

**HOUSE CS FOR SENATE BILL NO. 58(FIN)**  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
THIRTY-THIRD LEGISLATURE - FIRST SESSION

**BY THE HOUSE FINANCE COMMITTEE**

**Offered: 4/28/23**

**Referred: Rules**

**Sponsor(s): SENATE RULES COMMITTEE BY REQUEST OF THE GOVERNOR**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to Medicaid eligibility; expanding eligibility for postpartum mothers;**  
2 **conditioning the expansion of eligibility on approval by the United States Department of**  
3 **Health and Human Services; and providing for an effective date."**

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

5 **\* Section 1.** AS 47.07.020(b) is amended to read:

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

9 (1) persons eligible for but not receiving assistance under any plan of  
10 the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act,  
11 Supplemental Security Income) or a federal program designated as the successor to the  
12 aid to families with dependent children program;

13 (2) persons in a general hospital, skilled nursing facility, or  
14 intermediate care facility, who, if they left the facility, would be eligible for assistance

1 under one of the federal programs specified in (1) of this subsection;

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

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

11 (5) persons under 21 years of age who are in an institution designated  
12 as an intermediate care facility for persons with intellectual and developmental  
13 disabilities and who are financially eligible as determined by the standards of the  
14 federal program designated as the successor to the aid to families with dependent  
15 children program;

16 (6) persons in a medical or intermediate care facility whose income  
17 while in the facility does not exceed 300 percent of the supplemental security income  
18 benefit rate under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) but who  
19 would not be eligible for an optional state supplementary payment if they left the  
20 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 persons with  
15 intellectual and developmental disabilities;

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

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

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

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

27 (12) disabled persons, as described in 42 U.S.C.  
28 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under  
29 applicable federal regulations or guidelines, is less than 250 percent of the official  
30 poverty line applicable to a family of that size according to the United States  
31 Department of Health and Human Services, and who, but for earnings in excess of the

1 limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be  
 2 individuals with respect to whom a supplemental security income is being paid under  
 3 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is  
 4 not eligible under another provision of this section shall pay a premium or other cost-  
 5 sharing charges according to a sliding fee scale that is based on income as established  
 6 by the department in regulations;

7 (13) persons under 19 years of age who are not covered under (a) of  
 8 this section and whose household income does not exceed 175 percent of the federal  
 9 poverty line as defined by the United States Department of Health and Human  
 10 Services and revised under 42 U.S.C. 9902(2);

11 (14) pregnant women who are not covered under (a) of this section and  
 12 whose household income does not exceed 225 [175] percent of the federal poverty line  
 13 as defined by the United States Department of Health and Human Services and revised  
 14 under 42 U.S.C. 9902(2);

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

17 \* **Sec. 2.** AS 47.07.020 is amended by adding a new subsection to read:

18 (o) The department may allow a pregnant woman who is eligible for benefits  
 19 under this chapter to remain eligible for those benefits postpartum up to the maximum  
 20 period authorized under federal law.

21 \* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to  
 22 read:

23 MEDICAID STATE PLAN. The Department of Health shall submit as necessary for  
 24 approval by the United States Department of Health and Human Services amendments to the  
 25 state plan under AS 47.07.040 to raise the maximum household income level relative to the  
 26 federal poverty line for pregnant women to be eligible for medical assistance and to allow  
 27 enrolled individuals to receive postpartum medical assistance for up to 12 months under 42  
 28 U.S.C. 1396a(e)(16).

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

31 CONDITIONAL EFFECT; NOTIFICATION. (a) Sections 1 and 2 of this Act take

1 effect only if, and to the extent that, the United States Department of Health and Human  
2 Services approves amendments submitted in accordance with sec. 3 of this Act.

3 (b) The commissioner of health shall notify the revisor of statutes in writing within 30  
4 days after the United States Department of Health and Human Services approves amendments  
5 to the state plan.

6 \* **Sec. 5.** If secs. 1 and 2 of this Act take effect, they take effect on the day after the date the  
7 revisor of statutes receives notice from the commissioner of health under sec. 4 of this Act.