



# REPRESENTATIVE ALYSE GALVIN

Serving Alaska House District 14 | Anchorage: Roger's Park, Midtown, Tudor, and Spenard

Alaska State Capitol, Rm 502 | Juneau, Alaska 99801

Phone: 907-465-6443 | Email: Rep.Alyse.Galvin@AKLeg.gov

## **Sponsor Statement: House Bill 151** **Medical Assistance: Children Under Age 6**

In Alaska, ensuring that our children and families have access to the proper healthcare is crucial to their well-being. This is especially important for children under six who are in the midst of a critical developmental period. Under the current system, children under six years old who qualify for Medicaid are currently covered for one year and must reapply annually for continued coverage. This bill mitigates unnecessary disruptions in their care, disruptions that leave families with uncertainty when it comes to securing health services for their young children.

House Bill 151 aims to solve this issue of coverage gaps by guaranteeing continuous eligibility for children under six. This means that once a child is determined eligible for Medicaid, they will remain covered until they turn six years old, eliminating the need for annual reauthorization and ensuring they have uninterrupted access to the care they need.

This bill also saves state administration time and resources.

The passage of this bill is vital for supporting the healthy development of our youngest residents and ensuring that families do not face unexpected gaps in coverage. In addition to strengthening the health security of vulnerable youth in Alaska it removes possible barriers to learning as frequent care ensures early diagnosis and intervention of developmental delays.

I encourage my colleagues to support this bill and take a meaningful step toward ensuring that all Alaskan children and families can count on stable, reliable health care allowing children to reach their full potential.

34-LS0571\N  
A. Radford  
3/29/25

**CS FOR HOUSE BILL NO. 151(HSS)**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**THIRTY-FOURTH LEGISLATURE - FIRST SESSION**

**BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE**

**Offered:**  
**Referred:**

**Sponsor(s): REPRESENTATIVES GALVIN, Fields**

**A BILL**

**FOR AN ACT ENTITLED**

**"An Act relating to continuous eligibility for medical assistance for children under six years of age; and providing for an effective date."**

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

**\* Section 1.** AS 47.07.020(i) is amended to read:

(i) The department shall allow a person under six years of age who is determined to be eligible for benefits under this chapter to remain eligible for those benefits until the person is six years old. The department may allow a person who is at least six years of age but not over [UNDER] 19 years of age **and** 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. 2.** The uncodified law of the State of Alaska is amended by adding a new section to read:

1 MEDICAID STATE PLAN; WAIVERS. The Department of Health shall, as  
2 necessary for federal approval by the United States Department of Health and Human  
3 Services, submit amendments to the state plan for medical assistance coverage or apply for  
4 any waivers necessary to implement AS 47.07.020(i), as amended by sec. 1 of this Act.

5 \* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to  
6 read:

7 **CONDITIONAL EFFECT; NOTIFICATION.** (a) Section 1 of this Act takes effect  
8 only if, on or before July 1, 2027, the United States Department of Health and Human  
9 Services

10 (1) approves the waivers or amendments to the state plan for medical  
11 assistance coverage submitted in accordance with sec. 2 of this Act; or

12 (2) determines that approval of the waivers and amendments to the state plan  
13 for medical assistance coverage submitted in accordance with sec. 2 of this Act is not  
14 necessary.

15 (b) The commissioner of health shall notify the revisor of statutes in writing within 30  
16 days after the United States Department of Health and Human Services approves the waivers  
17 or amendments to the state plan or determines that approval of the waivers and amendments is  
18 not necessary under this section.

19 \* **Sec. 4.** If sec. 1 of this Act takes effect, it takes effect on the day after the date the United  
20 States Department of Health and Human Services approves the waivers or amendments to the  
21 state plan or determines that approval of the waivers and amendments is not necessary.

**HOUSE BILL NO. 151**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES GALVIN, Fields

Introduced: 3/24/25

Referred: Health and Social Services, Finance

**A BILL**

**FOR AN ACT ENTITLED**

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2 years of age; and providing for an effective date."

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10 benefits for up to 11 calendar months following the month that the person is  
11 determined eligible for benefits or until the person is 19 years old, whichever occurs  
12 earlier.

13 \* **Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to  
14 read:

1           MEDICAID STATE PLAN FEDERAL APPROVAL. To the extent necessary to  
2     implement this Act, the Department of Health shall amend and submit for federal approval the  
3     state plan for medical assistance coverage consistent with AS 47.07.020(i), as amended by  
4     sec. 1 of this Act.

5       \* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to  
6     read:

7           CONDITIONAL EFFECT; NOTIFICATION. (a) Section 1 of this Act takes effect  
8     only if the United States Department of Health and Human Services

9                 (1) approves the amendments to the state plan for medical assistance coverage  
10    submitted in accordance with sec. 2 of this Act; or

11                (2) determines that approval of the amendments to the state plan for medical  
12    assistance coverage submitted in accordance with sec. 2 of this Act is not necessary.

13           (b) The commissioner of health shall notify the revisor of statutes in writing within 30  
14    days after the United States Department of Health and Human Services approves the  
15    amendments to the state plan or determines that approval is not necessary under this section.

16       \* **Sec. 4.** If sec. 1 of this Act takes effect, it takes effect on the day after the date the United  
17    States Department of Health and Human Services approves the amendments to the state plan  
18    or determines that approval is not necessary.



