



POLICY BRIEF

ALASKA
POLICY FORUM

Licensing Recognition for Telehealth Providers in Alaska

Health-care costs in Alaska are high, and accessibility to quality care is often difficult, made only more so by the COVID-19 pandemic.¹ While lowering health-care costs will take a multifaceted response, one solution is to expand telemedicine services by granting recognition to out-of-state medical practitioners with licenses in good standing for the purpose of providing telehealth services in Alaska. Doing so would increase accessibility to quality health care for Alaskans and improve competition, leading to lower costs.

Telehealth came early to Alaska, in 1971 when the National Library of Medicine chose 26 sites in Alaska to test delivery of telemedicine via satellite communications.² As an early adopter, Alaska has continued to refine and expand its telehealth options over the years. While telehealth in the Last Frontier may be robust compared to other states, there is a glaring defect. Per state law, all medical practitioners providing telehealth in Alaska must be licensed by the Alaska State Medical Board. In other words, licensed medical providers in good standing in other states are not considered good enough to provide telemedicine services to Alaskans.

This requirement is particularly illogical considering Alaska's shortage of medical providers.³ Alaska has no medical school and thus produces no "homegrown" doctors. With many areas that have a shortage of primary

care providers, telemedicine is sometimes the only means of provision. This lack of providers also contributes to Alaska's extremely high health-care costs. Creating more competition by allowing providers in other states to practice telemedicine in Alaska will apply downward pressure to Alaska health-care costs.

In the spring of 2020, in response to the pandemic, some Alaska telemedicine licensing regulations were temporarily loosened.⁴ These include allowing certain licensed providers in good standing in other states the ability to practice telemedicine in Alaska, without getting licensed in Alaska as well. Additionally, under the emergency declaration, telehealth providers licensed in another state need not be required to first have a face-to-face visit with a patient before any remote appointments.

Alaska should make these changes permanent – getting rid of barriers that keep duly qualified healthcare providers from practicing virtually in Alaska simply because they are licensed in another state. With the simple process of registration, Alaska should automatically grant a license to any provider in good standing in another state who wishes to practice telehealth in Alaska. Granting an Alaska license to these telehealth practitioners would allow the state to hold practitioners liable in case of malpractice.

At least three other states already use this “registration only” process for telemedicine: Minnesota, Florida and Maine. At least seven additional states have universal licensing recognition, to include medical providers (and not just for telehealth). These states are Arizona, Missouri, Pennsylvania, Utah, Idaho, Iowa and Montana.⁵

Increased access to telemedicine would grant more options to those Alaskans with few healthcare providers nearby and increase competition, which would help decrease health-care costs. In addition to more competition, greater accessibility, and reduced costs, utilizing telemedicine can help decrease the amount of in-person contact between potentially sick people, which has become particularly important since the start of the pandemic.⁶ Long-term telemedicine reform can keep Alaskans healthy while also protecting their pocketbooks. The time has come for Alaska to move forward with licensing recognition for telehealth providers.

Contact Alaska Policy Forum to Learn More

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¹ Benedic Ippolito, Controlling Health Care Costs in Alaska, Alaska Policy Forum, June 30, 2020, <http://alaskapolicyforum.org/wp-content/uploads/2020-06-30-APF-Health-Care-Costs-in-AK.pdf>.

² Chris Patricoski, (2004), "Alaska telemedicine: growth through collaboration," *International Journal of Circumpolar Health*, 63:4, 365-386, <https://www.tandfonline.com/doi/pdf/10.3402/ijch.v63i4.17755>.

³ Casey Leins, "Rural Western States Work Together to Tackle Physician Shortages," U.S. News & World Report, August 21, 2019, <https://www.usnews.com/news/best-states/articles/2019-08-21/rural-western-states-work-together-to-tackle-physician-shortages>.

⁴ COVID-19 Outbreak Health Order No. 2: Courtesy Licenses/Telehealth/Background Checks, State of Alaska, November 15, 2020, <https://covid19.alaska.gov/wp-content/uploads/2020/11/Outbreak-Health-Order-No-2-Courtesy-Licenses-Telehealth-Background.pdf>.

⁵ Michael Slabinski and Carly Good, "Universal Recognition: A State-Based Solution for Licensed Workers," American Legislative Exchange Council, October 12, 2020, <https://www.alec.org/article/universal-recognition-a-state-based-solution-for-licensed-workers/>.

⁶ Marie Fishpaw and Stephanie Zawada, "Telehealth in the Pandemic and Beyond: The Policies That Made it Possible, and the Policies That Can Expand Its Potential," The Heritage Foundation, July 20, 2020, <https://www.heritage.org/health-care-reform/report/telehealth-the-pandemic-and-beyond-the-policies-made-it-possible-and-the>.