AMENDMENT

OFFERED IN THE HOUSE BY REPRESENTATIVE TALERICO

TO: HB 148

Page 7, following line 1:

Insert a new bill section to read:

"Sec. 7. AS 47.07.020(b), as amended by sec. 6 of this Act, is amended to read:

(b) In addition to the persons specified in (a) of this section, the following optional groups of persons for whom the state may claim federal financial participation are eligible for medical assistance:

(1) persons eligible for but not receiving assistance under any plan of the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act, Supplemental Security Income) or a federal program designated as the successor to the aid to families with dependent children program;

(2) persons in a general hospital, skilled nursing facility, or intermediate care facility, who, if they left the facility, would be eligible for assistance under one of the federal programs specified in (1) of this subsection;

(3) persons under 21 years of age who are under supervision of the department, for whom maintenance is being paid in whole or in part from public funds, and who are in foster homes or private child-care institutions;

(4) aged, blind, or disabled persons, who, because they do not meet income and resources requirements, do not receive supplemental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act), and who do not receive a mandatory state supplement, but who are eligible, or would be eligible if they were not in a skilled nursing facility or intermediate care facility to receive an optional state supplementary payment;

(5) persons under 21 years of age who are in an institution designated
as an intermediate care facility for persons with intellectual and developmental
disabilities and who are financially eligible as determined by the standards of the
federal program designated as the successor to the aid to families with dependent
children program;

(6) persons in a medical or intermediate care facility whose income
while in the facility does not exceed 300 percent of the supplemental security income
benefit rate under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) but who
would not be eligible for an optional state supplementary payment if they left the
hospital or other facility;

(7) persons under 21 years of age who are receiving active treatment in
a psychiatric hospital and who are financially eligible as determined by the standards
of the federal program designated as the successor to the aid to families with
dependent children program;

(8) persons under 21 years of age and not covered under (a) of this
section, who would be eligible for benefits under the federal program designated as
the successor to the aid to families with dependent children program, except that they
do not meet the deprivation criteria under 42 U.S.C. 1396u-1(b)(1)(a)(ii);

(9) pregnant women not covered under (a) of this section and who meet
the income and resource requirements of the federal program designated as the
successor to the aid to families with dependent children program;

(10) persons under 21 years of age not covered under (a) of this section
who the department has determined cannot be placed for adoption without medical
assistance because of a special need for medical or rehabilitative care and who the
department has determined are hard-to-place children eligible for subsidy under
AS 25.23.190 - 25.23.210;

(11) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title
XIX, Social Security Act, Medical Assistance) to be individuals with respect to whom
a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title
XVI, Social Security Act) because they meet all of the following criteria:

(A) they are 18 years of age or younger and qualify as disabled
individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);
(B) the department has determined that

(i) they require a level of care provided in a hospital, nursing facility, or intermediate care facility for persons with intellectual and developmental disabilities;

(ii) it is appropriate to provide their care outside of an institution; and

(iii) the estimated amount that would be spent for medical assistance for their individual care outside an institution is not greater than the estimated amount that would otherwise be expended individually for medical assistance within an appropriate institution;

(C) if they were in a medical institution, they would be eligible for medical assistance under other provisions of this chapter; and

(D) home and community-based services under a waiver approved by the federal government are either not available to them under this chapter or would be inappropriate for them;

(12) disabled persons, as described in 42 U.S.C. 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under applicable federal regulations or guidelines, is less than 250 percent of the official poverty line applicable to a family of that size according to the United States Department of Health and Human Services, and who, but for earnings in excess of the limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals with respect to whom a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is not eligible under another provision of this section shall pay a premium or other cost-sharing charges according to a sliding fee scale that is based on income as established by the department in regulations;

(13) persons under 19 years of age who are not covered under (a) of this section and whose household income does not exceed 203 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2);

(14) pregnant women who are not covered under (a) of this section and
whose household income does not exceed 200 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2);

(15) persons who have been diagnosed with breast or cervical cancer and who are eligible for coverage under 42 U.S.C. 1396a(a)(10)(A)(ii)(XVIII) [...]


Renumber the following bill sections accordingly.

Page 9, following line 3:

Insert a new bill section to read:

"* Sec. 14. AS 43.23.075(d) is repealed July 1, 2018."

Renumber the following bill sections accordingly.

Page 9, line 12:

Delete "sec. 10"

Insert "sec. 11"

Page 9, line 17:

Delete "10"

Insert "11"
Page 9, line 23:
Delete "Sections 13 and 14"
Insert "Sections 15 - 17"

Page 9, following line 23:
Insert a new bill section to read:
"* Sec. 19. Section 7 of this Act takes effect July 1, 2018."

Renumber the following bill section accordingly.

Page 9, line 24:
Delete "by sec. 16"
Insert "in secs. 18 and 19"