

**SENATE BILL NO. 87**

IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY SENATORS WIELECHOWSKI, French, Ellis, Elton, Davis

Introduced: 2/19/07

Referred: Health, Education and Social Services, Finance

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act expanding medical assistance coverage for eligible children and pregnant**  
2 **women; relating to cost sharing for certain recipients of medical assistance; and**  
3 **providing for an effective date."**

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

5 \* **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section  
6 to read:

7 SHORT TITLE. This Act may be known as the No Child Left Uninsured Act.

8 \* **Sec. 2.** AS 47.07.020(b) is amended to read:

9 (b) In addition to the persons specified in (a) of this section, the following  
10 optional groups of persons for whom the state may claim federal financial  
11 participation are eligible for medical assistance:

12 (1) persons eligible for but not receiving assistance under any plan of  
13 the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act,  
14 Supplemental Security Income) or a federal program designated as the successor to the

1 aid to families with dependent children program;

2 (2) persons in a general hospital, skilled nursing facility, or  
3 intermediate care facility, who, if they left the facility, would be eligible for assistance  
4 under one of the federal programs specified in (1) of this subsection;

5 (3) persons under 21 years of age who are under supervision of the  
6 department, for whom maintenance is being paid in whole or in part from public  
7 funds, and who are in foster homes or private child-care institutions;

8 (4) aged, blind, or disabled persons, who, because they do not meet  
9 income and resources requirements, do not receive supplemental security income  
10 under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act), and who do not  
11 receive a mandatory state supplement, but who are eligible, or would be eligible if  
12 they were not in a skilled nursing facility or intermediate care facility to receive an  
13 optional state supplementary payment;

14 (5) persons under 21 years of age who are in an institution designated  
15 as an intermediate care facility for the mentally retarded and who are financially  
16 eligible as determined by the standards of the federal program designated as the  
17 successor to the aid to families with dependent children program;

18 (6) persons in a medical or intermediate care facility whose income  
19 while in the facility does not exceed \$1,656 a month but who would not be eligible for  
20 an optional state supplementary payment if they left the hospital or other facility;

21 (7) persons under 21 years of age who are receiving active treatment in  
22 a psychiatric hospital and who are financially eligible as determined by the standards  
23 of the federal program designated as the successor to the aid to families with  
24 dependent children program;

25 (8) persons under 21 years of age and not covered under (a) of this  
26 section, who would be eligible for benefits under the federal program designated as  
27 the successor to the aid to families with dependent children program, except that they  
28 have the care and support of both their natural and adoptive parents;

29 (9) pregnant women not covered under (a) of this section and who  
30 meet the income and resource requirements of the federal program designated as the  
31 successor to the aid to families with dependent children program;

1 (10) persons under 21 years of age not covered under (a) of this section  
2 who the department has determined cannot be placed for adoption without medical  
3 assistance because of a special need for medical or rehabilitative care and who the  
4 department has determined are hard-to-place children eligible for subsidy under  
5 AS 25.23.190 - 25.23.210;

6 (11) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title  
7 XIX, Social Security Act, Medical Assistance) to be individuals with respect to whom  
8 a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title  
9 XVI, Social Security Act) because they meet all of the following criteria:

10 (A) they are 18 years of age or younger and qualify as disabled  
11 individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);

12 (B) the department has determined that

13 (i) they require a level of care provided in a hospital,  
14 nursing facility, or intermediate care facility for the mentally retarded;

15 (ii) it is appropriate to provide their care outside of an  
16 institution; and

17 (iii) the estimated amount that would be spent for  
18 medical assistance for their individual care outside an institution is not  
19 greater than the estimated amount that would otherwise be expended  
20 individually for medical assistance within an appropriate institution;

21 (C) if they were in a medical institution, they would be eligible  
22 for medical assistance under other provisions of this chapter; and

23 (D) home and community-based services under a waiver  
24 approved by the federal government are either not available to them under this  
25 chapter or would be inappropriate for them;

26 (12) disabled persons, as described in 42 U.S.C.  
27 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under  
28 applicable federal regulations or guidelines, is less than 250 percent of the official  
29 poverty line applicable to a family of that size according to the federal Office of  
30 Management and Budget, and who, but for earnings in excess of the limit established  
31 under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals with respect to

1 whom a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c; a  
 2 person eligible for assistance under this paragraph who is not eligible under another  
 3 provision of this section shall pay a premium or other cost-sharing charges according  
 4 to a sliding fee scale that is based on income as established by the department in  
 5 regulations;

6 (13) persons under 19 years of age who are not covered under (a) of  
 7 this section and whose household income does not exceed **200 percent of the federal**  
 8 **poverty guideline as defined by the federal Office of Management and Budget**  
 9 **and revised under 42 U.S.C. 9902(2)**

10 [(A) \$1,635 A MONTH IF THE HOUSEHOLD CONSISTS  
 11 OF ONE PERSON;

