

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version:	CSSB 4(L&C)
Fiscal Note Number:	1
(S) Publish Date:	4/11/2025

Identifier: SB004-DCCED-DOI-03-14-25
 Title: HEALTH CARE PRICES AND INCENTIVE PROGRAMS
 Sponsor: HUGHES
 Requester: Senate Labor & Commerce

Department: Department of Commerce, Community and Economic Development
 Appropriation: Insurance Operations
 Allocation: Insurance Operations
 OMB Component Number: 354

Expenditures/Revenues

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

	FY2026	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2026 Request	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
OPERATING EXPENDITURES	FY 2026	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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 (FY2025) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2026) 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 If yes, by what date are the regulations to be adopted, amended or repealed? **01/01/26**

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

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Division:	Division of Insurance	Date:	03/14/2025
Approved By:	Hannah Lager, Administrative Services Director	Date:	03/14/25
Agency:	Department of Commerce, Community, and Economic Development		

FISCAL NOTE ANALYSIS

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Analysis

The bill requires that insurers develop an incentive program and provide a cash payment for consumers choosing a provider that charges less than the average price for a given service. This could incentivize consumers to seek out the best prices for their health care needs, which could increase competition and reduce health care costs.

The bill requires insurers to file a description of their incentive that complies with AS 21.96.200– 300.

The Division of Insurance does not anticipate fiscal impact from this legislation.