



THE STATE
of **ALASKA**
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STATE MEDICAL BOARD

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STATEMENT REGARDING TELEHEALTH LEGISLATION

March 3, 2022

The Alaska State Medical Board held a special meeting on March 3, 2022 and adopted the following statement:

The Alaska State Medical Board is a regulatory and adjudicatory Board for many medical practitioners in our Great State. We support any legislation that promotes safe and expanded access to healthcare. The Board has also recognized in the past as it does now the importance of Telemedical practice in all of its forms. Geography frequently determines policy. In a state such as Alaska this is the rule not the exception.

We at the Alaska State Medical Board have recognized the need for a separate and distinct licensure type for Telemedicine. This need arises out of the complex and rapidly expanding field of Telemedical practice.

However, a “one-size fits all” approach to Telemedicine licensure for Alaska does not meet our regulatory needs or provide the protections our patients deserve. Observation has led us to the conclusion that there are three types of Telemedical practice, each of which requires their own consideration:

Category 1: Practitioners who reside and practice in-State.

Category 2: Practitioners who reside out of State but have a history of in-person contact with the patient. In this category, a patient was likely referred to an out-of-state provider for specialty treatment and follow-up care is needed with the treating out-of-state specialist. Another form of out-of-state care via telemedicine is a high-level consultation that is requested without the necessity of in-person examination. And of note, there are many Alaskans who self-refer to care outside of Alaska that involves in-person examination and treatment and may require follow-up when they return to the State via telemedicine.

Category 3: Practitioners who reside out-of-state, who will have no history of in-person contact. Care in this category is provided solely through the internet or other communication devices where there is no history of in-person contact nor will there ever be any in-person contact.

The best path forward would be for the legislature to assist us with developing an integrated Telemedicine licensure/regulation project.

Any legislation that affects patient care has to be grounded in not just access and convenience, but most importantly in safety. The basic question that is asked when reading a legislative bill is how will it affect patient care, and how will this effect enhance or diminish the Alaska State Medical Board's ability to act as a regulatory and an adjudicative body to protect patients and assist our constituent practitioners in delivering quality care. Therefore, any new legislation that regulates Telemedicine needs to be flexible and allow the Board the ability to develop licensure regulations in a robust and uninhibited fashion.

Legislative bills that concern Telemedicine must have basic defined standards that allow the Board to function. All practitioners who treat Alaskan patients must be able to be identified through established criteria. There cannot be any practitioner exemptions. Telemedical prescriptive privilege whether prescribed in-state or out-of-state regardless of the medication type needs to be clearly defined. The Board needs to unambiguously have the ability to pursue quality issues for those who reside out-of-state. Definitions of medical activity need to be clear and consistent with the changed reality that Telemedicine brings. The activities and role of medical surrogates need to be clearly elucidated when they function as the intermediary during Telemedical examinations. Any new legislation cannot encumber the Board's ability to create new regulation in the future by creating piecemeal structures for political convenience.

Therefore, the Board supports the expansion of Telemedical practice in all of its forms. However, we need the tools to be able to adequately protect the patients of this Great State. This can be done simply by recognizing the ways Telemedicine is evolving.