# **REPRESENTATIVE ALYSE GALVIN**

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## **HB 151: Medical Assistance - Children Under Age 6 Sectional Analysis**

### **Section 1-**

This section will ensure that children under six do not lose their Medicaid Benefits due to re-evaluations or other administrative processes, providing continuous coverage for them until they reach six-years-old.

### **Section 2-**

This section outlines the necessary permissions and approvals from the United States Department of Health and Human Services (HHS) to make the changes in Medicaid coverage happen. If the state does not get approval, the changes won't take effect.

### **Section 3-**

This section will ensure that the new rule will only be implemented if the state gets approval from the federal government. It also sets a timeline for notifications, making sure that the change will only happen after federal approval is granted.

### **Section 4-**

This section ensures that the change won't take effect until the federal government has officially approved it, which might take time.

# Fiscal Note

State of Alaska  
2025 Legislative Session

Bill Version: HB 151  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB151-DOH-PAFS-3-28-25  
Title: MEDICAL ASSISTANCE: CHILDREN UNDER AGE  
6  
Sponsor: GALVIN  
Requester: (H) HSS

Department: Department of Health  
Appropriation: Public Assistance  
Allocation: Public Assistance Field Services  
OMB Component Number: 236

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

|                        | FY2026<br>Appropriation<br>Requested | Included in<br>Governor's<br>FY2026<br>Request | Out-Year Cost Estimates |            |            |            |            |
|------------------------|--------------------------------------|--|-------------------------|------------|------------|------------|------------|
| OPERATING EXPENDITURES | FY 2026                              | FY 2026  | FY 2027                 | FY 2028    | FY 2029    | FY 2030    | FY 2031    |
| Personal Services      |                                      |  |                         |            |            |            |            |
| Travel                 |                                      |  |                         |            |            |            |            |
| Services               | 144.0                                |  |                         |            |            |            |            |
| Commodities            |                                      |  |                         |            |            |            |            |
| Capital Outlay         |                                      |  |                         |            |            |            |            |
| Grants & Benefits      |                                      |  |                         |            |            |            |            |
| Miscellaneous          |                                      |  |                         |            |            |            |            |
| <b>Total Operating</b> | <b>144.0</b>                         | <b>0.0</b>                                     | <b>0.0</b>              | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

## Fund Source (Operating Only)

|                      |              |            |            |            |            |            |            |
|----------------------|--------------|------------|------------|------------|------------|------------|------------|
| 1002 Fed Rcpts (Fed) | 72.0         |            |            |            |            |            |            |
| 1003 GF/Match (UGF)  | 72.0         |            |            |            |            |            |            |
| <b>Total</b>         | <b>144.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

## Positions

|           |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
| Full-time |  |  |  |  |  |  |  |
| Part-time |  |  |  |  |  |  |  |
| Temporary |  |  |  |  |  |  |  |

## Change in Revenues

|              |            |            |            |            |            |            |            |
|--------------|------------|------------|------------|------------|------------|------------|------------|
| None         |            |            |            |            |            |            |            |
| <b>Total</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

Estimated SUPPLEMENTAL (FY2025) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2026) 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? 07/01/26

## Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: Deb Etheridge, Director  
Division: Public Assistance  
Approved By: Pam Halloran, Assistant Commissioner  
Agency: Department of Health  
Phone: (907)465-2680  
Date: 03/27/2025  
Date: 03/28/25

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2025 LEGISLATIVE SESSION

BILL NO. HB151

### Analysis

HB151 would establish continuous Medicaid eligibility for children under six years of age, permitting uninterrupted enrollment through the child's sixth birthday regardless of changes in income or household composition, except in limited circumstances.

#### Fiscal Impact:

Although this change is expected to increase total Medicaid expenditures—by extending coverage for children who might otherwise lose eligibility during the year—the division does not anticipate a material increase in overall enrollment, as the majority of children eligible under this provision are currently enrolled and actively receiving services. While the redetermination workload for this population may be reduced, the division does not project a corresponding reduction in the overall administrative burden, as most Medicaid households include additional members who will continue to require annual eligibility renewals.

#### Implementation Considerations:

Implementation of this policy will require federal approval through an 1115 Demonstration Waiver. The waiver process will involve substantial staff resources dedicated to policy development, fiscal analysis, stakeholder engagement, regulatory revision, and coordination with the Centers for Medicare and Medicaid Services (CMS). The estimated timeline for full implementation—including waiver development, federal review and approval, adoption of necessary regulatory changes, and system readiness—is approximately 12 months.

