ALPHA Resolution

2011-01: Health Information Technology Funding Support

WHEREAS the adoption and implementation of health information technology (IT) at Community Health Centers (CHCs), Public Health Centers and other safety-net providers results in improved health services and outcomes; and

WHEREAS “The Health Resources and Services Administration [HRSA] promotes the widespread availability and use of digital networks to improve access to health care services for people who are uninsured, isolated or medically vulnerable;” and

WHEREAS HRSA defines health IT as “the use of computer applications to record, store, protect, retrieve, and transfer clinical, administrative, and financial information electronically within health care settings. The ultimate goal of health IT is to improve the quality and efficiency of patient care;” and

WHEREAS federal government mandates require the implementation of electronic health systems for reimbursements of health services which necessitates essential funding for electronic health systems at CHCs; and

WHEREAS health IT improves the quality of available data, the capacity to transfer and transmit data, and the security of confidential records, and health IT enables providers and clinics to share data, reports, templates and other resources and the ability to easily share more data with other partners; and

WHEREAS due to the isolated nature of many of Alaska’s communities, access to dedicated IT staff or resources is limited and inadequate; consequently, many remote clinics and hospitals have an urgent need for stable, reliable technology with centralized staff support to assist their clinical and Practice Management (PM) operations; and

WHEREAS the State of Alaska demonstrated support by appropriating $2.5 million in 2008 for health IT infrastructure for the Alaska Community Health Integrated Network which is currently serving 6 of the 25 CHCs, but further support is necessary to fully implement quality health IT in all of Alaska’s 25 CHCs and 142 delivery sites; and
WHEREAS the Alaska Legislature passed SB 133 which creates mechanism for receiving federal stimulus funding for a health information exchange for Alaskans, connecting all health care providers in the state.

THEREFORE BE IT RESOLVED The Alaska Public Health Association supports continued funding and grant opportunities for the adoption and implementation of health information technology at Alaska’s Community Health Centers, Public Health Centers and other safety net providers.

Fiscal and Public Health Impact Statement
This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

1 HRSA: http://www.hrsa.gov/healthit/.
3 APCA State Funding Request, 2009.
ALPHA Resolution

2011-02 Reimbursement for New Behavioral Health Provider Types

WHEREAS behavioral health is an important determinant of social and public health; and

WHEREAS 13.9% of the state’s population (95,586) in 2009 resided in a Mental Health Professional Shortage Area; and

WHEREAS Community Health Centers (CHCs) face reimbursement barriers regarding behavioral health staffing when employing Masters level licensed behavioral health providers such as Licensed Professional Counselors (LPCs), Marriage and Family Therapists, Licensed Psychological Associates, and other behavioral and mental health clinicians, to meet the behavioral health treatment needs of patients; and

WHEREAS CHCs can only bill for behavioral health services provided by licensed clinical social workers (LCSW) while services provided by other masters level behavioral health providers are not reimbursable; and

WHEREAS a memo issued by the Centers for Medicare & Medicaid Services in 2003 stated that State Medicaid Agencies are “required to reimburse Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) for behavioral health services provided by physicians, physicians assistants, nurse practitioners, clinical psychologists, and clinical social workers,” but several other states have chosen to reimburse other masters level behavioral health provider types in their State Medicaid Plans; and

WHEREAS the exclusion of other masters level licensed behavioral health provider types from reimbursement of services by Medicaid, Medicare and private insurers impedes the delivery of behavioral health services to Alaska’s who access care at CHCs, yet these provider types are in Alaska and readily available to assist in the provision of services; and

WHEREAS the University of Alaska offers several masters degree programs that prepare graduates for behavioral health professions in addition to the LCSW program; and

WHEREAS due to limited billable professionals, CHCs are forced to choose between providing services without reimbursement or not providing the services at all; and
WHEREAS reimbursement by public and private insurers of additional masters level licensed behavioral health provider types would increase access to quality behavioral health services in Alaska; and

WHEREAS Arkansas, Georgia, and Illinois have implemented Medicaid reimbursement for behavioral health services provided by Licensed Professional Counselors (LPCs) in Community Health Centers;iv

THEREFORE BE IT RESOLVED that the Alaska Public Health Association supports amending Alaska’s State Medicaid Plan, amending appropriate state statutes, and establishing a requirement for private insurers to provide reimbursement for services provided by other masters level behavioral health providers named above in addition to LCSWs at Community Health Centers in order to improve access to behavioral health services, ameliorate behavioral health outcomes, and enhance the quality of life for Alaskans.

