

CS FOR HOUSE BILL NO. 459(FIN) am
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Amended: 4/7/98

Offered: 3/26/98

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 14th 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) midwife services;**

2 (15) rehabilitative services for substance abusers and emotionally
3 disturbed or chronically mentally ill adults;

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.