

Fiscal Note

State of Alaska
2024 Legislative Session

Bill Version: HB 205
Fiscal Note Number:
() Publish Date:

Identifier: HB205-DOH-MS-03-08-24
Title: CRIMINALIZE ABORTION; PRIVACY; COURTS
Sponsor: EASTMAN
Requester: (H) HSS
Department: Department of Health
Appropriation: Medicaid Services
Allocation: Medicaid Services
OMB Component Number: 3234

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2025 Appropriation Requested	Included in Governor's FY2025 Request	Out-Year Cost Estimates				
			FY 2025	FY 2025	FY 2026	FY 2027	FY 2028
Personal Services	***			***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0						

Estimated SUPPLEMENTAL (FY2024) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2025) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No

(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/25

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

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Agency: Department of Health

Phone: (907)465-6333
Date: 03/08/2024
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FISCAL NOTE ANALYSIS

STATE OF ALASKA
2024 LEGISLATIVE SESSION

BILL NO. HB 205

Analysis

This bill establishes that life begins at conception and criminalizes abortion. With respect to the Medicaid program, this bill would preclude the department from paying for an abortion service or drug, irrespective of medical necessity.

This bill defines a “child” as a natural person from the moment of conception until 18 years of age. This definition may result in the classification of long-acting reversible contraceptives (LARC), e.g., progesterone containing oral contraceptives, intrauterine devices (IUD), and emergency contraception as abortifacients, and therefore subject to criminalization established in this bill. Progesterone containing products have multiple mechanisms by which they impact the potential for pregnancy, among these the ability to cause alterations in the lining of the uterus (endometrium) which can impact the ability of a fertilized egg to achieve implantation. These types of contraception do not prevent fertilization, but instead prevent nidation, the process by which the fertilized egg enters the uterus, attaches to the endometrium, and penetrates its interior to continue development.

Criminalization of these methods of contraception would increase birth rates and significantly increase Medicaid costs to cover the increased number of pregnancies, postpartum care following delivery, and medical care for the newborn; result in the revocation of licensure of hospitals, ambulatory surgical centers, and any other health facilities that continue to dispense, insert, or otherwise provide these methods of contraception result in the inability of an individual to be employed in a licensed healthcare setting if they were prosecuted, under this bill, for causing abortion.

An increase in Medicaid recipient complaints is expected which will result in mediation and/or fair hearings expenses. The costs associated cannot be calculated at this time since it is unknown how many complaints regarding available methods of contraception will be received.

The department submits an indeterminant fiscal note at this time; the costs associated with the implementation of this bill are difficult to determine due to multiple factors involved, and that costs would not be driven by the department, but rather the choices made by women of childbearing age.

Costs associated with regulations and system modifications can be absorbed by existing staff and contracts.