CS FOR HOUSE BILL NO. 369(FIN) am

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Amended: 5/6/98
Offered: 4/24/98

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

"An Act relating to Medicaid coverage for certain eligible children and pregnant women; relating to primary care case management and managed care services as optional services under the Medicaid program; relating to premiums and cost-sharing contributions under the Medicaid program; and providing for an effective date."

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

*** Section 1.** AS 47.07.020(b) is amended by adding new paragraphs to read:

(12) persons under age 19 who are not covered under (a) of this section and whose household income does not exceed 200 percent of the federal poverty guideline as defined by the federal office of management and budget and revised under 42 U.S.C. 9902(2);

(13) 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 federal office of management and budget and revised under 42 U.S.C. 9902(2).

*** Sec. 2.** AS 47.07.020 is amended by adding a new subsection to read:

(i) The department may allow a person under 19 years of age who is determined to be eligible for benefits under this chapter to remain eligible for those benefits for up to 11 calendar months following the month that the person is determined eligible for benefits or until the person is 19 years old, whichever occurs earlier.

*** Sec. 3.** AS 47.07.030(b) is amended to read:

(b) In addition to the mandatory services specified in (a) of this section **and the services provided under (d) of this section**, the department may offer only the following optional services: case management and nutrition services for pregnant women; personal care services in a recipient's home; emergency hospital services; long-term care noninstitutional services; medical supplies and equipment; advanced nurse practitioner services; clinic services; rehabilitative services for substance abusers and emotionally disturbed or chronically mentally ill adults; targeted case management services for substance abusers, chronically mentally ill adults, and severely emotionally disturbed persons under the age of 21; inpatient psychiatric facility services for individuals age 65 or older and individuals under age 21; psychologists' services; clinical social workers' services; midwife services; prescribed drugs; physical therapy; occupational therapy; chiropractic services; low-dose mammography screening, as defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language disorders; adult dental services; prosthetic devices and eyeglasses; optometrists' services; intermediate care facility services, including intermediate care facility services for the mentally retarded; skilled nursing facility services for individuals under age 21; and reasonable transportation to and from the point of medical care.

*** Sec. 4.** AS 47.07.030(d) is repealed and reenacted to read:

(d) The department may establish as optional services a primary care case management system or a managed care organization contract in which certain eligible individuals are required to enroll and seek approval from a case manager or the managed care organization before receiving certain services. The department shall

establish enrollment criteria and determine eligibility for services consistent with federal and state law.

*** Sec. 5.** AS 47.07.042(a) is amended to read:

(a) Except as provided in **(b) - (d)** [(b) AND (c)] of this section, the state plan developed under AS 47.07.040 shall impose deductible, coinsurance, and copayment requirements [OR SIMILAR CHARGES] on persons eligible for assistance under this chapter to the maximum extent allowed under federal law and regulations. The plan must provide that health care providers shall collect the allowable charge. The department shall reduce payments to each provider by the amount of the allowable charge. A provider may not deny services because a recipient is unable to share costs, but an inability to share costs imposed under this section does not relieve the recipient of liability for the costs.

*** Sec. 6.** AS 47.07.042 is amended by adding a new subsection to read:

(d) In addition to the requirements established under (a) and (b) of this section, the department may require premiums or cost-sharing contributions from recipients who are eligible for benefits under AS 47.07.020(b)(12) and whose household income is between 150 and 200 percent of the federal poverty guideline. If the department requires premiums or cost-sharing contributions under this subsection, the department

(1) shall adopt in regulation a sliding scale for those premiums or contributions based on household income;

(2) may not exceed the maximums allowed under federal law; and

(3) shall implement a system by which the department or its designee collects those premiums or contributions.

*** Sec. 7.** TRANSITION: REGULATIONS. Notwithstanding sec. 9 of this Act, the Department of Health and Social Services may proceed to adopt regulations necessary to implement the changes made by this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of secs. 1 - 6 of this Act.

*** Sec. 8.** Section 7 of this Act takes effect immediately under AS 01.10.070(c).

*** Sec. 9.** Except as provided in sec. 8 of this Act, this Act takes effect July 1, 1998.