



February 16, 2022

The Honorable Liz Snyder
Co-Chair, Alaska House Health & Social Services Committee
Alaska House of Representatives
120 4th St., Room 421
Juneau, AK 99801

The Honorable Tiffany Zulkosky
Co-Chair, Alaska House Health & Social Services Committee
Alaska House of Representatives
120 4th St., Room 416
Juneau, AK 99801

RE: ATA ACTION COMMENTS ON HOUSE BILL 265

Dear Co-Chairs Snyder and Zulkosky,

On behalf of ATA Action, I am writing you to comment on House Bill 265 as it relates to telehealth.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services – including teledentistry services – across the care continuum. ATA Action supports the enactment of state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

House Bill 265 would explicitly make clear that providers may deliver telehealth services without an in-person exam if the provider's license is in good standing and allow out-of-state providers not licensed in Alaska to render telehealth services to patients referred by someone licensed in Alaska or under a federal or tribal health care program. The proposed legislation would also permit physicians to prescribe controlled substances via telehealth, removing a requirement that an appropriate and licensed health care provider must be physically present with the patient receiving the controlled substance.

ATA Action supports the Legislature's efforts to expand access to high-quality health care by allowing Alaska-licensed providers to treat patients via telehealth without a prior in-person examination. We believe that so long as the provider of telehealth services has determined, in his or her professional opinion, that the technologies used to deliver care are appropriate to meet the standard of care for the condition presented by the patient, providers should be able to utilize the

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full range of telehealth technologies to establish relationships with patients and provide care virtually. Eliminating this clinically unsupported requirement will make it far easier for Alaskans – especially those in remote locations – to access the health care they need.

Our organization approves of the Legislature’s efforts to ensure that physicians, osteopaths, physician assistants can prescribe controlled substances, where appropriate, via telehealth without conducting an in-person examination so long as the prescriber of these substances otherwise complies with requirements under federal law. ATA Action maintains that the choice about a patient’s care plan, including the technology utilized to render care, should ultimately be the decision of an empowered patient and his or her provider, one that is made in accordance with the standard of care. We believe that permanent policy should focus on ensuring that patients can use telehealth technologies to receive prescriptions for substances that fall under the Schedule III and IV categories, as well as Schedule II substances (stimulants only) under certain circumstances and certain medications utilized to treat patients with substance use and opioid use disorders (e.g., suboxone, naloxone, buprenorphine), provided the prescriber of these substances otherwise complies with requirements under federal law.

However, we strongly encourage the Legislature to extend the permission to prescribe controlled substances via telehealth without an in-person exam to advanced practice registered nurses in addition to physicians, podiatrists, osteopaths, and physician assistants. Since the Legislature considers prescribing controlled substances virtually to be within the scope of practice for APRNs, the in-person examination requirement is clinically unsubstantiated. So long as the APRN is using technologies sufficient to meet the standard of care for the condition presented by the patient, he or she should be able to use telehealth technologies to prescribe controlled substances, provided the prescriber of these substances otherwise complies with requirements under federal law.

Finally, we also appreciate the Legislature’s efforts to permit providers not licensed in Alaska to deliver telehealth services to patients referred to them by an Alaska-licensed provider. Our organization believes that Alaskans should be able to receive virtual care from their preferred provider – regardless of that provider’s physical location – so long as the provider is licensed and in good standing in his or her home state, is utilizing the appropriate technology to uphold the established standard of care, and can still be held accountable by the appropriate Alaska boards and state agencies should any issues arise from treatment. By granting practice privileges to out-of-state health care providers who maintain good standing in their own states, Alaska patients will have the opportunity to connect with qualified practitioners whenever and wherever their need for care arises. Policies which enable out-of-state providers to practice at the top of their licenses and deliver high-quality health care via telehealth remove arbitrary geographical barriers that limit patients’ access to the health care services they want, need, and deserve.

While we believe that this provision is a step forward for Alaska’s state telehealth policy, we suggest removing the requirement that out-of-state providers not licensed in Alaska deliver telehealth services only to patients referred to them by Alaska-licensed providers and encourage

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additional licensure flexibilities. Instead of insisting that Alaska-licensed providers connect Alaskans with providers licensed in other states, the Legislature should ensure that all telehealth interactions undertaken by Alaska patients are held to the same standard of care – regardless of where the provider is licensed or located.

States like Florida have taken steps to remove these sorts of barriers to access to affordable, quality care, implementing licensure flexibilities that allow out-of-state providers who are licensed and in good standing in their home states to practice without having to navigate the often-burdensome licensure requirements of other states. These sorts of public policy experiments were met with great success after the onset of the pandemic, as patients with non-emergent conditions were given the opportunity to receive timely care via telehealth technologies not only for COVID-related illnesses but also for a myriad of other chronic and acute issues. In response to these flexibilities, our member organizations leveraged their technology platforms and provider networks to increase the supply of health care professionals to meet surges in demand, ultimately serving millions of Americans who would otherwise never have received care. Notably, there was not an increase in documented patient complaints nor harm to patients from the implementation of this policy nationwide.

Thank you for the opportunity to comment. Please do not hesitate to let us know how we can be helpful to your efforts to advance common-sense telehealth policy in Alaska. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written over a light gray grid background.

Kyle Zebley
Executive Director
ATA Action