12 (B) \$2,208 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 13 TWO PERSONS;

14 (C) \$2,782 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 15 THREE PERSONS;

16 (D) \$3,355 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 17 FOUR PERSONS;

18 (E) \$3,928 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 19 FIVE PERSONS;

20 (F) \$4,501 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 21 SIX PERSONS;

22 (G) \$5,074 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 23 SEVEN PERSONS;

24 (H) \$5,647 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 25 EIGHT PERSONS;

26 (I) \$5,647 A MONTH, PLUS AN ADDITIONAL \$574 A  
 27 MONTH FOR EACH EXTRA PERSON ABOVE EIGHT PERSONS WHO  
 28 IS IN THE HOUSEHOLD IF THE HOUSEHOLD CONSISTS OF NINE  
 29 PERSONS OR MORE];

30 (14) pregnant women who are not covered under (a) of this section and  
 31 whose household income does not exceed **200 percent of the federal poverty**

1 **guideline as defined by the federal Office of Management and Budget and revised**  
 2 **under 42 U.S.C. 9902(2)**

3 [(A) \$2,208 A MONTH IF THE HOUSEHOLD CONSISTS  
 4 OF TWO PERSONS;

5 (B) \$2,782 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 6 THREE PERSONS;

7 (C) \$3,355 A MONTH IF THE HOUSEHOLD CONSISTS OF  
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 16 EIGHT PERSONS;

17 (H) \$5,647 A MONTH, PLUS AN ADDITIONAL \$574 A  
 18 MONTH FOR EACH EXTRA PERSON ABOVE EIGHT PERSONS WHO  
 19 IS IN THE HOUSEHOLD IF THE HOUSEHOLD CONSISTS OF NINE  
 20 PERSONS OR MORE];

21 (15) persons who have been diagnosed with breast or cervical cancer  
 22 and who are eligible for coverage under 42 U.S.C. 1396a(a)(10)(A)(ii)(XVIII).

23 \* **Sec. 3.** AS 47.07 is amended by adding a new section to read:

24 **Sec. 47.07.022. Extended medical assistance coverage for children; costs.**

25 (a) In addition to the persons specified in AS 47.07.020, a person who resides in the  
 26 state and who meets the criteria under (b) of this section is eligible for extended  
 27 medical assistance coverage equivalent to the mandatory and optional services  
 28 described under AS 47.07.030 if the person submits an annual application and  
 29 contribution as specified in (c) of this section.

30 (b) The department shall administer a program of extended medical assistance  
 31 coverage for a person

1 (1) who is under 19 years of age;

2 (2) whose household income is between 200 and 350 percent of the  
3 federal poverty guideline as defined by the federal Office of Management and Budget  
4 and revised under 42 U.S.C. 9902(2); and

5 (3) whose parent or legal guardian certifies that the person is not  
6 covered under a health insurance policy.

7 (c) The program administered under this section must include an annual  
8 application and sliding scale contribution, payable under terms specified in regulations  
9 adopted by the department. The regulations must

10 (1) include the option of an assignment of an applicant's permanent  
11 fund dividend and the permanent fund dividend of a parent, legal guardian, or other  
12 authorized representative of an applicant; and

13 (2) set the contribution amount between \$200 and \$1,200, beginning  
14 with \$200 for a person whose household income is between 201 percent and 225  
15 percent of the federal poverty guideline and increasing progressively based on the  
16 person's household income.

17 (d) In addition to the annual contribution established under (c) of this section,  
18 the department shall impose a copayment of 20 percent for medical services and  
19 prescription drug costs covered under the program for a person whose household  
20 income is between 250 and 350 percent of the federal poverty guideline.

21 \* **Sec. 4.** AS 47.07.042(d) is amended to read:

22 (d) In addition to the requirements established under (a) and (b) of this section,  
23 the department **shall** [MAY] require premiums or cost-sharing contributions from  
24 recipients who are eligible for benefits under **AS 47.07.022. The**  
25 [AS 47.07.020(b)(13) AND WHOSE HOUSEHOLD INCOME IS GREATER THAN  
26 THE APPLICABLE AMOUNT SET OUT IN (f) OF THIS SECTION. IF THE  
27 DEPARTMENT REQUIRES PREMIUMS OR COST-SHARING  
28 CONTRIBUTIONS UNDER THIS SUBSECTION, THE] department

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

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

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

3    \* **Sec. 5.** AS 47.07.042(f) is repealed.

4    \* **Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to  
5 read:

6           TRANSITION: REGULATIONS. The Department of Health and Social Services may  
7 proceed to adopt regulations necessary to implement the changes made by this Act. The  
8 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the  
9 effective date of secs. 1 - 5 of this Act.

10   \* **Sec. 7.** Section 6 of this Act takes effect immediately under AS 01.10.070(c).

11   \* **Sec. 8.** Except as provided in sec. 7 of this Act, this Act takes effect July 1, 2008.