

**HOUSE BILL NO. 227**

IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVE SEATON

Introduced: 1/8/16  
Referred: Prefiled

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to medical assistance reform measures; relating to administrative  
2 appeals of civil penalties for medical assistance providers; relating to the duties of the  
3 Department of Health and Social Services; relating to audits and civil penalties for  
4 medical assistance providers; relating to medical assistance cost containment measures  
5 by the Department of Health and Social Services; relating to medical assistance coverage  
6 of clinic and rehabilitative services; and providing for an effective date."

7 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

8 \* **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section  
9 to read:

10 MEDICAL ASSISTANCE REFORM: LEGISLATIVE FINDINGS AND INTENT.  
11 The legislature finds that the current Medicaid program is not sustainable. Although annual  
12 growth has fallen from 6.45 percent to 4.8 percent, further reductions are needed. In order to  
13 maintain a viable Medicaid program, it is the intent of the legislature that

1 (1) the governor, through the Department of Health and Social Services, take  
 2 all necessary action to capture federal revenue and offset state general funds and evaluate the  
 3 most cost-effective method for revising expansion coverage, including more efficient benefit  
 4 plans, cost sharing, utilization control, and other innovative health care financing strategies;

5 (2) the Department of Health and Social Services be instructed to

6 (A) evaluate and implement meaningful Medicaid reform measures,  
 7 including working with tribal and community partners to develop innovative practices  
 8 leading to a sustainable Medicaid program available for future generations;

9 (B) evaluate all options available to it, including

10 (i) obtaining waivers to the Medicaid program to address  
 11 choice, statewide compatibility, or other core Medicaid requirements; and

12 (ii) regulatory action to improve provider and recipient  
 13 compliance with program rules;

14 (3) the Department of Health and Social Services establish prevention of  
 15 disease as a primary model of health care in the state, as requested by the legislature in  
 16 Legislative Resolve 16 of the Twenty-Seventh Alaska State Legislature.

17 \* **Sec. 2.** AS 44.62.330(a) is amended by adding a new paragraph to read:

18 (47) Department of Health and Social Services relating to civil  
 19 penalties assessed against medical assistance providers under AS 47.05.250.

20 \* **Sec. 3.** AS 47.05.010 is amended to read:

21 **Sec. 47.05.010. Duties of department.** The Department of Health and Social  
 22 Services shall

23 (1) administer adult public assistance, the Alaska temporary assistance  
 24 program, and all other assistance programs, and receive and spend money made  
 25 available to it;

26 (2) adopt regulations necessary for the conduct of its business and for  
 27 carrying out federal and state laws granting adult public assistance, temporary cash  
 28 assistance, diversion payments, or self-sufficiency services for needy families under  
 29 the Alaska temporary assistance program, and other assistance;

30 (3) establish minimum standards for personnel employed by the  
 31 department and adopt necessary regulations to maintain those standards;

1 (4) require those bonds and undertakings from persons employed by it  
2 that, in its judgment, are necessary, and pay the premiums on them;

3 (5) cooperate with the federal government in matters of mutual  
4 concern pertaining to adult public assistance, the Alaska temporary assistance  
5 program, and other forms of public assistance;

6 (6) make the reports, in the form and containing the information, that  
7 the federal government from time to time requires;

8 (7) cooperate with the federal government, its agencies, or  
9 instrumentalities in establishing, extending, and strengthening services for the  
10 protection and care of homeless, dependent, and neglected children in danger of  
11 becoming delinquent, and receive and expend funds available to the department by the  
12 federal government, the state, or its political subdivisions for that purpose;

13 (8) cooperate with the federal government in adopting state plans to  
14 make the state eligible for federal matching in appropriate categories of assistance, and  
15 in all matters of mutual concern, including adoption of the methods of administration  
16 that are found by the federal government to be necessary for the efficient operation of  
17 welfare programs;

18 (9) adopt regulations, not inconsistent with law, defining need,  
19 prescribing the conditions of eligibility for assistance, and establishing standards for  
20 determining the amount of assistance that an eligible person is entitled to receive; the  
21 amount of the assistance is sufficient when, added to all other income and resources  
22 available to an individual, it provides the individual with a reasonable subsistence  
23 compatible with health and well-being; an individual who meets the requirements for  
24 eligibility for assistance shall be granted the assistance promptly upon application for  
25 it;

