

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version: HB 185
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB185-DOH-MS-05-2-25
Title: MEDICAL ASSISTANCE; FAMILY PLANNING
Sponsor: HALL
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 Appropriation Requested	Included in Governor's FY2026 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	350.2		2,101.1	2,101.1	2,101.1	2,101.1	2,101.1
Miscellaneous							
Total Operating	350.2	0.0	2,101.1	2,101.1	2,101.1	2,101.1	2,101.1

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	315.2		1,890.9	1,890.9	1,890.9	1,890.9	1,890.9
1003 GF/Match (UGF)	35.0		210.2	210.2	210.2	210.2	210.2
Total	350.2	0.0	2,101.1	2,101.1	2,101.1	2,101.1	2,101.1

Positions

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)

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If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/26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.

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Agency: Department of Health

Phone: (907)465-6333
Date: 05/01/2025
Date: 05/02/25

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2025 LEGISLATIVE SESSION

BILL NO. HB185

Analysis

House Bill 185 allows for optional coverage of family planning services for a non-pregnant individual, whose income exceeds limits for other Medicaid eligibility categories but is equal to or less than 225 percent of the prevailing Federal Poverty Guidelines for Alaska.

Implementation of the requirements of this legislation will require the Department of Health, Division of Public Assistance, to create a new Medicaid eligibility category and for the Department of Health, Division of Health Care Services to update the Alaska Medicaid Management Information System to pay claims under this new Medicaid eligibility category.

Fiscal Impact:

This change is expected to increase total Medicaid expenditures by extending coverage to those individuals who might otherwise not be covered by Medicaid for family planning services.

Medicaid Services has calculated an increase of \$2,101.1 annually, with 90 percent federal and 10 percent general fund match funding. This increase was calculated using fiscal year 2024 eligibility and family planning spending data extracted from the Medicaid claims system. An average annual cost was determined by dividing total family planning claims spending for family planning services by total member count. The annual Medicaid Services spending increase was determined by multiplying the average annual cost against the number of non-covered participants estimated. The federal match percentage is based on the family planning Federal Medical Assistance Percentage (FMAP) rate.

Estimated impacts on participation of covered individuals is estimated to be 3,500 individuals annually.

Implementation Considerations:

Policy, systems, and operational changes would be required to implement the new category.

A state plan amendment would be necessary.

This legislation will take effect only if, on or before January 1, 2026, the United States Department of Health and Human Services approves the amendments to the state plan or determines that approval is not necessary. If this Act takes effect, it takes effect January 1, 2026.

After approval is received from the United States Department of Health and Human Services, it will take another four to six months for regulation changes and implementation. Partial funding is requested for FY2026.