#### Estimated One-Time System Development Cost:

Targeted modifications to the Medicaid eligibility system will be necessary to operationalize this policy change. Required updates include revisions to eligibility logic, tracking mechanisms, and reporting functionality. The division estimates the system development effort will require approximately 720 hours at a blended hourly rate of \$200, resulting in a total one-time cost of \$144,000 with a 50 percent federal reimbursement.

| System Development Activity          | Estimated Hours | Estimated Cost (@ \$200/hr) |
|--------------------------------------|-----------------|-----------------------------|
| Discovery and Requirements Gathering | 80              | \$16,000                    |
| Development and Programming          | 480             | \$96,000                    |
| Testing and Validation               | 160             | \$32,000                    |
| Total                                | 720 hours       | \$144,000                   |



# Fiscal Note

State of Alaska  
2025 Legislative Session

Bill Version: HB 151  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB151-DOH-MS-3-28-25  
Title: MEDICAL ASSISTANCE: CHILDREN UNDER AGE  
6  
Sponsor: GALVIN  
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)

|                        | FY2026<br>Appropriation<br>Requested | Included in<br>Governor's<br>FY2026<br>Request | Out-Year Cost Estimates |         |         |         |         |
|------------------------|--------------------------------------|--|-------------------------|---------|---------|---------|---------|
| OPERATING EXPENDITURES | FY 2026                              | FY 2026  | FY 2027                 | FY 2028 | FY 2029 | FY 2030 | FY 2031 |
| Personal Services      | ***                                  |  | ***                     | ***     | ***     | ***     | ***     |
| Travel                 |                                      |  |                         |         |         |         |         |
| Services               |                                      |  |                         |         |         |         |         |
| Commodities            |                                      |  |                         |         |         |         |         |
| Capital Outlay         |                                      |  |                         |         |         |         |         |
| Grants & Benefits      |                                      |  |                         |         |         |         |         |
| Miscellaneous          |                                      |  |                         |         |         |         |         |
| <b>Total Operating</b> | ***                                  | <b>0.0</b>                                     | ***                     | ***     | ***     | ***     | ***     |

## Fund Source (Operating Only)

|              |     |            |     |     |     |     |     |
|--------------|-----|------------|-----|-----|-----|-----|-----|
| None         |     |            |     |     |     |     |     |
| <b>Total</b> | *** | <b>0.0</b> | *** | *** | *** | *** | *** |

## Positions

|           |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
| Full-time |  |  |  |  |  |  |  |
| Part-time |  |  |  |  |  |  |  |
| Temporary |  |  |  |  |  |  |  |

## Change in Revenues

|              |            |            |            |            |            |            |            |
|--------------|------------|------------|------------|------------|------------|------------|------------|
| None         |            |            |            |            |            |            |            |
| <b>Total</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

**Estimated SUPPLEMENTAL (FY2025) cost:** 0.0 (separate supplemental appropriation required)

**Estimated CAPITAL (FY2026) 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? 07/01/26

## Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: Terra Serpette, Division Operations Manager  
Division: Medicaid Services  
Approved By: Pam Halloran, Assistant Commissioner  
Agency: Department of Health

Phone: (907)465-6333  
Date: 03/28/2025  
Date: 03/28/25

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2025 LEGISLATIVE SESSION

BILL NO. HB151

### Analysis

This legislation would establish continuous Medicaid eligibility for children under six years of age, permitting uninterrupted enrollment through the child's sixth birthday regardless of changes in income or household composition, except in limited circumstances.

**Fiscal Impact:**

This change extending coverage for children who might otherwise lose eligibility during the year is indeterminate.

The Medicaid program is unable to determine enrollment churn rate within the 0-6 aged population and the corresponding impacts to Medicaid utilization. The Medicaid utilization rate is volatile.

