

HB

342

Date referred: 1/29/88

FURTHER REFERRALS:

DATE: 2/16/88

The Finance Committee has considered HB 342

"An Act relating to medical assistance for needy persons."

RECOMMENDS:

- replace with CS HB 342 (Fin)  the same title
- attached amendment(s)  a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the \_\_\_\_\_ Committee

ADOPTS:  (HESS) letter of intent

ATTACHES NEW FISCAL NOTE(s):

- fiscal impact
- zero fiscal note
- zero with analysis
- same as previous fiscal note published 1/29/88
- same as previous zero fiscal note published \_\_\_\_\_

SIGNING DO PASS:

GOLL Peter Goll

DAVIS Mike Davis

POURCHOT Pat Pourchot

LARSON Ronald Larson

SWACK-HAMMER [Signature]

BOYER Mark Boyer

FRANK [Signature]

BROWN Jay Brown

RIEGER Steve Rieger

SIGNING OTHER RECOMMENDATIONS:

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Pat Pourchot v. chair  
Chairman's signature

2 CS FOR HOUSE BILL NO. 342 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to medicaid eligibility for needy  
7 children and pregnant women; and reordering the  
8 priorities for eliminating coverage under medicaid."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

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

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

14 (1) persons eligible for but not receiving assistance under  
15 any plan of the state approved under 42 U.S.C. 601 - 615 (Title IV-A,  
16 Social Security Act, Aid to Families with Dependent Children) or 42  
17 U.S.C. 1381 - 1383c (Title XVI, Social Security Act, Supplemental  
18 Security Income);

19 (2) persons in a general hospital, skilled nursing facility  
20 or intermediate care facility, who, if they left the facility, would  
21 be eligible for assistance under one of the federal programs specified  
22 in (1) of this subsection;

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

27 (4) aged, blind, or disabled persons, who, because they do  
28 not meet income and resources requirements, do not receive supple-  
29 mental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social

1 Security Act), and who do not receive a mandatory state supplement,  
2 but who are eligible, or would be eligible if they were not in a  
3 skilled nursing facility or intermediate care facility to receive an  
4 optional state supplementary payment;

5 (5) persons under age 21 who are in an institution desig-  
6 nated as an intermediate care facility for the mentally retarded and  
7 who are financially eligible as determined by the standards of the  
8 federal aid to families with dependent children program;

9 (6) persons in a medical or intermediate care facility  
10 whose income while in the facility does not exceed 300 percent of the  
11 supplemental security income benefit rate under 42 U.S.C. 1381 - 1383c  
12 (Title XVI, Social Security Act) but who would not be eligible for an  
13 optional state supplementary payment if they left the hospital or  
14 other facility;

15 (7) persons under age 21 who are receiving active treatment  
16 in a psychiatric hospital and who are financially eligible as deter-  
17 mined by the standards of 42 U.S.C. 601 - 615 (Title IV-A, Social  
18 Security Act, Aid to Families with Dependent Children);

19 (8) persons under age 21 and not covered under (a) of this  
20 section, who would be eligible for benefits under the federal aid to  
21 families with dependent children program, except that they have the  
22 care and support of both their natural and adoptive parents;

23 (9) pregnant women not covered under (a) of this section  
24 and who meet the income and resource requirements of the federal aid  
25 to families with dependent children program;

26 (10) pregnant women, and children five years of age or  
27 younger, with a household income that does not exceed 100 percent of  
28 the federal poverty level.

29 \* Sec. 2. AS 47.07.030(b) is amended to read:

1 (b) In addition to the mandatory services specified in (a) of  
2 this section, the department may offer only the following optional  
3 services: case management and nutrition services for pregnant women;  
4 personal care services in a recipient's home; emergency hospital  
5 services; long-term care noninstitutional services; medical supplies  
6 and equipment; clinic services; inpatient psychiatric facility ser-  
7 vices for individuals age 65 or older and individuals under age 21;  
8 physical therapy; occupational therapy; chiropractic services; treat-  
9 ment of speech, hearing, and language disorders; adult dental ser-  
10 vices; prosthetic devices and eyeglasses; optometrists' services;  
11 intermediate care facility services, including intermediate care  
12 facility services for the mentally retarded; skilled nursing facility  
13 services for individuals under age 21; and reasonable transportation  
14 to and from the point of medical care.

15 \* Sec. 3. AS 47.07.035 is amended to read:

16 Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the depart-  
17 ment finds that the cost of medical assistance for all persons eligi-  
18 ble under this chapter will exceed the amount allocated in the state  
19 budget for that assistance for the fiscal year, the department shall  
20 eliminate coverage for optional medical services and optionally eligi-  
21 ble groups of individuals in the following order:

- 22 (1) chiropractic services;
- 23 (2) adult dental services;
- 24 (3) emergency hospital services;
- 25 (4) treatment of speech, hearing, and language disorders;
- 26 (5) optometrists' services and eyeglasses;
- 27 (6) occupational therapy;
- 28 (7) prosthetic devices;
- 29 (8) medical supplies and equipment;

