

**CS FOR HOUSE BILL NO. 369(FIN)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered: 4/24/98

Referred: Rules

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to Medicaid coverage for certain eligible children; relating to  
2 primary care case management and managed care services as optional services  
3 under the Medicaid program; relating to premiums and cost-sharing contributions  
4 under the Medicaid program; and providing for an effective date."

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 \* **Section 1.** AS 47.07.020(b) is amended by adding a new paragraph to read:

7 (12) persons under age 19 who are not covered under (a) of this section  
8 and whose household income does not exceed 200 percent of the federal poverty  
9 guideline as defined by the federal office of management and budget and revised under  
10 42 U.S.C. 9902(2).

11 \* **Sec. 2.** AS 47.07.020 is amended by adding a new subsection to read:

12 (i) The department may allow a person under 19 years of age who is  
13 determined to be eligible for benefits under this chapter to remain eligible for those  
14 benefits for up to 11 calendar months following the month that the person is

1 determined eligible for benefits or until the person is 19 years old, whichever occurs  
2 earlier.

3 \* **Sec. 3.** AS 47.07.030(b) is amended to read:

4 (b) In addition to the mandatory services specified in (a) of this section **and**  
5 **the services provided under (d) of this section**, the department may offer only the  
6 following optional services: case management and nutrition services for pregnant  
7 women; personal care services in a recipient's home; emergency hospital services;  
8 long-term care noninstitutional services; medical supplies and equipment; advanced  
9 nurse practitioner services; clinic services; rehabilitative services for substance abusers  
10 and emotionally disturbed or chronically mentally ill adults; targeted case management  
11 services for substance abusers, chronically mentally ill adults, and severely emotionally  
12 disturbed persons under the age of 21; inpatient psychiatric facility services for  
13 individuals age 65 or older and individuals under age 21; psychologists' services;  
14 clinical social workers' services; midwife services; prescribed drugs; physical therapy;  
15 occupational therapy; chiropractic services; low-dose mammography screening, as  
16 defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language  
17 disorders; adult dental services; prosthetic devices and eyeglasses; optometrists'  
18 services; intermediate care facility services, including intermediate care facility services  
19 for the mentally retarded; skilled nursing facility services for individuals under age 21;  
20 and reasonable transportation to and from the point of medical care.

21 \* **Sec. 4.** AS 47.07.030(d) is repealed and reenacted to read:

22 (d) The department may establish as optional services a primary care case  
23 management system or a managed care organization contract in which certain eligible  
24 individuals are required to enroll and seek approval from a case manager or the  
25 managed care organization before receiving certain services. The department shall  
26 establish enrollment criteria and determine eligibility for services consistent with  
27 federal and state law.

28 \* **Sec. 5.** AS 47.07.042(a) is amended to read:

29 (a) Except as provided in **(b) - (d)** [(b) AND (c)] of this section, the state plan  
30 developed under AS 47.07.040 shall impose deductible, coinsurance, and copayment  
31 requirements [OR SIMILAR CHARGES] on persons eligible for assistance under this

1 chapter to the maximum extent allowed under federal law and regulations. The plan  
 2 must provide that health care providers shall collect the allowable charge. The  
 3 department shall reduce payments to each provider by the amount of the allowable  
 4 charge. A provider may not deny services because a recipient is unable to share costs,  
 5 but an inability to share costs imposed under this section does not relieve the recipient  
 6 of liability for the costs.

7 \* **Sec. 6.** AS 47.07.042 is amended by adding a new subsection to read:

8 (d) In addition to the requirements established under (a) and (b) of this section,  
 9 the department may require premiums or cost-sharing contributions from recipients  
 10 who are eligible for benefits under AS 47.07.020(b)(12) and whose household income  
 11 is between 150 and 200 percent of the federal poverty guideline. If the department  
 12 requires premiums or cost-sharing contributions under this subsection, the department

13 (1) shall adopt in regulation a sliding scale for those premiums or  
 14 contributions based on household income;

15 (2) may not exceed the maximums allowed under federal law; and

16 (3) shall implement a system by which the department or its designee  
 17 collects those premiums or contributions.

18 \* **Sec. 7. TRANSITION: REGULATIONS.** Notwithstanding sec. 9 of this Act, the  
 19 Department of Health and Social Services may proceed to adopt regulations necessary to  
 20 implement the changes made by this Act. The regulations take effect under AS 44.62  
 21 (Administrative Procedure Act), but not before the effective date of secs. 1 - 6 of this Act.

22 \* **Sec. 8.** Section 7 of this Act takes effect immediately under AS 01.10.070(c).

23 \* **Sec. 9.** Except as provided in sec. 8 of this Act, this Act takes effect July 1, 1998.