Bill 169, "Medicaid, Behavioral Health Coverage," and we appreciate that it is being heard in the Senate Health and Social Services Committee.

The prevalence of mental health and substance abuse issues is increasing in the Mat-Su and statewide. There are severe gaps in the continuum of care for behavioral health, and these gaps cause minor problems to go untreated, often resulting in escalation that erupts in devastating and costly full-blown crisis. Sadly, Alaska's main paths to behavioral health care are emergency rooms and jail. We all know this isn't where we should be investing our state's dollars, but that is exactly what we are doing today.

In 2016 alone, 3,443 patients with behavioral health diagnoses went to the Mat-Su Regional Medical Center Emergency Department. Their charges totaled \$43.8 million, and that's not counting additional costs for law enforcement, 911 dispatch, and transportation, which were estimated at \$1.6 million for 2013 and are significantly higher today. The average annual growth rate for visits for patients with a behavioral health diagnosis to the Mat-Su Regional Emergency Department grew 20 percent from 2015 to 2017. Additionally, from 2014 to 2017, the number of behavioral health assessments required for patients in crisis in the emergency department grew from 349 to more than 1,000 – all in a hospital that does not currently provide behavioral health care.

In the Mat-Su Health Foundation's 2013 Mat-Su Community Health Needs Assessment, the people of Mat-Su told us that the top five health issues they were concerned about were all related to mental health and substance abuse. Mat-Su citizens want an improved and coordinated system of care that makes treatment for behavioral health more readily accessible. Thousands of Alaskans of all ages – children, families, and older Alaskans - are struggling with mental health concerns. They came from all walks of life, and they live all across our great state. One thing they have in common is that they have problems that they simply cannot tackle on their own. Another thing they have in common is that there is not enough access to behavioral health care. This legislation helps address these issues. It will improve access, reduce cost, and – most importantly – help people to get the care they need.

Sincerely,

Chief Executive Officer

Cc: Senators Giessel, von Imhof, Micciche, Begich



Standing
Together
Against
Rape

Crisis Intervention Advocacy Education Prevention

March 27, 2018

Dear Legislators:

STAR is in full support of SB169, critical legislation to reduce barriers to mental health care so desperately needed throughout our state. The existing state regulation requiring the presence of a supervising psychiatrist on site at a mental health clinic 30% of the time in order to bill Medicaid has resulted in unnecessary backlogs and waiting lists of up to a year in Anchorage and longer elsewhere in rural parts of the state.

This waiting list applies to victims of sexual assault and abuse trauma, both children and adults. Crime victim compensation is an option to those who reported the crime(s) to police, but can still take months to apply benefits, while survivors are asked to pay for services out of pocket. It is unconscionable to make those suffering wait for needed services, while the trauma impacts continue unabated and permeate their entire lives.

The far ranging impacts of trauma can worsen dramatically without intervention. Trauma responses to sexual assault include developing anxiety disorders, fear of public spaces, panic attacks, depression and losing a sense of one's self. These responses can and do cause survivors to miss work or school, fear moving around in the world, and can spiral to loss of employment, dropping out of school, losing their home, and becoming homeless. Ultimately, depression can lead to suicidal ideation and loss of life. With proper intervention and trauma therapy, individuals can be supported in their healing process and learn de-escalation and coping strategies to help recognize and manage their trauma responses.

SB169 effectively manages the supervisory mandate by allowing a physician (not just a psychiatrist) to supervise mental health providers either in person or by communication device. Utilizing modern technology in medicine, especially in such a geographically sparse state like Alaska, is crucial to expanding critical access to - and reducing unnecessary barriers for - behavioral health care to Alaskans.

Please pass SB169 to ensure behavioral health care access to all Alaska residents.

Sincerely,

Keeley Olson
Executive Director

STAR's mission is to provide quality crisis intervention, education and advocacy services to victims of sexual assault, sexual abuse, their families and our community.

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Web www.staralaska.com

24-Hour Crisis Line 907.276.7273
Relay Alaska
Toll Free 800.478.8999

19 February 2018

To whom it may concern,

The intention of this letter is to express my support of SB 169 which changes "supervision" by a psychiatrist physically present in the clinic to supervision that is able to be complete via telemedicine, or from a distance. In addition, I support changing "psychiatrist" to "physician" in order to increase access to this requirement, thereby reducing the waitlist for therapy services provided to Medicaid recipients.

