

Section 1 of this bill, on page 1, lines 5-7, provides a short title for the act. That title is the Alaska Medical Care for Seniors Act.

Section 2 of the bill, starting on page 1, line 8, adds a new article in title 18, which pertains to Health, Safety and Housing.

Section 18.28.200 establishes this grant program in the department of commerce, community and economic development . The goal is outlined by the second part of subsection (a), which states the purpose of the law is to assist in the provision of primary medical care for seniors by health care providers in this state.

Health care provider is described on page 2 of the bill, and includes physicians, osteopaths, physician assistants, nurses, physical therapists, occupational therapists or chiropractors licensed in Alaska and qualified to provide primary care services.

Section 18.28.200(b) on page 1 lines 13-14 directs the department to award grant funding to eligible providers, if funding is made available.

Section 18.28.200(c) starts on page two line 1, and requires the department to adopt regulations that carry out the program. It requires that these regulations match federal law, and include (in the order listed in the bill):

- An application and award procedure
- Eligibility requirements based on the lack of ability for the provider to receive adequate compensation for their services
- Proof that a grant is necessary to increase primary care availability
- A priority for providers that serve a high percentage of medically underserved populations where patients over 65 have been turned away.
- A 'bang for your buck' provision that gives priority to providers which will show the greatest increase of patients for the lowest grant amounts
- Any other requirements to carry out this program.

Section 18.28.200(d) – now we are on page 2, lines 16-20 - specifically disallows grant funds being utilized to supplement the care of patients with public or private health coverage that adequately compensates an applicant for primary care, as defined by the department in consultation with the Department of Health and Social Services commissioner.

Section 18.28.200(e) allows for DCCED to consult with and enter agreements with DHSS, to the extent permitted by law.

Section 18.28.200(f) provides definitions in this legislation – we've discussed them at relevant times above.

Finally on page 3, line 1, Section 3 of the bill provides Revisors instructions.