# HB 151: Multi-Year Continuous Medicaid Eligibility for Children 0-6

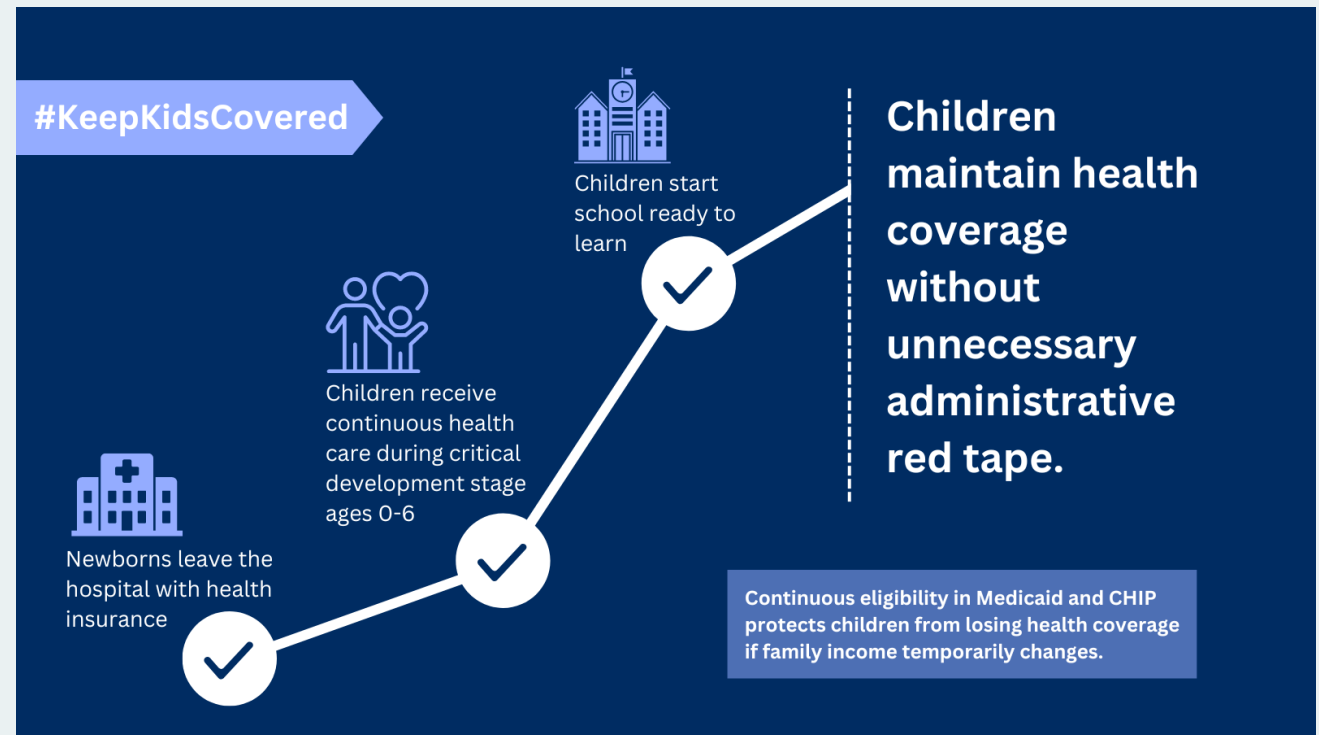
Presented to Health and Social Services

April 3, 2025

Representative Alyse Galvin | Lacey Matula (Intern)

# What Does HB 151 Do?

- Changes Alaska statute to allow for multi-year continuous Medicaid eligibility for children under 6.
- It directs the Department of Health to seek necessary federal approvals to implement these changes.
- A child will remain covered until they turn six eliminating re-evaluation.



# How 12 Months of Continuous Eligibility has Helped Families

- Uninterrupted Access to Healthcare
- Prevents Delays in Care
- Reduces Financial Stress
- Improved Health Outcomes

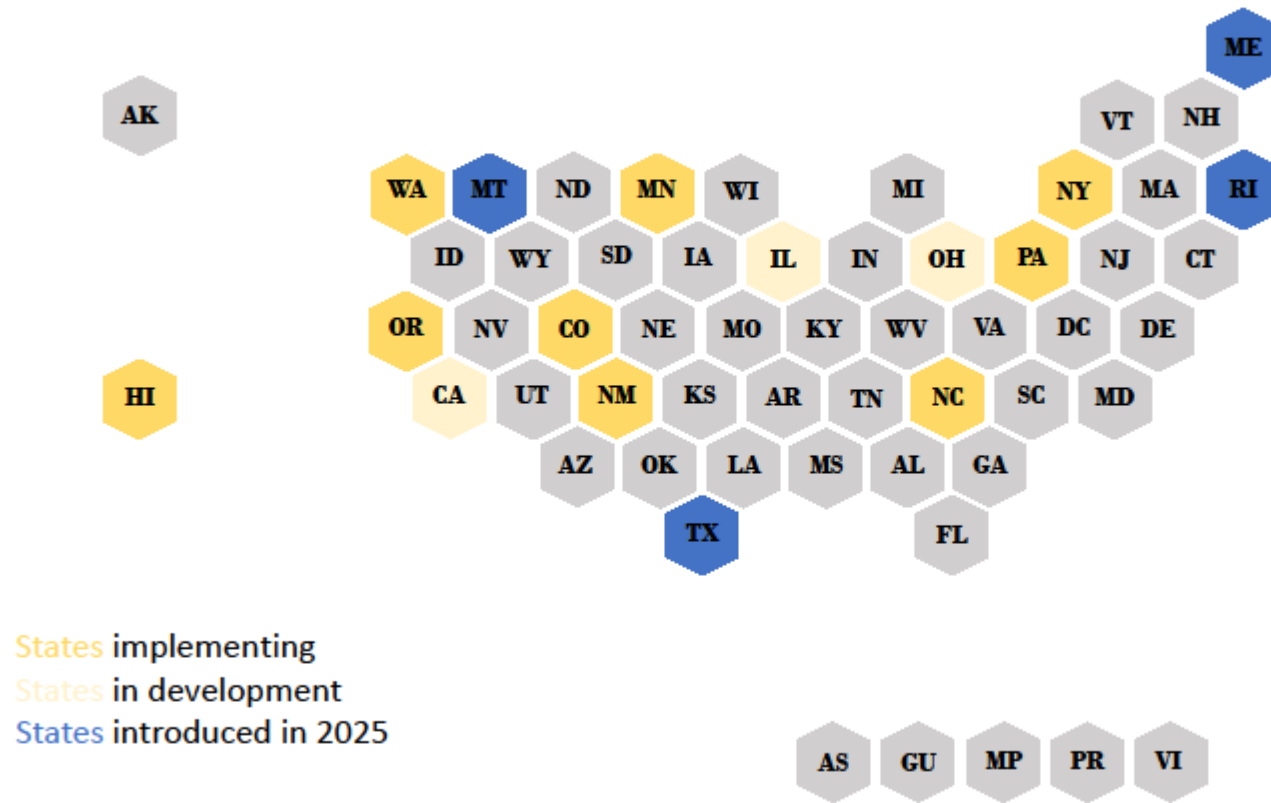
By providing continuous Medicaid coverage, this policy helps parents focus on their child's well-being instead of navigating complex and time-consuming bureaucratic processes.