I am a psychiatric nurse practitioner and a small business owner within the Anchorage community. I see clients for medication management, assessments, diagnoses, individual and group therapy. More than 60% of my clients are on Medicaid. Currently, any clients that I refer out for therapy on an outpatient basis are facing exorbitant wait times for those services. On average, the current wait to receive therapy services as a Medicaid recipient from an outpatient clinic is over 18 months in the Anchorage area.

Part of the reason that these services are so hard to find is the requirement that necessitates a clinic having a psychiatrist on site 30% of the time in order for therapists to bill for outpatient therapy services. As a nurse practitioner, I may bill Medicaid for therapy services independently of a psychiatrist. However, I cannot hire a therapist at my clinic, as we do not have a psychiatrist present at my clinic. This means that I am extremely limited in what services I can provide for Medicaid recipients, and ultimately, I provide more medication and outpatient medication management visits, which are more costly than therapy visits. If the requirement were loosened to include "physician" and also so that the supervision could be done off site, I would consider contracting with a physician to provide this oversight, so that I could hire a therapist(s), reducing the waitlist in the community, and ultimately improving outcomes and reducing costs for mental health patients.

I know other facilities would benefit from this as well.

In addition, the requirement that the physician be a psychiatrist is also restrictive. There is already a shortage of psychiatrists in the State of Alaska. Many facilities are contracting out of state for psychiatric coverage. The federal language only requires a physician supervision. Changing the State of Alaska requirement to read "physician" may also help reduce the burden of long waits and long wait lists, as well as increase the likelihood that a therapist can bill Medicaid for their services.

With these two changes made, you may find other clinics are willing to begin providing therapy services for outpatient Medicaid clients.

Please do not hesitate to contact me for further information.

Respectfully,



Dr. Tracey Wiese, APRN, FNP-BC, PMHNP-BC

Owner: Full Spectrum Health, LLC

ALASKA STATE LEGISLATURE

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North to the Future

Senator Cathy Giessel

Senate District N

Senate Bill 169 Medicaid: Behavioral Health Coverage CS for SB 169 (RLS) Sectional Analysis (vsn U)

Section 1: Amends 47.07.030 (“Medical services to be provided.”) by adding a new subsection that defines “direct supervision” for purposes of medical assistance coverage to mean supervision by a physician licensed under AS 08.64.

It states that direct supervision can be accomplished either in person or by communication device and outlines the requirements of the supervisory role.

Chair Senate Resources Committee
Senator.Cathy.Giessel@akleg.gov

ALASKA STATE LEGISLATURE

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North to the Future

Senator Cathy Giessel

Senate District N

Summary of Changes

SB 169 Medicaid: Behavioral Health Coverage

Original vsn D to vsn O(HSS) and Vsn O(HSS) to vsn U(RLS)

These changes were made from original version "D" to CS vsn "O":

These changes were made in the SHSS Committee:

- Broadened the supervisory role by changing "psychiatrist" to "physician or an APRN certified to provide psychiatric or mental health services"
- Added 5 points that describes the responsibilities of the supervisory role:
 - (1) Provide clinical consultation or oversight to the supervisee;
 - (2) Approve behavioral health treatment plans;
 - (3) Review each case to determine the need for continued care;
 - (4) Ensure that the services provided to recipients of behavioral health clinic services are medically necessary and clinically appropriate; and
 - (5) Assume professional responsibility for the services provided

These changes were made from CS version "O"(HSS) to CS vsn "U"(RLS):

This change was made in the Senate Rules Committee:

It removed the APRN psych nurse from the bill because it did not conform to current federal law.

