

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: HB 53 (A)
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB053-DHSS-MAA-1-25-13
Title: CONSULTATION FOR OPIATE PRESCRIPTION
Sponsor: KELLER
Requester: House HSS Committee

Department: Department of Health and Social Services
Appropriation: Health Care Services
Allocation: Medical Assistance Administration
OMB Component Number: 242

Expenditures/Revenues

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

	FY2014	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2014 Request	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES	FY 2014	FY 2014					
Personal Services							
Travel							
Services	48.0		48.0	48.0	48.0	48.0	48.0
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	48.0	0.0	48.0	48.0	48.0	48.0	48.0

Fund Source (Operating Only)

1002 Fed Rcpts	24.0		24.0	24.0	24.0	24.0	24.0
1003 G/F Match	24.0		24.0	24.0	24.0	24.0	24.0
Total	48.0	0.0	48.0	48.0	48.0	48.0	48.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

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Division:	Health Care Services	Date:	01/25/2013 12:16 AM
Approved By:	Sarah Woods, Deputy Director	Date:	01/25/13
	Finance & Management Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. HB053

Analysis

This bill would require that physicians, osteopaths, podiatrists, or advanced nurse practitioners who prescribe 120 milligrams or more a day of an opiate to a patient in certain situations consult with a pain management specialist. A face-to-face visit between the patient and the pain management specialist is not required.

Medicaid does not pay for provider-to-provider consultations. It currently has pain management specialists on contract to consult on opiate prescriptions. To meet the increased demand for consultation, we anticipate we would need to increase our contract by \$48.0 annually. Based on current claim volume, we estimate that we would increase our consultations by 500 per year at \$96 per consultation.

The Department does not anticipate that the pain management consultation process will increase the number of office visits. This bill may reduce the amount of opiates prescribed to Medicaid recipients. However, we anticipate that reductions in opiate prescriptions would be offset by increases in non-opiate pain management medication.