# State Legislation on Multi-Year Continuous Eligibility for Children Introduced in 2025

- **Montana** [HB 185](#) (Introduced) directs the department to apply for necessary waivers or state plan amendments to allow for 3 years of continuous eligibility for children under the age of 6 years old.
- **Rhode Island** [HB 5205](#) (Pending) / [SB 254](#) (Pending) directs the executive office to seek any necessary amendments to Rhode Island's Section 1115 waiver to implement continuous eligibility for individuals up to age 3.
- **Texas** [HB 1539](#) (Introduced) directs the commissioner to seek a Section 1115 waiver to provide continuous eligibility for Medicaid-eligible children five years old or younger, regardless of changes in the child's resources or household income.
- **Maine** [SB 896](#) Received by the Secretary of the Senate on March 5. Referred to the Committee on Health and Human Services pursuant to [Joint Rule 308.2](#) and ordered printed.

# Continuous Eligibility In Other States

Development, Implementation, and the Introduction of Multi-Year Continuous Eligibility (CE) for Children



# Benefits of 0-6 Medicaid Eligibility

- Ensuring Health and Security for Families
- Improved Healthcare Access for Vulnerable Populations
- Strengthening Alaskan Healthcare
- Improved School Attendance
- Financial Stability for Families

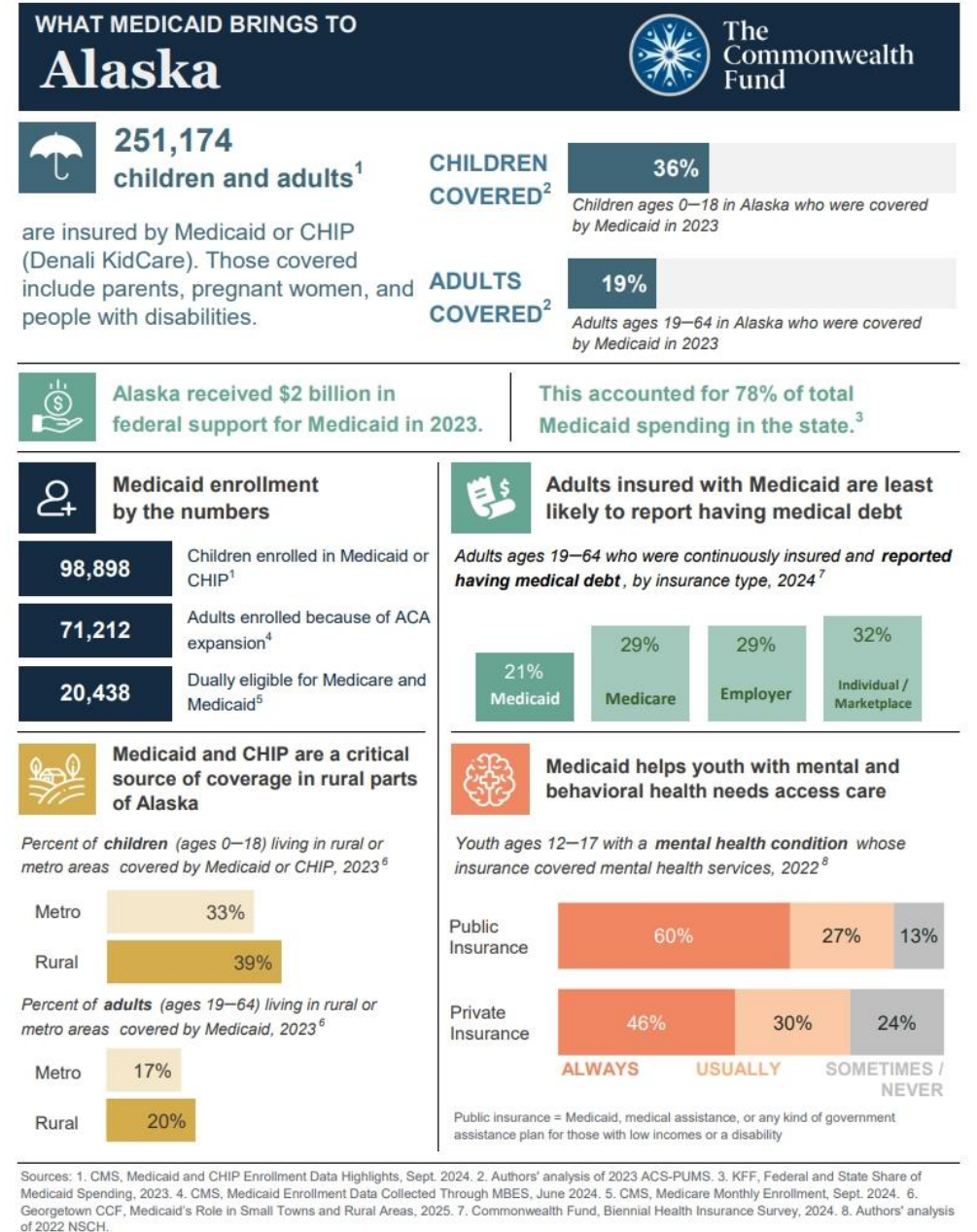


# Cost Savings

## Prevention is Better than Cure

➤ Administrative Savings

➤ Reduction in Medical Debt



# Sources

- [ECMedicaidpolicybrief.pdf](#)
- [Alaska CWF Medicaid Data.pdf](#)
