

Fiscal Note

State of Alaska
2023 Legislative Session

Bill Version:	HB 59
Fiscal Note Number:	1
(H) Publish Date:	2/3/2023

Identifier: LL0583-2-DOH-MS-1-27-2023
Title: MEDICAID ELIGIBILITY: POSTPARTUM
MOTHERS
Sponsor: RLS BY REQUEST OF THE GOVERNOR
Requester: Governor

Department: Department of Health
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)

	FY2024 Appropriation Requested	Included in Governor's FY2024 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2024	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits		2,600.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0
Miscellaneous							
Total Operating	0.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0

Fund Source (Operating Only)

1004 Gen Fund (UGF)		2,600.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0
Total	0.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2023) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2024) 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If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/24

Why this fiscal note differs from previous version/comments:

Initial version.

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Agency: Department of Health

Phone: (907)465-6333
Date: 01/19/2023 05:03 PM
Date: 01/27/23

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2023 LEGISLATIVE SESSION

Analysis

This legislation intends to authorize the Department of Health to implement section 9812 of the American Rescue Plan Act (ARPA), which allows but does not require the extension of postpartum coverage from the required 60 days to 12 months for eligible beneficiaries, authorizing the department to implement an extension of postpartum Medicaid coverage up to the maximum period authorized under federal law.

Alaska is required by sections 1902(e)(5) and 1902(e)(6) of the Social Security Act to extend Medicaid coverage for 60 days during the postpartum period if a person applied for and was receiving any category of Alaska Medicaid on or before the date of termination of the pregnancy. There is no eligibility test for this continued coverage.

This extends postpartum coverage through the year post-delivery. Moving between health plans leads to gaps in care associated with increased use of the emergency room and poorer health outcomes. With extended postpartum coverage, women are much more likely to have access to continuous, regular primary care that is less costly than emergent services.

This legislation is anticipated to increase Medicaid expenditures as it extends Medicaid benefits for ten months for a subsection of individuals eligible for the pregnancy eligibility group but not otherwise eligible for Medicaid under an alternate eligibility category. However, given the anticipated reduction in services required to respond to emergent and chronic conditions, it is reasonable to expect the department to, over time, experience cost savings related to extended postpartum coverage.

Implementation of this legislation does not require changes to the Medicaid Management Information System (MMIS).

Amends the uncodified law to establish the requirement that the commissioner of health notifies the revisor of statutes within 30 days of federal approval of the state plan amendment. This provision takes effect only if federal approval occurs before July 1, 2027.

Establishes that the postpartum extension takes effect on the day after the date the commissioner notifies the revisor of statutes as described above.

Promulgation of associated regulations will take approximately nine to twelve months following State Plan Amendment approval by the Centers for Medicare and Medicaid Services, with implementation effective after July 1, 2024.

Cost estimates are based on an estimated 1,596 women receiving an additional 10 months of coverage at a cost of \$566.48 per month. The blended match rate is approximately 71.2%. No additional federal authority is needed.