Fiscal Note

State of Alaska Bill Version: **HB 123** 2018 Legislative Session Fiscal Note Number: () Publish Date: Identifier: HB123CS(HSS)-DHSS-BVS-3-6-18 Department: Department of Health and Social Services Appropriation: Public Health Title: DISCLOSURE OF HEALTH CARE COSTS Sponsor: SPOHNHOLZ Allocation: **Bureau of Vital Statistics** Requester: Senate HSS OMB Component Number: 961 Expenditures/Revenues Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars) Included in FY2019 Governor's Appropriation FY2019 Out-Year Cost Estimates Requested Request **OPERATING EXPENDITURES** FY 2019 FY 2019 FY 2020 FY 2021 FY 2022 FY 2023 FY 2024 Personal Services Travel Services Commodities Capital Outlay **Grants & Benefits** Miscellaneous **Total Operating** 0.0 0.0 0.0 0.0 0.0 0.0 0.0 **Fund Source (Operating Only)** None Total 0.0 0.0 0.0 0.0 0.0 0.0 0.0 **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 (FY2018) cost: (separate supplemental appropriation required) (discuss reasons and fund source(s) in analysis section) Estimated CAPITAL (FY2019) cost: (separate capital appropriation required) (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 yes If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/19 Why this fiscal note differs from previous version/comments: Refreshed to SLA2018 form, updated bill version designator. No change to content.

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Agency:	Health and Social Services		

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FISCAL NOTE ANALYSIS

STATE OF ALASKA 2018 LEGISLATIVE SESSION

BILL NO. CSHB123(HSS)

Analysis

House Bill 123 requires healthcare providers and facilities to compile an annual list of the undiscounted price of the most common healthcare procedures and diagnosis codes performed in person or by telehealth. The reporting entities are required to report these annual lists to the Department of Health and Social Services and post them in their offices and on their websites. The Department is required to compile these reports in a database, and post them on its website. Failure to comply is a civil penalty of \$50 to \$2,500 applied per day of late reporting. These changes would be effective January 1, 2018.

The Health Analytics and Vital Records Section of the department would be responsible for implementing the health care services and price information bill. The department would have to build and staff a new database to compile the provider (and possibly the facility) lists and create a webpage to post the information. If the intent is for a simple webpage despository of the facilities' and providers' lists in PDF format, then the cost of the website and the staff time to post the lists can be absorbed by the section, and does not require an appropriation. Estimated staff time to maintain and post the lists would be negligible, and could be absorbed within current resources. This is on the understanding that the department is not being asked to collect, analyze, or otherwise maintain data and information contained in these lists, and that the lists would be posted as-is when received from the facility or provider.

Additionally, the department would need regulations to establish reporting guidelines, and prescribe the format and submission process. This will ensure file compatibility and uniformity in order to streamline the posting process and minimize administrative burden on the reporting entities and the department. Regulations are expected to be in place July 1, 2019.

(Revised 9/26/17 OMB/LFD)

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