26 (10) grant to a person claiming or receiving assistance and who is  
27 aggrieved because of the department's action or failure to act, reasonable notice and an  
28 opportunity for a fair hearing by the office of administrative hearings (AS 44.64.010),  
29 and the department shall adopt regulations relative to this;

30 (11) enter into reciprocal agreements with other states relative to  
31 public assistance, welfare services, and institutional care that are considered advisable;

1 (12) establish the requirements of residence for public assistance,  
2 welfare services, and institutional care that are considered advisable, subject to the  
3 limitations of other laws of the state, or law or regulation imposed as conditions for  
4 federal financial participation;

5 (13) establish the divisions and local offices that are considered  
6 necessary or expedient to carry out a duty or authority assigned to it and appoint and  
7 employ the assistants and personnel that are necessary to carry on the work of the  
8 divisions and offices, and fix the compensation of the assistants or employees, except  
9 that a person engaged in business as a retail vendor of general merchandise, or a  
10 member of the immediate family of a person who is so engaged, may not serve as an  
11 acting, temporary, or permanent local agent of the department, unless the  
12 commissioner of health and social services certifies in writing to the governor, with  
13 relation to a particular community, that no other qualified person is available in the  
14 community to serve as local welfare agent; for the purposes of this paragraph, a  
15 "member of the immediate family" includes a spouse, child, parent, brother, sister,  
16 parent-in-law, brother-in-law, or sister-in-law;

17 (14) provide education and health-related services and referrals  
18 designed to reduce the number of out-of-wedlock pregnancies and the number of  
19 induced pregnancy terminations in the state;

20 (15) investigate reports of abuse, neglect, or misappropriation of  
21 property by certified nurse aides in facilities licensed by the department under  
22 AS 47.32;

23 (16) establish state policy relating to and administer federal programs  
24 subject to state control as provided under 42 U.S.C. 3001 - 3058ee (Older Americans  
25 Act of 1965), as amended, and related federal regulations;

26 (17) administer the older Alaskans service grants under AS 47.65.010 -  
27 47.65.050 and the adult day care and family respite care grants under AS 47.65.100;

28 **(18) establish guidelines for medical assistance providers to**  
29 **develop health care delivery models that encourage adequate nutrition and**  
30 **disease prevention.**

31 \* **Sec. 4.** AS 47.05.200(a) is amended to read:

1 (a) The department shall annually contract for independent audits of a  
 2 statewide sample of all medical assistance providers in order to identify overpayments  
 3 and violations of criminal statutes. The audits conducted under this section may not be  
 4 conducted by the department or employees of the department. The number of audits  
 5 under this section **may not be less than 50** each year [, AS A TOTAL FOR THE  
 6 MEDICAL ASSISTANCE PROGRAMS UNDER AS 47.07 AND AS 47.08, SHALL  
 7 BE 0.75 PERCENT OF ALL ENROLLED PROVIDERS UNDER THE  
 8 PROGRAMS, ADJUSTED ANNUALLY ON JULY 1, AS DETERMINED BY THE  
 9 DEPARTMENT, EXCEPT THAT THE NUMBER OF AUDITS UNDER THIS  
 10 SECTION MAY NOT BE LESS THAN 75]. The audits under this section must  
 11 include both on-site audits and desk audits and must be of a variety of provider types.  
 12 The department may not award a contract under this subsection to an organization that  
 13 does not retain persons with a significant level of expertise and recent professional  
 14 practice in the general areas of standard accounting principles and financial auditing  
 15 and in the specific areas of medical records review, investigative research, and Alaska  
 16 health care criminal law. The contractor, in consultation with the commissioner, shall  
 17 select the providers to be audited and decide the ratio of desk audits and on-site audits  
 18 to the total number selected. **In identifying providers who are subject to an audit**  
 19 **under this chapter, the department shall attempt to minimize concurrent state or**  
 20 **federal audits.**

21 \* **Sec. 5.** AS 47.05.200(b) is amended to read:

