

# Fiscal Note

State of Alaska  
2019 Legislative Session

|                     |               |
|---------------------|---------------|
| Bill Version:       | CSHB 127(L&C) |
| Fiscal Note Number: | 3             |
| (H) Publish Date:   | 5/14/2019     |

Identifier: HB127-DHSS-MS-4-29-2019  
 Title: DENTAL HYGIENIST ADVANCED PRAC PERMIT  
 Sponsor: SPOHNHOLZ  
 Requester: (H) LC

Department: Department of Health and Social Services  
 Appropriation: Medicaid Services  
 Allocation: Medicaid Services  
 OMB Component Number: 3234

### Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

|                               | FY2020                  | Included in               | Out-Year Cost Estimates |            |            |            |            |
|-------------------------------|-------------------------|---------------------------|-------------------------|------------|------------|------------|------------|
|                               | Appropriation Requested | Governor's FY2020 Request | FY 2021                 | FY 2022    | FY 2023    | FY 2024    | FY 2025    |
| <b>OPERATING EXPENDITURES</b> | <b>FY 2020</b>          | <b>FY 2020</b>            |                         |            |            |            |            |
| Personal Services             |                         |                           |                         |            |            |            |            |
| Travel                        |                         |                           |                         |            |            |            |            |
| Services                      |                         |                           | 250.0                   |            |            |            |            |
| Commodities                   |                         |                           |                         |            |            |            |            |
| Capital Outlay                |                         |                           |                         |            |            |            |            |
| Grants & Benefits             |                         |                           |                         |            |            |            |            |
| Miscellaneous                 |                         |                           |                         |            |            |            |            |
| <b>Total Operating</b>        | <b>0.0</b>              | <b>0.0</b>                | <b>250.0</b>            | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

### Fund Source (Operating Only)

|                      |            |            |              |            |            |            |            |
|----------------------|------------|------------|--------------|------------|------------|------------|------------|
| 1002 Fed Rcpts (Fed) |            |            | 125.0        |            |            |            |            |
| 1003 GF/Match (UGF)  |            |            | 125.0        |            |            |            |            |
| <b>Total</b>         | <b>0.0</b> | <b>0.0</b> | <b>250.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

### Positions

|           |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
| Full-time |  |  |  |  |  |  |  |
| Part-time |  |  |  |  |  |  |  |
| Temporary |  |  |  |  |  |  |  |

### Change in Revenues

|              |            |            |            |            |            |            |            |
|--------------|------------|------------|------------|------------|------------|------------|------------|
| None         |            |            |            |            |            |            |            |
| <b>Total</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

**Estimated SUPPLEMENTAL (FY2019) cost:** 0.0 *(separate supplemental appropriation required)*

**Estimated CAPITAL (FY2020) cost:** 0.0 *(separate capital appropriation required)*

**Does the bill create or modify a new fund or account?** No  
*(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)*

### ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **Yes**  
 If yes, by what date are the regulations to be adopted, amended or repealed? **07/01/20**

### Why this fiscal note differs from previous version/comments:

Not applicable, initial version based on the Governor's February 13, 2019 FY2020 amended budget request.

|              |   |        |                     |
|--------------|---|--------|---------------------|
| Prepared By: | Linnea Osborne, Manager of Medicaid, Allocation, and Audit Services | Phone: | (907)465-6333       |
| Division:    | Finance and Management Services                                     | Date:  | 04/29/2019 04:40 PM |
| Approved By: | Sana P. Efird, Administrative Services Director                     | Date:  | 04/29/19            |
| Agency:      | Office of Management and Budget                                     |        |                     |

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2019 LEGISLATIVE SESSION**Analysis**

This bill establishes an advance practice permit for dental hygienists, prohibits unfair discrimination under group health insurance, and relates to medical assistance for dental hygiene services.

Implementation of this bill will require major core system change within the Alaska Health Enterprise system estimated at \$250,000. Possible increased costs are indeterminate to Medicaid benefits as new service types will be coming online and may not replace existing services one-to-one which are currently provided through the dental group.