Fiscal and Public Health Impact Statement
This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

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2 PIN 2004-05 Behavioral Health Services
3 APCA research conducted in March, 2009 via email inquiries to other state Primary Care Associations.
4 Ibid.
WHEREAS, Alaska has great potential to experience large scale crisis events such as earthquakes, volcanic eruptions, flooding, wildfires, tsunamis, and major disease outbreak; and

WHEREAS, large scale crisis events can quickly overwhelm even the most sophisticated of health care systems; and

WHEREAS, during a large scale crisis event, maximizing the number of lives saved may require the prioritization of scarce equipment, supplies, and personnel; and

WHEREAS, during a large scale crisis event, health care may occur in nonconventional settings and the thresholds for critical care may be changed; and

WHEREAS, during a large scale crisis event, those making the decisions to prioritize scarce resources and those providing the care may be held liable whether they are working as an employee or as a volunteer; and

WHEREAS, volunteer health care professionals in Alaska have the “Good Samaritan” law to provide liability during isolated incidents out of a work setting however the Good Samaritan law may not adequately protect the volunteer health care professional working in a large scale crisis event situation; and

WHEREAS, the health care professional working in his or her employment capacity, may not be adequately protected by his or her employers’ liability coverage when decisions and care are provided outside the normal standards of care procedure or in nonconventional settings; and

WHEREAS, other states have dealt with legal protection of health care professionals and resource allocation during a large scale crisis event; and

WHEREAS, in Alaska, health care professionals and regulatory bodies must confront the need to alter ways in which health care is administered and to legally protect those who are providing the care during a large scale crisis event; and
WHEREAS, at the request of the Assistant Secretary of Preparedness and Response in the U.S. Department of Health and Human Services the Institute of Medicine released the report *Guidance for Establishing Crisis Standards of Care of Use in Disaster Situation.*

THEREFORE BE IS RESOLVED THAT, the Alaska Public Health Association supports the six recommendations from the 2009 IOM consensus report, *Guidance for Establishing Crisis Standards of Care of Use in Disaster Situations*:  
1. Develop Consistent State Crisis Standards of Care Protocols with Five Key Elements  
2. Seek Community and Provider Engagement  
3. Adhere to Ethical Norms During Crisis Standards of Care  
4. Provide Necessary Legal Protections for Health Care Practitioners and Institutions Implementing Crisis Standards of Care  
5. Ensure Consistency in Crisis Standards of Care Implementation  
6. Ensure Intrastate and Interstate Consistency Among Neighboring Jurisdictions

BE IT FURTHER RESOLVED that the Alaska Public Health Association as an organization as well as individual Board Members and other Members will engage in low and no-cost advocacy efforts to support the formation of health care professionals’ task force and support protection of health care professionals in times of large scale crises events, such as, but not limited to, the following:  
• Circulation of advocacy action requests to membership  
• Circulation of advocacy action requests to partners and other individuals  
• Posting of ALPHA resolutions on the Alaska Public Health Association’s website  
• Participation in email advocacy campaigns  
• Contact with policy makers via phone, letter, email and/or in-person meetings  
• Public testimony in legislative hearings, town hall meetings, and other public forums  
• Contribution of op-ed articles and/or letters to the editor  
• Contributions to radio programs via calling-in or scheduled interviews  
• Distribution of this resolution statement to policy makers and key officials.

Fiscal and Public Health Impact Statement  
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i Good Samaritan Law is found in Alaska Statute Title 09 Code of Civil Procedure, Chapter 65 Actions, Immunities, Defenses, and Duties. Sections 09.65.090 and 09.65. 091. Hhttp://www.legis.state.ak.us/basis/folio.aspH