22 (b) Within 90 days after receiving each audit report from an audit conducted  
 23 under this section, the department shall begin administrative procedures to recoup  
 24 overpayments identified in the audits and shall allocate the reasonable and necessary  
 25 financial and human resources to ensure prompt recovery of overpayments unless the  
 26 attorney general has advised the commissioner in writing that a criminal investigation  
 27 of an audited provider has been or is about to be undertaken, in which case, the  
 28 commissioner shall hold the administrative procedure in abeyance until a final  
 29 charging decision by the attorney general has been made. The commissioner shall  
 30 provide copies of all audit reports to the attorney general so that the reports can be  
 31 screened for the purpose of bringing criminal charges. **The department may assess**

1 **interest and penalties on any identified overpayment. Interest under this**  
 2 **subsection shall be calculated using the statutory rates for postjudgment interest**  
 3 **accruing from the date of the issuance of the final audit.**

4 \* **Sec. 6.** AS 47.05 is amended by adding a new section to read:

5 **Sec. 47.05.250. Civil penalties.** (a) The department may adopt regulations to  
 6 assess a civil penalty against a medical assistance provider who violates a provision of  
 7 this chapter, AS 47.07, or a regulation adopted under this chapter or AS 47.07.

8 (b) A civil penalty imposed under this section may not be less than \$100 or  
 9 more than \$25,000 for each occurrence.

10 (c) The provisions of this section are in addition to any other remedies  
 11 available under this chapter, AS 47.07, or regulations adopted under this chapter or  
 12 AS 47.07.

13 (d) A medical assistance provider who is assessed a civil penalty under this  
 14 section may appeal the decision in the manner provided for appeals under AS 44.62  
 15 (Administrative Procedure Act). The office of administrative hearings (AS 44.64.010)  
 16 shall conduct the hearing for an appeal.

17 \* **Sec. 7.** AS 47.07.020(g) is amended to read:

18 (g) **For a person whose Medicaid eligibility is not calculated using the**  
 19 **modified adjusted gross income standard set out in 42 U.S.C. 1396a(e)(14), the**  
 20 [A] person's eligibility for medical assistance under this chapter may not be denied or  
 21 delayed on the basis of a transfer of assets for less than fair market value if the person  
 22 establishes to the satisfaction of the department that the denial or delay would work an  
 23 undue hardship on the person as determined on the basis of criteria in applicable  
 24 federal regulations. **The department may only consider information provided by a**  
 25 **person claiming undue hardship that the department verifies through a source**  
 26 **other than the person's own statement.**

27 \* **Sec. 8.** AS 47.07.020(m) is amended to read:

28 (m) **For a person whose Medicaid eligibility is not calculated using the**  
 29 **modified adjusted gross income standard set out in 42 U.S.C. 1396a(e)(14), and,**  
 30 **except** [EXCEPT] as provided in (g) of this section, the department shall impose a  
 31 penalty period of ineligibility for the transfer of an asset for less than fair market value

1 by an applicant or an applicant's spouse consistent with 42 U.S.C. 1396p(c)(1).

2 \* **Sec. 9.** AS 47.07.030(d) is amended to read:

3 (d) The department **shall** [MAY] establish [AS OPTIONAL SERVICES] a  
4 primary care case management system or a managed care organization contract in  
5 which certain eligible individuals, **including super-utilizers as identified by the**  
6 **department**, are required to enroll and seek approval from a case manager or the  
7 managed care organization before receiving certain services. The department shall  
8 establish enrollment criteria and determine eligibility for services consistent with  
9 federal and state law.

10 \* **Sec. 10.** AS 47.07.030 is amended by adding a new subsection to read:

11 (h) In an annual report to the legislature, the department shall include  
12 information separately describing state costs for optional and mandatory services  
13 provided under this section.

14 \* **Sec. 11.** AS 47.07.036(b) is amended to read:

15 (b) The department, in implementing this section, shall take all reasonable  
16 steps to implement cost containment measures that do not eliminate program  
17 eligibility or the scope of services required or authorized under AS 47.07.020 and  
18 47.07.030 before implementing cost containment measures under (c) of this section  
19 that directly affect program eligibility or coverage of services. The cost containment  
20 measures taken under this subsection may include new utilization review procedures,  
21 changes in provider payment rates, **and** precertification requirements for coverage [OF  
22 SERVICES, AND AGREEMENTS WITH FEDERAL OFFICIALS UNDER WHICH  
23 THE FEDERAL GOVERNMENT WILL ASSUME RESPONSIBILITY FOR  
24 COVERAGE OF SOME INDIVIDUALS OR SOME SERVICES FOR SOME  
25 INDIVIDUALS THROUGH SUCH FEDERAL PROGRAMS AS THE INDIAN  
26 HEALTH SERVICE OR MEDICARE].

