Fiscal Note

State of Alaska 2017 Legi

2017 Legislative Session		Bill Version: HB 118 Fiscal Note Number: () Publish Date:				
Identifier:	HB118-DHSS-BHTRG-04-07-17	Department: Department of Health and Social Service	s			
Title:	COMPENSATION FOR WRONGFUL	Appropriation: Behavioral Health	: Behavioral Health			
	CONVICTION	Allocation: Behavioral Health Treatment and Recover	ery			
Sponsor:	KAWASAKI	Grants				
Requester:	House HSS	OMB Component Number: 3099				

Expenditures/Revenues

Note: Amounts do not include in	<u>iflation unless of the second second</u>		below.			(Thousan	ds of Dollars)		
		Included in							
	FY2018	Governor's							
	Appropriation	FY2018	Out-Year Cost Estimates						
	Requested	Request							
OPERATING EXPENDITURES	FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023		
Personal Services									
Travel									
Services									
Commodities									
Capital Outlay									
Grants & Benefits									
Miscellaneous									
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Fund Source (Operating Only)									
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
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: 0.0 (separate supplemental appropriation required) (discuss reasons and fund source(s) in analysis section)									
Estimated CAPITAL (FY2018) cost:0.0(separate capital appropriation required)(discuss reasons and fund source(s) in analysis section)0.0(separate capital appropriation required)									
ASSOCIATED REGULATIONS Does the bill direct, or will the bill If yes, by what date are the regu	ll result in, regu				no n/a				
Why this fiscal note differs from previous version: Not applicable; initial version.									

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Division:	Behavioral Health	Date:	04/03/2017 12:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	04/07/17
Agency:	Health and Social Services	-	
		-	

FISCAL NOTE ANALYSIS

STATE OF ALASKA 2017 LEGISLATIVE SESSION

BILL NO. HB118

Analysis

HB 118 Version A, adds a new section of law under AS 44.77, AS 44.77.018, *Claims for wrongful conviction and imprisonment*, that establishes a mechanism for people wrongfully convicted and imprisoned to file for and receive compensation in the form of cash and services for their wrongful imprisonment. One of the services to be provided in these circumstances is "reentry services," which are to be provided by the Department of Health and Social Services.

The bill defines "reentry services" to mean mental health services, including services for the treatment of Post-Traumatic Stress Disorder, and adds the duty to establish those services for persons wrongfully convicted and imprisoned to the list of statutory duties of the Department of Health and Social Services. Since reentry services currently exist and are increasing in their numbers and capacity, it will be very doable to establish specific protocols, priorities, and processes for those individuals who meet the criteria within this legislation.

Services would include those currently available to all justice-involved individuals, with special priorities and assessment of service needs to meet the unique concerns of this population. If the identified individuals are eligible for Medicaid, they will be enrolled in a timely manner. If these identified individuals are not Medicaid eligible, the health insurance identified in Section 3(f)(4) of the amended AS 44.77.018 would be the payer of first resort for the mental health treatment services provided, including Post-Traumatic Stress Disorder. Due to the language in Section 3(f)(4) of the bill, stating that the state-funded health coverage will be equivalent to medical assistance services available under AS 47.07.030, this health coverage will provide 100 percent of costs for the requested/needed mental health and Post-Traumatic Stress Disorder services provided. With this assumption, the Department of Health and Social Services determined there will be a zero fiscal note for these services and all treatment costs will paid by Medicaid or the state-funded health coverage.

The Court System has estimated between zero to two persons per year may exercise rights under the proposed statute.

(Revised 8/12/16 OMB/LFD)

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