Chair Senate Resources Committee
Senator.Cathy.Giessel@akleg.gov



Access to Behavioral Health

SB 169 version U

Senator Cathy Giessel, MS, RN, APRN, FAANP

Defining Behavioral Health

- ▶ **Mental and emotional well-being, and actions that affect wellness** – US Substance Abuse and Mental Health Services Administration (SAMHSA)
- ▶ **Includes substance use disorders, alcohol and drug addition, serious psychological distress, suicide, mental disorders.**
- ▶ **Appropriate clinical and support services: individual and group counseling, psychotherapy, medication and case management**
- ▶ **Encompasses emotional health promotion, prevention and recovery support**

The URGENT Problem

Alaska leads the nation in Suicide, Domestic Violence, Child Abuse, Substance Abuse and Misuse

- ✓ **Suicide more than TWICE national average**
- ✓ **66% of adults in AK have TWO or more ACES (Adverse Childhood Events)**
- ✓ **20% of adults in AK diagnosed with behavioral health disorder**

The URGENT Problem

Lack sufficient BH (behavioral health) clinicians and services

SB 74 (Medicaid Reform) 2015

- ✓ **Expand BH services through expanded clinician base**
- ✓ **Remove administrative rule and licensing restrictions that limit**

Division of BH assurances to remove AAC 135.030 (d),(e) limits who can provide Medicaid-reimbursed BH services

Division of BH came back in 2017 = statute change needed

AAC 135.030 (d), (e)

Rule says:

Services provided by a MH (mental health) physician clinic only, if

- ✓ **Services provided by psychiatrist or under direct supervision of psychiatrist**
- ✓ **“Direct supervision” means that psychiatrist is on the premises of the MH physician clinic at least 30% of the time the clinic is open**

Resulting BH Access Crisis

Very few clinics can accept clients for Medicaid-billed BH services

Waiting lists of 2-2 ½ years

Alaskans can't access outpatient services needed

RESULT - Emergency Rooms (ERs) are seeing them

- ✓ Holding patients for days in ER beds (one report - 13-14 days)
- ✓ Patient meal trays to ER - automatically "safe trays"

MOST EXPENSIVE services

INAPPROPRIATE USE

NOT EFFECTIVE CARE

Efforts by Division of BH

Since passage of SB 74 (Medicaid Reform) - no improvement in access

- ✓ **Application to CMS for 1115 BH Waiver Demonstration**
- ✓ **Completed February 15**
- ✓ **Public comment through April 15**
- ✓ **Best case scenario: 2 more years to final approval, implement**

Efforts by Division of BH

1115 Waiver goals

- ✓ Rebalance current BH system of care to reduce over-reliance on acute care and shift to community or regionally-based care
- ✓ Intervene as early as possible, before symptoms cascade into functional impairment
- ✓ Improve overall BH system accountability by reforming system

Great goals but...

ALASKANS WITH Behavioral Health NEEDS CAN'T WAIT 2 MORE YEARS!

Alaska NEEDS

Division of BH reports FY 17:

- ✓ Total treatment and recovery service population = 28,000
- ✓ Total Prevention and early intervention population = 388,000
- ✓ Medicaid Expansion increase = 5,000 (adults)

Alaska NEEDS

SB 91 (2016)

- ✓ Parolee rehabilitation (BH or substance use disorder (SUD))
- ✓ Vivitrol trial for seriously addicted parolees
- ✓ Must be paired with BH services

Juvenile Justice

- ✓ **4 Division of Juvenile Justice detention facilities**
- ✓ **Houses most serious and chronic offenders**
- ✓ **Delivery of treatment to address behavioral health needs**

Office of Children's Services

Calendar year 2017

- ✓ More than 20,000 protective services reports
- ✓ More than 10,000 reports screened
- ✓ 1,303 children removed from home
- ✓ 4,214 total children in "out of home" care

Each of these children represent **Adverse Childhood Experiences**

As they accumulate, ACES leads to behavioral health and physical health issues that **impact for lifetime.**

Prevention saves money and suffering. Means having Behavioral Health services available for these kids.

What's happening?

The few clinics that have Medicaid approved providers or have received waivers/grants to bill Medicaid...

They must limit their clientele to the most severe cases or those leaving the correctional system

Alaska psychiatrists

Only 85 psychiatrists in the entire State of AK (2015-16 Primary Care Needs Assessment, Alaska Division of Public Health)

Alaska has variety of Clinicians

Other Alaska BH therapists:

Clinical psychologists - 321

Clinical social workers - 921

Marital & Family Therapists - 117

Licensed Professional Counselors - 758

SB 169 (version U) does...

