Fiscal Note

State of Alaska 2017 Legislative Session

Identifier:

Sponsor:

Requester: (H) HSS

Title:

islative Session	Bill Version: HB 25
	Fiscal Note Number:
	() Publish Date:
HB025-DHSS-HCMS-2-8-17	Department: Department of Health and Social Services
INSURANCE COVERAGE FOR	Appropriation: Medicaid Services
CONTRACEPTIVES	Allocation: Health Care Medicaid Services
CLAMAN	OMB Component Number: 2077

ation unless c	otherwise noted	below.			(Thousand	is of Dollars)
	Included in					
FY2018	Governor's					
ppropriation	FY2018		Out-Ye	ar Cost Estima	tes	
Requested	Request					
FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
(677.9)		(1,355.7)	(1,355.7)	(1,355.7)	(1,355.7)	(1,355.7)
(677.9)	0.0	(1,355.7)	(1,355.7)	(1,355.7)	(1,355.7)	(1,355.7)
1	FY2018 ppropriation Requested FY 2018 (677.9)	FY2018 Included in FY2018 Governor's ppropriation FY2018 Requested Request FY 2018 FY 2018 Governor's FY 2018 (677.9) Included in	Included in Governor's PpropriationIncluded in Governor's FY2018FY 2018FY2018FY 2019FY 2018FY 2018FY 2019Image: state sta	Included in FY2018 Governor's ppropriation FY2018 Out-Ye Requested Request FY 2019 FY 2020 FY 2018 FY 2018 FY 2019 FY 2020 Image: Strain Strai	Included in Governor's ppropriationIncluded in Governor's FY2018Out-Year Cost EstimaRequestedRequestOut-Year Cost EstimaFY 2018FY 2019FY 2020FY 2021Image: Strain	Included in Governor's ppropriation Governor's FY2018 Out-Year Cost Estimates Requested Request FY 2018 FY 2019 FY 2020 FY 2021 FY 2022 Image: Strain

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	(434.2)		(863.3)	(858.2)	(853.1)	(848.0)	(848.0)
1003 G/F Match (UGF)	(243.7)		(492.4)	(497.5)	(502.6)	(507.7)	(507.7)
Total	(677.9)	0.0	(1,355.7)	(1,355.7)	(1,355.7)	(1,355.7)	(1,355.7)

Positions

Full-time				
Part-time				
Temporary				

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost:

(discuss reasons and fund source(s) in analysis section)

(separate supplemental appropriation required)

(separate capital appropriation required)

(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Estimated CAPITAL (FY2018) cost:

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 If yes, by what date are the regulations to be adopted, amended or repealed?

0.0

0.0

Yes 01/01/18

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By:	Margaret Brodie, Director	Phone:	(907)334-2520
Division:	Health Care Services	Date:	01/19/2017 04:00 PM
Approved By:	Shawnda O'Brien, Assistant Commissioner	Date:	02/08/17
Agency:	Health and Social Services		

STATE OF ALASKA 2017 LEGISLATIVE SESSION

BILL NO. HB025

Analysis

Administrative costs are captured in the Health Care Services Appropriation, Medical Assistance Administration Allocation in a separate fiscal note.

Benefits Costs

Oral Contraceptives: Duplication of Services

It is anticipated that there will be approximately 7,940 female Medicaid recipient oral contraceptive users annually (of which, 2,940 are through expansion). It is anticipated that approximately 10% or 794 members who are oral contraceptive users may require duplication of services (e.g., therapy changes, replacement of lost or stolen contraceptives, and diverted contraceptives). Based on an average 4-month duplication of services, and based on a \$45 per month National Average Drug Acquisition Cost average for oral contraceptives, the total duplication of services cost is estimated to be (794 members X 4 months X \$45) = \$142.9 (of which, \$52.9 is attributable to expansion)

Benefits Savings

Of the approximately 8,000 female Medicaid members who are contraceptive users, we assume that 75% or 6,000 plan to use the oral contraceptive long-term (i.e., longer than 12 months). With a standard oral contraceptive failure rate of 9% as cited by the Centers for Disease Control, 540 unintended pregnancies would result. A report by Foster et. al. (2011) projects a decrease in failure rate of approximately 30% when oral contraceptives are dispensed in 12-month quantities, which would result in an oral contraceptive failure rate of 6%. However, based on variable factors in Alaska, we have estimated a failure rate of 7%. This 7% failure rate would approximate 420 unintended pregnancies. Therefore, it is approximated that the difference between a 9% failure rate and a 7% failure rate, or 120 unintended pregnancies, may potentially be avoided through dispensing 12-month quantities of contraceptives.

Based on Medicaid claims data, the rate of complicated births is approximately 4.4%. Applying this differential, we estimate that approximately 5.28 of the avoided 120 unintended pregnancies would have been complicated births, and the remaining 114.72 would have been non-complicated. The cost factor used for a complicated birth was \$110.0; the cost factor used for a non-complicated birth was \$8.0. Therefore, benefits savings is estimated at (5.28 X \$110.0) + (114.72 X \$8.0) = $\frac{$1,498.6}{(0)}$ (of which, \$562.0 is attributable to expansion).

(1,355.6) net total annual projected savings in this component.

FUND SOURCE:

The Medicaid FMAP for contraceptives is 90%

The Medicaid FMAP for pregnancy-related services is 50%

FMAP for the Medicaid expansion population changes by federal fiscal year for several years, settling at 90% for all services by calendar year 2023. Prorated by state fiscal year, the expansion FMAP rates are:

FY2018	94.5%
FY2019	93.5%
FY2020	92.5%
FY2021	91.5%
FY2022	90.5%
FY2023	90.0%

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Analysis Continued

Applying these several FMAP rates generates the following fund source splits:							
	FY2018 Oral (Contraceptiv	es Costs				
			regular	expansion			
			Medicaid	Medicaid			
		Total	@ 63%	@ 37%	Total		
		\$142.9	\$90.0	\$52.9			
	federal		\$81.0	\$50.0	\$131.0		
	GF match		\$9.0	\$2.9	\$11.9		
	FY2018 saving	gs, unintend	ed pregnar	ncies avoide	d		
			regular	expansion			
			Medicaid	Medicaid			
		Total	@ 62.5%	@ 37.5%	Total		
		(\$1,498.6)	(\$936.6)	(\$562.0)			
	federal		(\$468.3)	(\$531.1)	(\$999.4)		
	GF match		(\$468.3)	(\$30.9)	(\$499.2)		
	FY2018 Total						
			regular	expansion			
		Total	Medicaid	Medicaid			
		(\$1,355.7)	(\$846.6)	(\$509.1)			
	federal		(\$387.3)	(\$481.1)	(\$868.4)		
	GF match		(\$459.3)	(\$28.0)	(\$487.3)		

Promulgation of associated regulations will take approximately six months following State Plan Amendment approval by the Centers for Medicare and Medicaid Services, with implementation effective January 1, 2018.

Since the regulations will only be in effect for six months of FY2018, cost savings have been adjusted to reflect one-half of the fiscal year. The department anticipates a net FY2018 savings of (\$434.2) federal (\$868.4 x.5 = \$434.2) and (\$243.7) GF match (\$487.3 x.5 = \$243.7). The logic of the calculations for FY2019 - 2023 is the same, except that the expansion FMAP rates are adjusted annually, as explained above.

(Revised 8/12/16 OMB/LFD)

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