27 \* **Sec. 12.** AS 47.07.036 is amended by adding new subsections to read:

28 (d) Notwithstanding (a) - (c) of this section, the department shall

29 (1) apply for a section 1115 waiver under 42 U.S.C. 1315(a) to use  
30 innovative service delivery system models to improve care, increase efficiency, reduce  
31 costs, and expand services provided to Indian Health Service beneficiaries through the

1 Indian Health Service and tribal health facilities;

2 (2) apply for a section 1915(i) option under 42 U.S.C. 1396n to  
3 improve services and care through home and community-based services to obtain a 50  
4 percent federal match;

5 (3) apply for a section 1915(k) option under 42 U.S.C. 1396n to  
6 provide home and community-based services and support to increase the federal match  
7 for these programs from 50 percent to 56 percent;

8 (4) evaluate and seek permission from the United States Department of  
9 Health and Human Services Centers for Medicare and Medicaid Services to participate  
10 in various demonstration projects, including payment reform, care management  
11 programs, workforce development and innovation, and innovative services delivery  
12 models; and

13 (5) enhance telemedicine capability and reimbursement to incentivize  
14 its use for Medicaid recipients.

15 (e) Notwithstanding (a) - (c) of this section and in addition to the projects and  
16 services described under (d) of this section, the department shall apply for a section  
17 1115 waiver under 42 U.S.C. 1315(a) to establish one or more demonstration projects  
18 focused on innovative payment models for one or more groups of medical assistance  
19 recipients in one or more specific geographic areas. The demonstration project or  
20 projects may include

21 (1) managed care organizations as described under 42 U.S.C. 1396u-2;

22 (2) community care organizations;

23 (3) patient-centered medical homes as described under 42 U.S.C. 256a-  
24 1; or

25 (4) other innovative payment models that ensure access to health care  
26 without reducing the quality of care.

27 (f) The department shall design and implement at least one demonstration  
28 project under (e) of this section that is a coordinated care demonstration project using  
29 a global payment fee structure. The demonstration project must include a managed  
30 care system that operates within a fixed budget to reduce medical cost inflation,  
31 improves the quality of health care for recipients, and results in a healthier population.



1 The department shall design the managed care system to reduce the growth in medical  
 2 assistance expenditures with a goal of reducing the per capita growth rate for medical  
 3 assistance expenditures by at least two percentage points. The managed care system  
 4 must implement alternative payment methodologies and create a network of patient-  
 5 centered primary care homes, and will be measured based on quality and performance  
 6 outcomes. The department shall prepare a report regarding the progress of this  
 7 demonstration project and shall, on or before February 1, 2019, deliver the report to  
 8 the senate secretary and the chief clerk of the house of representatives and notify the  
 9 legislature that the report is available.

10 (g) In this section, "telemedicine" means the practice of health care delivery,  
 11 evaluation, diagnosis, consultation, or treatment, using the transfer of medical data  
 12 through audio, visual, or data communications that are performed over two or more  
 13 locations between providers who are physically separated from the recipient or from  
 14 each other.

15 \* **Sec. 13.** AS 47.07.900(4) is amended to read:

16 (4) "clinic services" means services provided by state-approved  
 17 outpatient community mental health clinics [THAT RECEIVE GRANTS UNDER  
 18 AS 47.30.520 - 47.30.620], state-operated community mental health clinics, outpatient  
 19 surgical care centers, and physician clinics;

20 \* **Sec. 14.** AS 47.07.900(17) is amended to read:

21 (17) "rehabilitative services" means services for substance abusers and  
 22 emotionally disturbed or chronically mentally ill adults provided by

23 (A) a drug or alcohol treatment center [THAT IS FUNDED  
 24 WITH A GRANT UNDER AS 47.30.475]; or

25 (B) an outpatient community mental health clinic [THAT HAS  
 26 A CONTRACT TO PROVIDE COMMUNITY MENTAL HEALTH  
 27 SERVICES UNDER AS 47.30.520 - 47.30.620];

