Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 361
Fiscal Note Number:
() Publish Date:

Identifier: HB361-DHSS-HCMS-03-17-14
Title: LICENSING OF BEHAVIOR ANALYSTS
Sponsor: SADDLER
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services
Appropriation: Medicaid Services
Allocation: Health Care Medicaid Services
OMB Component Number: 2077

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	*******	**0.0**	*******	*******	*******	*******	*******
Fund Source (Operating Only)							
None							
Total	*******	**0.0**	*******	*******	*******	*******	*******
Positions							
Full-time							
Part-time							
Temporary							
Change in Revenues							

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/16

Why this fiscal note differs from previous version:

Not applicable, initial version.

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Division: Health Care Services — Date: 03/17/2014 12:00 PM
Approved By: Sarah Woods, Deputy Director, Finance & Management Services — Date: 03/17/14
Agency: Health & Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA **BILL NO.** HB361
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Analysis

Passage of HB361 version "A" would trigger a series of events, the timing of which is difficult to estimate, therefore also making it difficult to accurately project the timing of potential resulting costs for the Health Care Medicaid Services component.

The Department of Commerce and Economic Development would be required to draft and implement regulations for behavior analyst licensure. Thereupon, DHSS may draft and submit to the Centers for Medicare and Medicaid Services (CMS) an amendment to the Alaska State Plan, incorporating provision of behavior analysis into Alaska Medicaid services provided. If CMS approval were granted, DHSS would promulgate regulations identifying target groups for behavior analysis services and service parameters and limits, and establishing a fee structure. Qualified individuals could seek State of Alaska licensure to provide behavior analysis, and enroll as Medicaid services providers. Only then might Health Care Medicaid Services component begin to incur costs under the new provisions.

If CMS were to determine that the service of behavior analysis falls under the scope of Early Periodic Screening, Diagnosis, and Treatment services (EPSDT), a currently approved/mandatory children's service within Alaska Medicaid, then the financial impact to Health Care Medicaid Services could be significant.

Nationally, behavior analysis is utilized to serve persons diagnosed with autism. The prevalence of autism spectrum disorders has increased dramatically in recent years, both nationally and in Alaska. The State of Alaska recognizes the increased incidence and the significant impact that early evaluation and diagnosis can have on children with such disorders. Children receiving early diagnoses and interventions have significantly improved outcomes over the course of their lives. According to the National Survey of Children's Health, 2011-2012, national prevalence of autism in children age 6-17 was then 3.23% in boys, and 0.70% in girls. The 2010 Alaska census reported 207,840 children in the state between ages 0-19. Based on these statistics, we might assume a potential population of 3,356 males and 727 females ages 0-19 with a diagnosis of autism. During the period of FY2011-2013, Health Care Medicaid Services paid for various service claims for a combined total of 1,838 persons under the age 21 with a diagnosis of autism.

DHSS cannot estimate with certainty the number of potential children diagnosed with autism, who would also be Medicaid eligible and might be determined to require behavior analysis services, were they to receive a mental health assessment to identify their potential level of service need. Combining the uncertainty of potential need for services with the uncertainty of the potential start of Medicaid-covered behavior analysis treatment, DHSS is not able to define the costs of HB 361, although it's clear there would be associated costs if DHSS sought approval for a State Plan amendment to include behavior analysis.