

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 5
 Bill Version: CSSB 245(HES)
 (S) Publish Dat: 3/31/08
 Dept. Affected: Health & Social Services
 RDU: Health Care Services
 Component: Medicaid Services

ID(File name) SB245CS(HES)-DHSS-MS-03-28-08
 Title: HEALTH CARE: PLAN/COMMISSION/FACILITIES
 Sponsor: RULES BY REQUEST OF THE GOVERNOR
 Requester: SENATE HES

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims	*		*	*	*	*	*	*
Miscellaneous								
TOTAL OPERATING	*	0.0	*	*	*	*	*	*

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES (0)								
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	*		*	*	*	*	*	*
1003 GF Match	*		*	*	*	*	*	*
1004 GF								
1037 GF/Mental Health								
Other(Specify Type-do not abbreviate)								
Other(Specify Type-do not abbreviate)								
TOTAL	*	0.0	*	*	*	*	*	*

Estimate of any current year (FY2008) cost: _____

POSITIONS

Full-time								
Part-time								
Temporary								

ANALYSIS: (Attach a separate page if necessary)

This bill eliminates the Certificate of Need program. This fiscal note is indeterminate. Eliminating the CON program would likely increase costs to Medicaid, however the costs are unknown at this time.

This fiscal note is based on projects denied, withdrawn, or reduced as the result of the CON program which is estimated to have saved the Alaska Medicaid program approx. \$3 million per year in payments for avoided capital costs (50% federal/50% GF/M). This represents 1.2% of the total project costs for these facilities.

Prepared by: William Streur, Deputy Commissioner
 Division: Health Care Services
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 465-5830
 Date/Time 03/28/2008
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