- [Multi-Year Continuous Eligibility for Children – Center For Children and Families](#)
- [CMS Approves Five More States to Adopt Medicaid Multi-Year Continuous Coverage for Young Children As Threats to Coverage Loom – Center For Children and Families](#)
- [Biden-Harris Administration Announces Approvals in Five States that will Keep Eligible Children and Adults Enrolled in Medicaid and CHIP | CMS](#)
- [PolicyBrief\\_Early-Childhood-Continuous-Coverage.pdf](#)
- [MedicaidFactSheet.knit](#)
- [Missouri\\_12-month CE.pdf](#)
- [Missouri\\_12-month CE.pdf](#)
- [From Uninsured Nightmare to Healthy Future: The Need for Multiyear Continuous Eligibility for Kids Enrolled in Medicaid and CHIP | First Focus on Children](#)
- [Continuous Medicaid/CHIP Eligibility for Children and Youth: 2024 Considerations for States - Manatt, Phelps & Phillips, LLP](#)

# Thank you

Representative Alyse Galvin

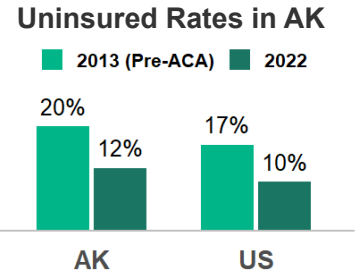
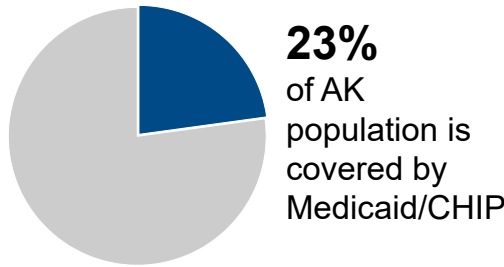
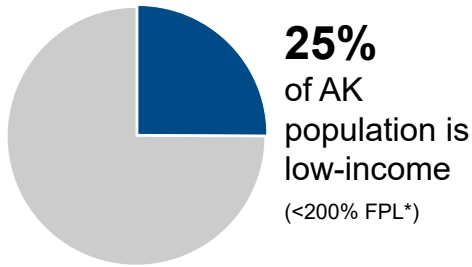
Lacey Matula (Intern)

907-465-3875

[Rep.Alyse.Galvin@akleg.gov](mailto:Rep.Alyse.Galvin@akleg.gov)

[Lacey.Matula@akleg.gov](mailto:Lacey.Matula@akleg.gov)

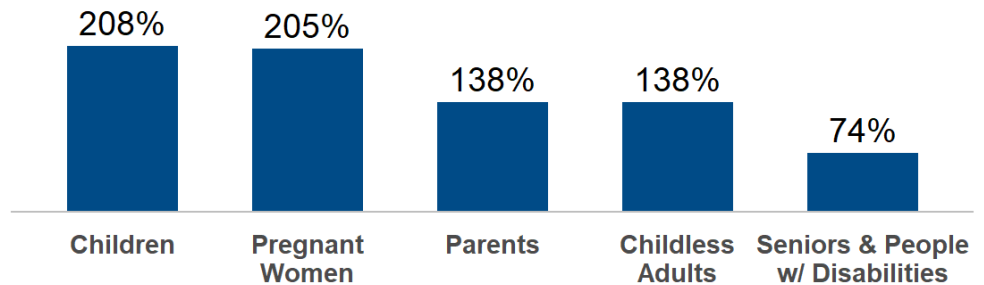
**248,307** enrolled in AK Medicaid



## AK Expansion Status: **Adopted**

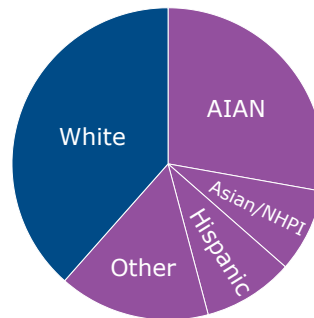
Adults in  
Expansion Group:  
**74,000**

## Eligibility Levels as a % of FPL\*



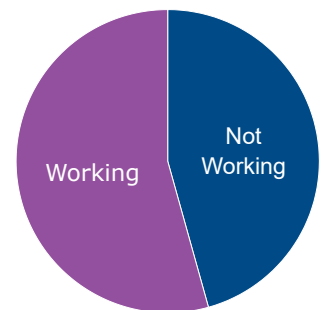
\*100% of Federal Poverty Level (FPL): \$25,820 for a family of three; \$15,060 for an individual