- ✓ **BH clinic services - supervision by physicians**
- ✓ **Either in person or by communication device**
- ✓ **Direct supervision required for MFT, LCSW, counselors, psychologists**

SB 169 does...

- ✓ **“Direct supervision” definition updated to include either in person or by a communication device**
- ✓ **Criteria for supervision are listed**
- ✓ **Effective Date - 90 days after Governor signs**

SB 169 Opens Doors

Address Behavioral Health Access
Crisis NOW

Expand telehealth to effectively serve
rural areas

ALASKANS CAN'T WAIT 2 MORE YEARS
TO ACCESS BH Services

Support

- ✓ **MatSu Health Foundation**
- ✓ **Governor's Council on Disabilities and Special Education**
- ✓ **Alaska Behavioral Health Association**
- ✓ **Alaska Primary Care Association**
- ✓ **Alaska Council of School Administrators**
- ✓ **AARP**

The background features abstract green geometric shapes, including triangles and polygons, in various shades of green, positioned on the left and right sides of the page.

We can increase Access to Behavioral Health Now!

SB 169

Senator Cathy Giessel, MS, RN, APRN, FAANP

SB169 Medicaid: Behavioral Health Billing Info Points

- **It is widely known that Alaska lacks sufficient behavioral health services to meet the needs of a growing segment of Alaskans needing behavioral health treatment**
- **Since 2016 Medicaid Reform discussions, access to mental health services has not improved, with waitlists as long as 18 months to 2 years**
- **There are only a few clinics in Anchorage that can accept clients for mental health services and can bill Medicaid, and few smaller ones who can take a handful of clients**
- **Clinics must be physician-owned and supervised by a psychiatrist in order for providers to bill Medicaid – this drastically limits access to vital mental health care**
- **The Recidivism Reduction Program established through SB 91 in 2016 was established to help rehabilitate parolees, most of who desperately need mental health and/or substance abuse services. Department of Corrections is experimenting using Vivitrol with seriously addicted parolees but this must be paired with mental/behavioral services, and this is not happening as it should.**
- **2016 multi-dimensional Medicaid Reform bill directed DHSS to apply for Section 1115 Medicaid Behavioral Health Demonstration Waiver to assist in comprehensive and integrated behavioral health system, linking networks of providers and clinical disciplines to deliver care over a 5-year period. The waiver is STILL not off the ground and the numbers of patients on waiting list continues to grow.**
- **CS for SB169 would allow physicians to supervise behavioral health clinics by consultation or communication device (Telemedicine), allowing more behavioral health providers to offer their services, bill Medicaid, and hopefully get them treated on the front end, which is cheaper, rather than in the more expensive ER rooms or hospitals.**

~ Giessel office 3-26-18

CS FOR SENATE BILL NO. 169(HSS)
IN THE LEGISLATURE OF THE STATE OF ALASKA
THIRTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): SENATOR GIESSEL

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the definition of 'direct supervision' for purposes of medical**
2 **assistance coverage of behavioral health clinic services."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 *** Section 1. AS 47.07.030 is amended by adding a new subsection to read:**

5 (h) For purposes of medical assistance coverage, the department may require
6 behavioral health clinic services to be provided by or under the direct supervision of
7 either a physician licensed under AS 08.64 or an advanced practice registered nurse
8 licensed under AS 08.68 who is certified to provide psychiatric or mental health
9 services. In this subsection, "direct supervision" means that a physician licensed under
10 AS 08.64 or an advanced practice registered nurse licensed under AS 08.68 who is
11 certified to provide psychiatric or mental health services is available, either in person
12 or by a communication device, to

13 (1) provide clinical consultation or oversight to the supervisee;

14 (2) approve behavioral health treatment plans;

- 1 (3) review each case to determine the need for continued care;
- 2 (4) ensure that the services provided to recipients of behavioral health
- 3 clinic services are medically necessary and clinically appropriate; and
- 4 (5) assume professional responsibility for the services provided.

