

**CS FOR HOUSE BILL NO. 459(FIN)**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTIETH LEGISLATURE - SECOND SESSION**

**BY THE HOUSE FINANCE COMMITTEE**

**Offered: 3/26/98**

**Referred: Rules**

**Sponsor(s): HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act establishing new eligibility for medical assistance for certain disabled**  
2 **persons and giving their eligibility for services the highest priority among optional**  
3 **services and groups under the medical assistance program; amending the definition**  
4 **of 'personal care services in a recipient's home' as used in the medical**  
5 **assistance program; moving midwife services from being the first to being the**  
6 **15th service eliminated under the medical assistance program when there is**  
7 **insufficient funding; and adjusting the priority of optional services and optional**  
8 **eligible groups under the medical assistance program in order to reflect the new**  
9 **priorities given to the newly-eligible disabled persons and to midwife services but**  
10 **without otherwise changing the relative order of the other optional services and**  
11 **optional groups."**

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

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

2 (12) disabled persons, as described in 42 U.S.C.  
3 1396a(a)(10)(A)(ii)(XIII), who are in families whose income is less than 250 percent  
4 of the official poverty line applicable to a family of that size according to the federal  
5 Office of Management and Budget, and who, but for earnings in excess of the limit  
6 established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals  
7 with respect to whom a supplemental security income is being paid under 42 U.S.C.  
8 1381 - 1383c; a person eligible for assistance under this paragraph who is not eligible  
9 under another provision of this section shall pay a premium or other cost-sharing  
10 charges according to a sliding fee scale that is based on income as established by the  
11 department in regulations.

12 \* **Sec. 2.** AS 47.07.035 is amended to read:

13 **Sec. 47.07.035. Priority of medical assistance.** If the department finds that  
14 the cost of medical assistance for all persons eligible under this chapter will exceed  
15 the amount allocated in the state budget for that assistance for the fiscal year, the  
16 department shall eliminate coverage for optional medical services and optionally  
17 eligible groups of individuals in the following order:

- 18 (1) [MIDWIFE SERVICES;  
19 (2)] clinical social workers' services;  
20 (2) [(3)] psychologists' services;  
21 (3) [(4)] chiropractic services;  
22 (4) [(5)] advanced nurse practitioner services;  
23 (5) [(6)] adult dental services;  
24 (6) [(7)] emergency hospital services;  
25 (7) [(8)] treatment of speech, hearing, and language disorders;  
26 (8) [(9)] optometrists' services and eyeglasses;  
27 (9) [(10)] occupational therapy;  
28 (10) [(11)] mammography screening;  
29 (11) [(12)] prosthetic devices;  
30 (12) [(13)] medical supplies and equipment;  
31 (13) [(14)] targeted case management services;

1                    **(14)** [(15)] rehabilitative services for substance abusers and emotionally  
 2                    disturbed or chronically mentally ill adults;

3                    **(15) midwife services;**

4                    (16) clinic services;

5                    (17) physical therapy;

6                    (18) personal care services in a recipient's home;

7                    (19) prescribed drugs;

8                    (20) hospice care;

9                    (21) long-term care noninstitutional services;

10                   (22) inpatient psychiatric facility services;

11                   (23) intermediate care facility services for the mentally retarded;

12                   (24) intermediate care facility services;

13                   (25) individuals described in AS 47.07.020(b)(11);

14                   (26) individuals under age 21 who are not eligible for benefits under  
 15                   the federal program designated as the successor to the aid to families with dependent  
 16                   children program because they are not deprived of one or more of their natural or  
 17                   adoptive parents;

18                   (27) skilled nursing facility services for persons under age 21;

19                   (28) aged, blind, and disabled individuals who, because they do not  
 20                   meet the income requirements, do not receive supplemental security income under Title  
 21                   XVI of the Social Security Act, but who are eligible, or would be eligible if they were  
 22                   not in a skilled nursing facility or intermediate care facility, to receive an optional state  
 23                   supplementary payment;

24                   (29) individuals in a hospital, skilled nursing facility, or intermediate  
 25                   care facility whose income while in the facility does not exceed 300 percent of the  
 26                   supplemental security income benefit rate under Title XVI of the Social Security Act,  
 27                   but who, because of income, are not eligible for the optional state supplementary  
 28                   payment;

29                   (30) individuals under age 21 under supervision of the department for  
 30                   whom maintenance is being paid in whole or in part from public money and who are  
 31                   in foster homes or private child-care institutions;

1 (31) individuals under age 21 who the department has determined  
 2 cannot be placed for adoption without medical assistance because of a special need for  
 3 medical or rehabilitative care and who the department has determined are hard-to-place  
 4 children eligible for subsidy under AS 25.23.190 - 25.23.220;

5 **(32) individuals who are eligible under AS 47.07.020(b)(12).**

6 \* **Sec. 3.** AS 47.07.900(15) is amended to read:

7 (15) "personal care services in a recipient's home" means services  
 8 **authorized under a service plan** [PRESCRIBED BY A PHYSICIAN] in accordance  
 9 with **applicable federal and state law** [THE RECIPIENT'S PLAN OF TREATMENT  
 10 AND PROVIDED BY AN INDIVIDUAL WHO IS

11 (A) QUALIFIED TO PROVIDE THE SERVICES;

12 (B) SUPERVISED BY A REGISTERED NURSE; AND

13 (C) NOT A MEMBER OF THE RECIPIENT'S FAMILY];

14 \* **Sec. 4.** TRANSITIONAL PROVISION. Notwithstanding AS 47.07.020(b)(12), added  
 15 by sec. 1 of this Act, an individual described in that provision is eligible for medical  
 16 assistance under AS 47.07 without the payment of a premium or other cost-sharing charges  
 17 until the effective date of regulations adopted by the Department of Health and Social Services  
 18 that set the premium or other cost-sharing charges.

19 \* **Sec. 5.** REGULATIONS. The Department of Health and Social Services shall adopt  
 20 regulations establishing the sliding fee scale for premiums or other cost-sharing charges  
 21 described in this Act by July 1, 1999.