## In AK, Medicaid Covers:

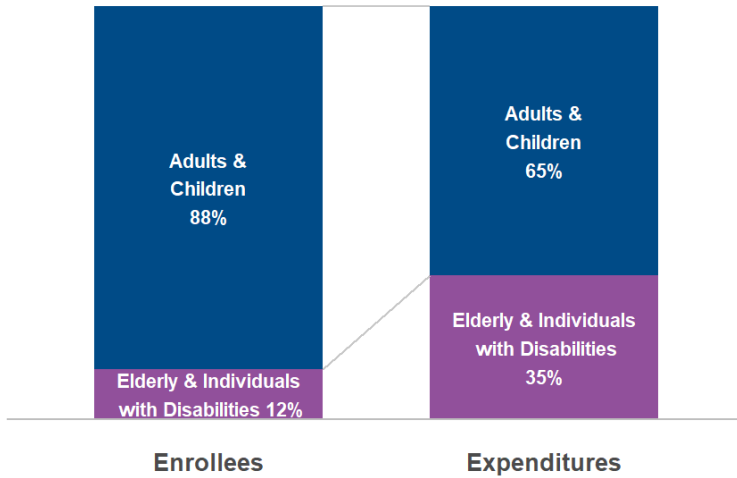


**63%**  
of non-elderly  
Medicaid enrollees  
in AK are people of  
color

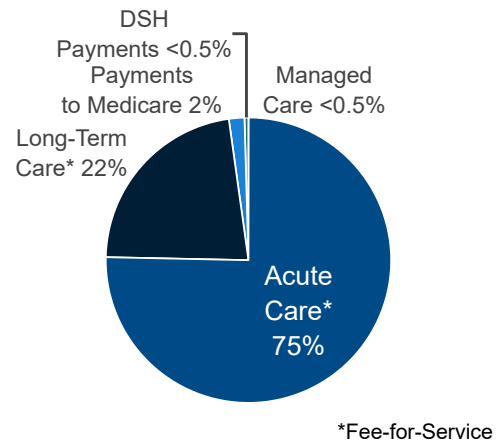
**54%**  
of adults in AK on  
Medicaid are  
working



## Medicaid Enrollees & Expenditures in AK



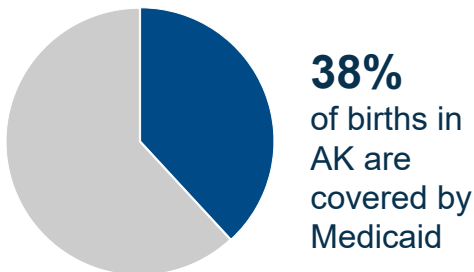
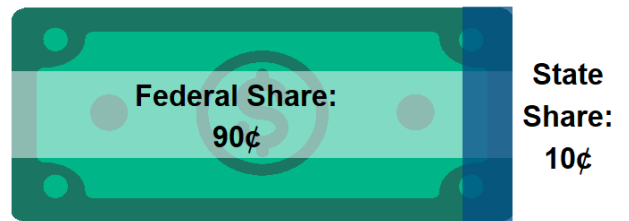
## Total AK Medicaid Spending by Service: \$2.5 billion



In AK, the federal government pays **52%** of the cost of traditional Medicaid.

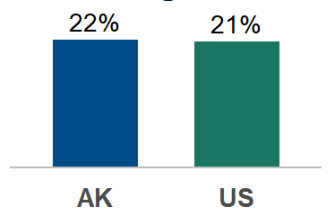


The federal government pays **90%** of the cost of the Medicaid expansion.

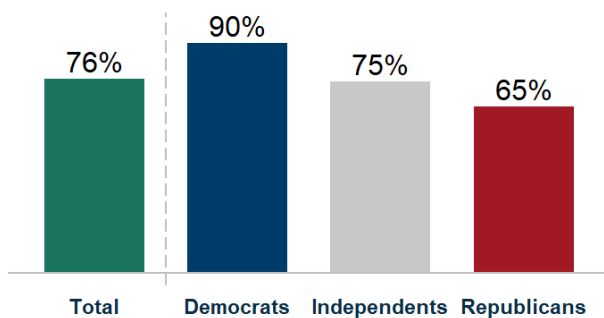


Alaska **has adopted** the Medicaid 12-month postpartum coverage extension

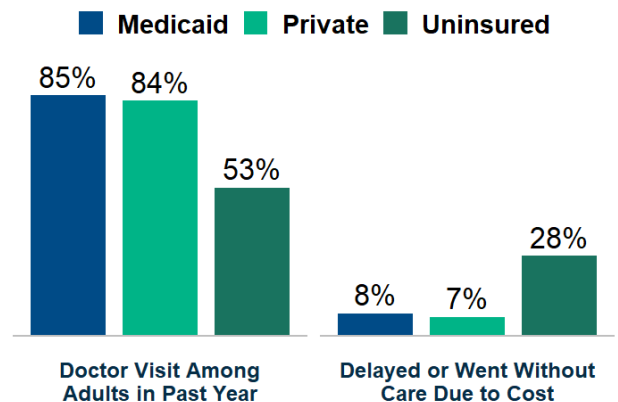
## Medicaid Coverage of Women Ages 15–49



## National Share of Those that Hold Favorable Views of Medicaid



## National Access Measures



# WHAT MEDICAID BRINGS TO Alaska



The  
Commonwealth  
Fund



**251,174**  
children and adults<sup>1</sup>

are insured by Medicaid or CHIP (Denali KidCare). Those covered include parents, pregnant women, and people with disabilities.

**CHILDREN  
COVERED<sup>2</sup>**

**36%**

Children ages 0–18 in Alaska who were covered by Medicaid in 2023

**ADULTS  
COVERED<sup>2</sup>**

**19%**

Adults ages 19–64 in Alaska who were covered by Medicaid in 2023



Alaska received \$2 billion in federal support for Medicaid in 2023.