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version:	CSSB 169(RLS)
Fiscal Note Number:	2
(S) Publish Date:	3/26/2018

Identifier: SB169CS(RLS)-DHSS-BHA-3-23-18
 Title: MEDICAID: BEHAVIORAL HEALTH COVERAGE
 Sponsor: GIESSEL
 Requester: Senate RLS

Department: Department of Health and Social Services
 Appropriation: Behavioral Health
 Allocation: Behavioral Health Administration
 OMB Component Number: 2665

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2019	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2019 Request	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES	FY 2019	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? no
 If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version/comments:

CS SB 169 (RLS) version "U" defines who can provide supervision for behavioral health clinic services; allows supervision to be provided in person or by communication device; and, adds a list of purposes for supervision. While it does not change the dollar amount of this fiscal note, it does require a revised analysis of the bill's impacts.

Prepared By: Randall Burns, Division Director
 Division: Behavioral Health
 Approved By: Shawnda O'Brien, Asst. Commissioner
 Agency: Health and Social Services

Phone: (907)269-5948
 Date: 03/22/2018 10:00 AM
 Date: 03/22/2018

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

Analysis

CS SB169(RLS), version "U" amends AS 47.07.030 *Medical services to be provided* by adding a new subsection (h) stating for purposes of medical assistance coverage, the Department of Health and Social Services may require behavioral health clinic services be provided by or under the direct supervision of a physician licensed under AS 08.64.

The bill would allow the supervision to be provided either in person or by a communication device. Adding supervision by a communication device provides viable alternatives to on-site supervision.

The bill enumerates purposes of the supervision to include

- (1) provision of clinical consultation or oversight to the supervisee;
- (2) approval of behavioral health treatment plans;
- (3) review of each case to determine the need for continued care;
- (4) assurance that the services provided to recipients of behavioral health clinic services are medically necessary and clinically appropriate; and
- (5) assumption of professional responsibility for the services provided.

There are no costs associated with this bill for the Division of Behavioral Health.



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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HEALTH CORPORATION

CHICKALOON VILLAGE
TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER
NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN
INDIAN COMMUNITY

KODIAK AREA
NATIVE ASSOCIATION

MANILAQ ASSOCIATION

METLAKATLA INDIAN
COMMUNITY

MT. SANFORD
TRIBAL CONSORTIUM

NATIVE VILLAGE
OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE
OF TYONEK

NINILCHIK
TRADITIONAL COUNCIL

NORTON SOUND
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL
FOUNDATION

SOUTHEAST ALASKA REGIONAL
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM
HEALTH CORPORATION

VALDEZ NATIVE TRIBE

Honorable Cathy Giessel
State Capitol Room 427
Juneau AK, 99801

Re: Support for Senate Bill 169 Medicaid: Behavioral Health Coverage

Dear Senator Giessel,

Established in 1968, Alaska Native Health Board (ANHB) serves as the statewide voice on Alaska Native health issues. ANHB is a 28-member tribal organization representing tribes and tribal organizations carrying out health services on behalf of the 229 federally recognized Tribes in Alaska, and works on behalf of over 168,000 Alaska Native People. ANHB's purpose is to promote the spiritual, physical, mental, social and cultural well-being and pride of Alaska Native people. As the statewide tribal health advocacy organization, ANHB assists tribal partners, state and federal agencies with achieving effective communication and consultation with tribes and their tribal health programs.

On behalf of ANHB, we are writing to support Senate Bill 169 Medicaid: Behavioral Health Coverage. Alaska suffers some of the greatest behavioral health challenges of any State. Alaska has amongst the highest rates of suicide, domestic violence, alcohol and substance abuse and more with communities spread over 660,000 square miles. The Health Resources & Services Administration has designated all of rural Alaska as a Mental Health - Health Professional Shortage Area. Alaska already faces challenges as a health care provider shortage designated area, expanding the limited (specific) requirement to have a "psychiatrist" to the more inclusive "physician" will help remove a barrier to access to care.

Alaska has been innovative in seeking solutions to such challenges and instituting Telehealth approaches early on. The current and limiting requirements, however, that require a psychiatrist be on the premises and onsite at least 30% of the time, serves as an unnecessary barrier and limits access to care given Alaska's unique challenges and the desperate need.

ANHB supports removing barriers to care and instituting approaches that maximize current available capacity by making the provider type more inclusive. ANHB recognizes the benefits of this more integrative approach will allow the filling of gaps to care and support comprehensive approaches. SB 169 promises to accomplish this and we thank you for your leadership sponsoring this bill.

Sincerely,

Verné Boerner
ANHB President and CEO