

April 4, 2023

Ms. Susan Dunkin
Department of Health
Division of Healthcare Services
4601 Business Park Blvd, Bldg K
Anchorage, AK 99503
susan.dunkin@alaska.gov

Re: Proposed changes to regulations for Medicaid coverage and payment for services delivered through telehealth modalities

Dear Ms. Dunkin,

For 70 years, the Alaska Hospital & Healthcare Association (AHHA) has served as a non-profit trade association representing Alaska's hospitals, nursing homes, and other healthcare partners across the continuum of care. AHHA members play an invaluable role, both as community providers and essential employers, in cities, towns, and villages across Alaska.

We appreciate the opportunity to provide written comments on the Department of Health's proposed regulation changes in Title 7 of the Alaska Administrative Code to implement the requirements of HB 265. We appreciate the intent of HB 265 and these proposed changes to regulation as they will help continue many telehealth flexibilities that were implemented in response to the COVID-19 public health emergency, and allow Medicaid recipients to access care across Alaska.

AHHA commends the Department on its proposed changes to regulations as they generally align well with the statutory changes from HB 265. However, there are some issues that AHHA wishes to highlight.

The first item for comment is the effective date of the regulations. The federal public health emergency ends May 11, which means it is more likely than not there will be a gap between this expiration and the effective date of regulations implementing the changes to telehealth from HB 265. Since HB 265 and any corresponding regulations are designed to preserve many of the telehealth flexibilities afforded during the public health emergency, it is critical the Department act to prevent any flexibilities or services from ending during this gap to the extent possible under its authority.



Our next comment pertains to telehealth modalities as described in 7 AAC 110.625. More specifically, subsection (a)(2) contains wording that appears to not be broad enough to include all forms of information that can be included in telehealth delivery. We recommend adding the word “data” after “digital images” in that paragraph.

Moving to subsection (b) of 7 AAC 110.625, we are concerned about this entire section because it appears to be using terms that are either not found in the legislation or carefully worded in the definitions section. For example, the term “online digital service” is overly broad.

We are especially concerned by paragraph (3) in 7 AAC 110.625(b), which disallows reimbursement for a patient initiating a discussion within certain timeframes. This limitation could be detrimental for those experiencing a behavioral health crisis because the 24 to 72 hours following such a crisis are often the precise time when a person needs help, and telehealth is crucial to getting that help. If a person is experiencing a behavioral health crisis, we should make it as easy as possible for them to connect with providers as often as needed.

Our last comment is directed at 7 AAC 110.630. Paragraph (1) specifies “licensed” providers, but these are not the only provider-types that provide telehealth services. This can be cured by recognizing appropriately licensed or “certified” providers.

In closing, we thank the Department for its support of telehealth services and its work to increase appropriate access to care for all Alaskans.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Kosin'.

Jared C. Kosin, JD, MBA
President & CEO