This accounted for 78% of total Medicaid spending in the state.<sup>3</sup>



**Medicaid enrollment  
by the numbers**

**98,898**

Children enrolled in Medicaid or CHIP<sup>1</sup>

**71,212**

Adults enrolled because of ACA expansion<sup>4</sup>

**20,438**

Dually eligible for Medicare and Medicaid<sup>5</sup>



**Adults insured with Medicaid are least likely to report having medical debt**

Adults ages 19–64 who were continuously insured and **reported having medical debt**, by insurance type, 2024<sup>7</sup>

21%  
Medicaid

29%  
Medicare

29%  
Employer

32%  
Individual /  
Marketplace



**Medicaid and CHIP are a critical source of coverage in rural parts of Alaska**

Percent of **children** (ages 0–18) living in rural or metro areas covered by Medicaid or CHIP, 2023<sup>6</sup>

Metro 33%

Rural 39%

Percent of **adults** (ages 19–64) living in rural or metro areas covered by Medicaid, 2023<sup>6</sup>

Metro 17%

Rural 20%



**Medicaid helps youth with mental and behavioral health needs access care**

Youth ages 12–17 with a **mental health condition** whose insurance covered mental health services, 2022<sup>8</sup>

Public Insurance

60%

27%

13%

Private Insurance

46%

30%

24%

**ALWAYS**

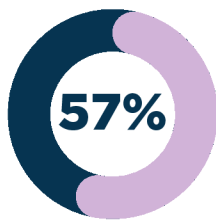
**USUALLY**

**SOMETIMES /  
NEVER**

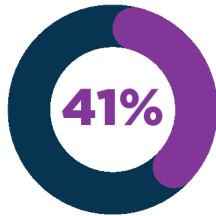
Public insurance = Medicaid, medical assistance, or any kind of government assistance plan for those with low incomes or a disability

Sources: 1. CMS, Medicaid and CHIP Enrollment Data Highlights, Sept. 2024. 2. Authors' analysis of 2023 ACS-PUMS. 3. KFF, Federal and State Share of Medicaid Spending, 2023. 4. CMS, Medicaid Enrollment Data Collected Through MBES, June 2024. 5. CMS, Medicare Monthly Enrollment, Sept. 2024. 6. Georgetown CCF, Medicaid's Role in Small Towns and Rural Areas, 2025. 7. Commonwealth Fund, Biennial Health Insurance Survey, 2024. 8. Authors' analysis of 2022 NSCH.

## EARLY CHILDHOOD MEDICAID



OF ALASKA CHILDREN  
0-19 WERE **ENROLLED**  
IN **MEDICAID** FOR ALL  
OR PART OF FY23



OF ALASKA'S MEDICAID  
ENROLLEES ARE  
**CHILDREN AGES 0-19**



OF ALASKA **BIRTHS**  
ARE **COVERED BY**  
**MEDICAID**



OF **ELIGIBLE ALASKA**  
**CHILDREN PARTICIPATE**  
IN **MEDICAID OR CHIP**



OF **ALASKANS**  
**UNDER 6 ARE**  
**UNINSURED**



### MEDICAID UNWINDING

Data indicates that during the Medicaid unwinding process hundreds of eligible Alaska children lost coverage. Many of these families arrived for appointments with community or school providers unaware they did not have Medicaid coverage. While Alaska's Department of Health has worked to ensure eligible children regain coverage lost during unwinding, **any period of lost coverage creates barriers for families seeking care** for small health issues before they turn into expensive problems.

### DID YOU KNOW?

**90%** OF BRAIN DEVELOPMENT  
HAPPENS BEFORE AGE 5



**Medicaid** is health insurance for low-income Alaskans, providing essential medical, dental, and mental health services including—prenatal checkups for pregnant women and infant and toddler wellness exams.

**Young children need consistent access to services that support their healthy development and long-term wellbeing.**



# POLICY OPPORTUNITIES FOR EARLY CHILDHOOD MEDICAID

## CONTINUOUS ELIGIBILITY FOR CHILDREN 0-6 YEARS

Modest fluctuations in family income caused by changing work hours, which is common for parents working in retail, service, and seasonal jobs, may result in their children being temporarily ineligible for Medicaid. This “churn” in Medicaid disrupts access to preventative care for kids and add up in costly administrative expenses for the state.

Providing continuous Medicaid eligibility for children 0-6 supports parents seeking care for their children and reduces administrative burden. Research also shows that children with health insurance are more likely to do better in school, graduate at higher rates, and earn higher incomes, demonstrating significant long-term benefits as well.

## REIMBURSEMENT FOR EARLY CHILDHOOD SERVICES

Screenings during routine early childhood medical visits help identify potential developmental delays and other needs. Providing early intervention services and supports for young children when these needs are identified results in improved outcomes for children and families. However, waitlists and limited funding are common for many early childhood services.

Ensuring critical early childhood services, including home visiting and services provided through the infant learning program, are eligible for Medicaid reimbursement helps support providers, expands services to more eligible children and families, and reduces waitlists.

While children under 19 account for a large percentage of Medicaid enrollees, they account for a much smaller percentage of the total Medicaid expenditure. Investing in the health and wellbeing of young children NOW will result in improved outcomes, and reduced financial expense, in the future.

**LEARN  
MORE**



## CONTACT US



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