Fiscal Note State of Alaska Bill Version: HB 151 2025 Legislative Session Fiscal Note Number: () Publish Date: Identifier: HB151-DOH-MS-4-16-25 Department: Department of Health Title: MEDICAL ASSISTANCE: CHILDREN UNDER AGE Appropriation: Medicaid Services Allocation: Medicaid Services **GALVIN** OMB Component Number: 3234 Sponsor: Requester: (H) HSS **Expenditures/Revenues** Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars) Included in FY2026 Governor's Appropriation FY2026 **Out-Year Cost Estimates** Requested Request FY 2026 FY 2028 FY 2029 **OPERATING EXPENDITURES** FY 2026 **FY 2027 FY 2030** FY 2031 Personal Services Travel Services

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)			8,947.3	8,947.3	8,947.3	8,947.3	8,947.3
1003 GF/Match (UGF)			2,982.4	2,982.4	2,982.4	2,982.4	2,982.4
Total	0.0	0.0	11,929.7	11,929.7	11,929.7	11,929.7	11,929.7

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11,929.7

Positions

Commodities
Capital Outlay
Grants & Benefits

Miscellaneous

Total Operating

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

Estimated CAPITAL (FY2026) cost: 0.0 (separate capital appropriation required)

0.0

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)

0.0

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If yes, by what date are the regulations to be adopted, amended or repealed?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:

Previous fiscal note was indeterminate; expenditures have been updated to reflect expected costs.

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Printed 4/23/2025 Page 1 of 2 Control Code: IUGhK

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 is expected to increase total Medicaid expenditures by extending coverage for children who might otherwise lose eligibility during the year.

Medicaid Services has calculated an increase of \$11,929.7 annually, with 75 percent federal and 25 percent general fund match funding. This increase was calculated using fiscal year 2024 eligibility and spending data of children ages 0 through 5 extracted from the Medicaid claims system. An average monthly cost was determined by dividing total medical claims spending by total member count, then dividing that annual figure by 12 months. An estimate of non-covered months of eligibility was determined by evaluating one age group of children, five-year old's, and taking the difference of their total months of actual Medicaid coverage from 60 months or five years of coverage. The annual Medicaid Services spending increase was determined by multiplying the average monthly cost against the number of non-covered months and dividing that resulting amount by five years. The federal match percentage is based on actual fiscal year 2024 medical claims spending of children ages one thru five and evaluating how much of that was federal versus general fund.

Based on the analysis, the number of children ages 1-5 who could potentially benefit from continuous enrollment is 27,167. An average of 26 additional months of coverage would result from continuous enrollment. Children ages 1-5 who enroll for Medicaid are enrolled for an average of 34 months. This bill allows for 60 months of enrollment.

Implementation Considerations:

Implementation of this policy will require federal approval through an 1115 Demonstration Waiver. The waiver process will involve staff resources by the Division of Public Assistance, 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.

(Revised 9/6/24 OMB/LFD) Page 2 of 2