FISCAL NOTE

| STATE OF ALASKA cost ≠ codes 2012 LEGISLATIVE SESSION | | | | | Bill Version HB288 Fiscal Note Number Publish Date | | | | |
|---|---|------------------------------------|--|--------------|--|----------------|---------------|------|--|
| Identifier (file name) | dentifier (file name) HB288-DOC-OC-02-20-12 | | | | Dept. Affected DOC | | | | |
| Title "An Act prohibiting denial or withholding medical | | | | medical | Appropriation Admin & Support | | | | |
| assistance eligibility or coverage for a prisoner" | | | | _ Allocation | Cor | nmissioner's (| Office | | |
| Sponsor Representative Keller Requester Health and Social Services Committee | | | 00 | OMB Compone | ant Number | 694 | | | |
| • | | | | | | | | | |
| Expenditures/Rev | | | | (Tho | ousands of Doll | ars) | | | |
| Note: Amounts do no | t include inflation | unless otherwise | | Ī | | | | | |
| | | FY13 Appropriation Requested | Included in Governor's FY13 Request | | Out-Year Cost Estimates | | | | |
| OPERATING EXPENDITURES | | FY13 | FY13 | FY14 | FY15 | FY16 | FY17 | FY18 | |
| Personal Services | | | | | | | | | |
| Travel | | | | | | | | | |
| Services Commodities | | | | | | | | | |
| Capital Outlay | | | | | | | | + | |
| Grants, Benefits | | | | | | | | | |
| Miscellaneous | | ** | | | | | | | |
| TOTAL OP | TOTAL OPERATING | | ** | ** | ** | ** | ** | ** | |
| FUND SOURCE | | | | (Th | ousands of Dolla | ars) | | | |
| 1002 Federal Rec | eipts | | | | | | | | |
| 1003 GF Match | | | | | | | | _ | |
| 1004 GF 1005 GF/Prgm (DGF) | | | | | | | | | |
| 1003 GF/FIGIT (DO | | | | | | | | | |
| 1178 temp code (UGF) | | | | | | | | | |
| TOT | | ** | ** | ** | ** | ** | ** | ** | |
| | | | | | | | | | |
| POSITIONS Full-time | | 1 | | | 1 | | | 1 | |
| Part-time | | | | | | | | | |
| Temporary | | | | | | | | | |
| | | <u> </u> | | | <u> </u> | | | | |
| CHANGE IN REVEN | IUES | | | | | | | | |
| Estimated SUPPLEMENTAL (FY12) operating costs (discuss reasons and fund source(s) in analysis section) Estimated CAPITAL (FY13) costs (discuss reasons and fund source(s) in analysis section) | | | | | (separate supplemental appropriation required, (separate capital appropriation required, | | | | |
| (discuss reasons and | a rana doaroo(d) iir | analysis socion | '' | | | | | | |
| Why this fiscal note | | | f initial version | n, please n | ote as such) | | | | |
| This is the original | version of the bil | | | | | | | | |
| Dropored by | Loolio Usustan 5 | Director | | | | Db | 007 465 00 | 220 | |
| Prepared by Division | Leslie Houston, Director Phone 907-465-3339 Department of Corrections - Administrative Services Date/Time 02/20/2012 10:30 | | | | | | | | |
| | | | | | | | . 10.00/101 | | |
| Approved by | Department of Co | | <u>51</u> | | | <u>-</u> | 46 ZIZJIZU IZ | | |

(Revised 8/17/2011 OMB) Page 1 of 3

FISCAL NOTE

STATE OF ALASKA 2012 LEGISLATIVE SESSION

Analysis

| This proposed legislation amends AS 47.07.020 by adding subsection (o) to the extent consistent with federal law, a person's eligibility or coverage for medical assistance under this chapter may not be denied or withheld on the basis of the person's confinement to, or release on furlough from, a correctional facility if the person is in the custody of the state. In this subsection, "correctional facility" has the meaning given in AS 33.30.901. |
|---|
| Under federal Medicaid rules, prisoners can only be eligible for Medicaid while during a period of time that they are receiving inpatient services in medical facilities outside of the correctional facility. Offenders must meet Medicaid eligibility criteria. The categories of Medicaid eligible inmates primarily cover: inmates 65 years and older, blind, disabled, or pregnant. |
| Actual data for reduced costs associated with medical-fees-for-service cannot be determined because the Department of Corrections (DOC) does not track data on offenders using Medicaid eligibilty criteria. These numbers will be further refined through the eligibility process identifying offenders who meet the Medicaid eligibilty criteria. |
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(Revised 8/17/2011 OMB) Page 2 of 3