28 \* **Sec. 15.** The uncodified law of the State of Alaska is amended by adding a new section to  
 29 read:

30 DEMONSTRATION PROJECT: REDUCING PRE-TERM BIRTHS. On or before  
 31 January 1, 2017, the Department of Health and Social Services shall design and implement a

1 demonstration project for the purpose of reducing pre-term birth rates in the state from the  
2 current rate of 8.5 percent. The demonstration project shall provide for the voluntary  
3 enrollment of approximately 500 recipients who are eligible for medical assistance under  
4 AS 47.07.020(b)(14). The Department of Health and Social Services shall offer pregnancy  
5 counselling, nutritional counselling, and, as necessary, vitamin D supplementation to maintain  
6 levels of 40 ng/ml vitamin D during pregnancy for participants in the demonstration project.  
7 The demonstration project may be modeled after the Protect Our Children NOW! project  
8 implemented as a cooperative project of the South Carolina Department of Health and Human  
9 Services and private health organizations. The goal of the demonstration project is to achieve  
10 a reduction in pre-term births in the state, consistent with the results of the following  
11 published studies: Wagner, C. L., et al., "A Randomized Trial of Vitamin D Supplementation  
12 in Two Community Health Center Networks in South Carolina," American Journal of  
13 Obstetrics and Gynecology 208 (February 2013); Bodnar, L. M., et al., "Maternal 25-  
14 Hydroxyvitamin D and Preterm Birth in Twin Gestations," Obstetrics and Gynecology 122  
15 (July 2013).

16 \* **Sec. 16.** The uncodified law of the State of Alaska is amended by adding a new section to  
17 read:

18 **MEDICAID MANAGED CARE FOR SUPER-UTILIZERS.** On or before January 1,  
19 2017, the Department of Health and Social Services shall

20 (1) establish a primary care case management system or a managed care  
21 organization contract under AS 47.07.030(d), as amended by sec. 9 of this Act, for super-  
22 utilizers, as identified by the department; and

23 (2) deliver a report on the system or contract to the senate secretary and the  
24 chief clerk of the house of representatives and notify the legislature that the report is  
25 available.

26 \* **Sec. 17.** The uncodified law of the State of Alaska is amended by adding a new section to  
27 read:

28 **MEDICAID REDESIGN; REPORTS TO LEGISLATURE.** (a) On or before May 30,  
29 2016, the Department of Health and Social Services shall deliver to the senate secretary and  
30 chief clerk of the house of representatives the Report on Recommended Action and  
31 Evaluation Plans for Expansion and Reform prepared for the department under the Medicaid

1 Redesign and Expansion Technical Assistance study, advertised under request for proposal  
2 number 2015-0600-3077, issued April 21, 2015, and the department shall notify the  
3 legislature that the report is available.

4 (b) The Department of Health and Social Services shall prepare a report summarizing  
5 cost-sharing measures implemented before October 1, 2015, by the Department of Health and  
6 Social Services under AS 47.07.042 and describing the effect of those measures on the state  
7 budget. On or before the 20th day following the effective date of this section, the Department  
8 of Health and Social Services shall deliver a copy of the report to the senate secretary and  
9 chief clerk of the house of representatives and notify the legislature that the report is  
10 available.

11 (c) On or before February 1, 2019, the Department of Health and Social Services shall  
12 complete a report informing the legislature of the results of the applications for waivers and  
13 options under AS 47.07.036(d)(1) - (3), enacted by sec. 12 of this Act, and shall deliver the  
14 report to the senate secretary and chief clerk of the house of representatives and notify the  
15 legislature that the report is available. The report must include

16 (1) information explaining whether the department's applications for a section  
17 1115 waiver under 42 U.S.C. 1315(a), a section 1915(i) option under 42 U.S.C. 1396n, and a  
18 section 1915(k) option under 42 U.S.C. 1396n were approved by the United States  
19 Department of Health and Human Services;

20 (2) a description of cost savings to the state resulting from the programs  
21 implemented under the waivers, including

22 (A) the extent to which the programs implemented under the section  
23 1115 waiver under 42 U.S.C. 1315(a) achieved the savings estimated by the  
24 department;

25 (B) the extent to which the programs implemented under the section  
26 1915(i) and (k) options under 42 U.S.C. 1396n achieved the savings estimated by the  
27 department.

28 \* **Sec. 18.** The uncodified law of the State of Alaska is amended by adding a new section to  
29 read:

30 MEDICAID STATE PLAN INSTRUCTIONS; NOTICE TO REVISOR OF  
31 STATUTES. The Department of Health and Social Services shall immediately amend and

1 submit for federal approval a state plan for medical assistance coverage consistent with this  
2 Act. The Department of Health and Social Services shall apply to the United States  
3 Department of Health and Human Services for any waivers necessary to implement this Act.  
4 The commissioner of health and social services shall notify the revisor of statutes in writing if  
5 the United States Department of Health and Human Services approves the provisions of  
6 AS 47.07.030(d), as amended by sec. 9 of this Act, and the provisions of secs. 12(e), 12(f),  
7 15, and 16 of this Act.

8 \* **Sec. 19.** The uncodified law of the State of Alaska is amended by adding a new section to  
9 read:

10 TRANSITION: REGULATIONS. The Department of Health and Social Services may  
11 adopt regulations necessary to implement the changes made by this Act. The regulations take  
12 effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the  
13 relevant provision of this Act implemented by the regulation.

14 \* **Sec. 20.** The uncodified law of the State of Alaska is amended by adding a new section to  
15 read:

16 REVISOR'S INSTRUCTION. The revisor of statutes is requested to change the catch  
17 line of AS 47.07.036 from "Cost containment measures authorized" to "Medical assistance  
18 cost-containment and reform measures authorized."

19 \* **Sec. 21.** The uncodified law of the State of Alaska is amended by adding a new section to  
20 read:

21 CONDITIONAL EFFECT. (a) AS 47.07.030(d), as amended by sec. 9 of this Act, and  
22 sec. 16 of this Act take effect only if the commissioner of health and social services notifies  
23 the revisor of statutes in writing under sec. 18 of this Act, on or before January 1, 2017, that  
24 all of the provisions added by AS 47.07.030(d), as amended by sec. 9 of this Act, and all of  
25 the provisions of sec. 16 of this Act have been approved by the United States Department of  
26 Health and Human Services.

27 (b) Section 12(e) of this Act takes effect only if the commissioner of health and social  
28 services notifies the revisor of statutes in writing under sec. 18 of this Act, on or before  
29 February 1, 2019, that all of the provisions added by sec. 12(e) of this Act have been  
30 approved by the United States Department of Health and Human Services.

31 (c) Section 12(f) of this Act takes effect only if the commissioner of health and social

1 services notifies the revisor of statutes in writing under sec. 18 of this Act, on or before  
2 February 1, 2019, that all of the provisions added by sec. 12(f) of this Act have been approved  
3 by the United States Department of Health and Human Services.

4 (d) Section 15 of this Act takes effect only if the commissioner of health and social  
5 services notifies the revisor of statutes in writing under sec. 18 of this Act, on or before  
6 January 1, 2017, that all of the provisions added by sec. 15 of this Act have been approved by  
7 the United States Department of Health and Human Services.

8 \* **Sec. 22.** If AS 47.07.030(d), as amended by sec. 9 of this Act, and sec. 16 of this Act take  
9 effect, they take effect on the day after the date the commissioner of health and social services  
10 makes a certification to the revisor of statutes under secs. 18 and 21(a) of this Act.

11 \* **Sec. 23.** If sec. 12(e) of this Act takes effect, it takes effect on the day after the date the  
12 commissioner of health and social services notifies the revisor of statutes in writing under  
13 secs. 18 and 21(b) of this Act.

14 \* **Sec. 24.** If sec. 12(f) of this Act takes effect, it takes effect on the day after the date the  
15 commissioner of health and social services notifies the revisor of statutes in writing under  
16 secs. 18 and 21(c) of this Act.

17 \* **Sec. 25.** If sec. 15 of this Act takes effect, it takes effect on the day after the date the  
18 commissioner of health and social services notifies the revisor of statutes in writing under  
19 secs. 18 and 21(d) of this Act.

20 \* **Sec. 26.** Sections 17(a), 18, 19, and 21 of this Act take effect immediately under  
21 AS 01.10.070(c).