- 1 (9) clinic services;
- 2 (10) physical therapy;
- 3 (11) personal care services in a recipient's home;
- 4 (12) long-term care noninstitutional services;
- 5 (13) inpatient psychiatric facility services;
- 6 (14) intermediate care facility services for the mentally  
7 retarded;
- 8 (15) intermediate care facility services;
- 9 (16) pregnant women, and children five years of age or  
10 younger, with a household income that does not exceed 100 percent of  
11 the federal poverty level;
- 12 (17) individuals under age 21 who are not eligible for  
13 benefits under the federal aid to families with dependent children  
14 program because they are not deprived of one or more of their natural  
15 or adoptive parents;
- 16 (18) [(17)] skilled nursing facility services for persons  
17 under age 21;
- 18 (19) [(18)] aged, blind, and disabled individuals who,  
19 because they do not meet the income requirements, do not receive  
20 supplemental security income under Title XVI of the Social Security  
21 Act, but who are eligible, or would be eligible if they were not in a  
22 skilled nursing facility or intermediate care facility, to receive an  
23 optional state supplementary payment;
- 24 (20) [(19)] individuals in a hospital, skilled nursing  
25 facility, or intermediate care facility whose income while in the  
26 facility does not exceed 300 percent of the supplemental security  
27 income benefit rate under Title XVI of the Social Security Act, but  
28 who, because of income, are not eligible for the optional state sup-  
29 plementary payment;

1                    (21) [(20)] individuals under age 21 under supervision of  
2 the department, for whom maintenance is being paid in whole or in part  
3 from public money and who are in foster homes or private child-care  
4 institutions.  
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Alaska State Legislature  
House of Representatives  
COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

OFFICIAL BUSINESS

POUCH V  
JUNEAU, AK 99811  
465-3759

January 28, 1988

LETTER OF INTENT  
TO  
CSHB 342 (HESS)  
BY THE  
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

In order to make prenatal care more accessible and affordable to low-income high-risk pregnant women, it is the intent of the Legislature that the Department of Health and Social Services adequately advertise the benefits offered by CSHB 342 (HESS). The Department shall report back to the legislature no later than January 31, 1989 how the program is being advertised and the number of participants.

It is further the intent of the Legislature that the Department keep a record as to the number of babies born to Medicaid mothers who are low birthweight and/or die within the first year of life. The Department shall report back to the legislature no later than January 31, 1990 and annually thereafter.

Handwritten signature of Niilo Kaponen in black ink, written over a horizontal dashed line.

Rep. Niilo Kaponen, Co-Chair  
House HESS Committee

Handwritten signature of Johnny Ellis in black ink, written over a horizontal dashed line.

Rep. Johnny Ellis, Co-Chair  
House HESS Committee

STATE OF ALASKA  
1988 LEGISLATIVE SESSION

BILL VERSION: CSHB 342 (HESS)  
PUBLISH DATE: \_\_\_\_\_

FISCAL NOTE

REQUEST:

Revision Date: 1/29/88  
Title: An Act relating to Medicaid Eligibility for needy children and pregnant women.  
Sponsor: Ellis, Koponen, et al  
Requestor: House HESS Committee

Agency Affected: Health & Social Services  
BRU: MA Admin/Medical Assistance  
PA Admin/State Health Services  
Components: Claims Processing/Med. Fac./  
Med. Non-Fac. Eligibility Determination  
PA Data Proc./Family Health

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES		245.9	461.0	461.0	461.0	461.0
TRAVEL		46.0	48.0	48.0	48.0	48.0
CONTRACTUAL		31.9	37.5	37.5	37.5	37.5
SUPPLIES		2.1	2.9	2.9	2.9	2.9
EQUIPMENT		14.0	9.0	-0-	-0-	-0-
LAND & STRUCTURES						
GRANTS, CLAIMS		2,610.8	6,430.6	7,597.5	8,764.4	9,931.3
MISCELLANEOUS						
TOTAL OPERATING		2,950.8	6,989.0	8,146.9	9,313.8	10,480.7

CAPITAL						
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REVENUE		1,527.8	3,567.7	4,146.8	4,730.3	5,313.8
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FUNDING: (Thousands of Dollars)

GENERAL FUND		1,423.0	3,421.3	4,000.1	4,583.5	5,166.9
FEDERAL FUNDS		1,527.8	3,567.7	4,146.8	4,730.3	5,313.8
OTHER						
TOTAL		2,950.8	6,989.0	8,146.9	9,313.8	10,480.7

POSITIONS:

FULL-TIME		7	10	10	10	10
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

SEE ATTACHED

Prepared by: Kim Busch, Director *Kim Busch* Phone: 465-3355  
Division: Medical Assistance Date: 1-29-88

*Myra M. Munson*  
Approved by Commissioner: Myra M. Munson Date: 1-29-88  
Agency: Health & Social Services

Distribution (by preparer):

Legislative Finance  
Legislative Sponsor  
Requestor  
Office of Management and Budget  
Impacted Agency(ies)

## ANALYSIS

### ALASKA HEALTHY BABY PROJECT

#### PLAN FOR IMPLEMENTATION

1. Add all pregnant women and children up to one year of age with monthly incomes up to 100% of the federal poverty level for Alaska to the Medicaid Program. The program design includes:

- \* one time eligibility determination for pregnant women. Once found eligible, the woman would retain Medicaid through the 60 day postpartum period. An income eligible pregnant woman may receive Medicaid as soon as pregnancy is medically verified. Children are automatically eligible for the 60 day postpartum period once the mother verifies the birth date.
- \* no resource (asset) limit for pregnant women and children.
- \* pregnant women and children will be eligible for all Medicaid services offered under the State Plan.

(Estimate 974 eligibles: \$4,163 per pregnant woman x 974 = \$4,054,762 + \$1,198 per child x 974 = \$1,166,852 = Total \$5,221,614). These cost estimates are based on actual average 1986 expenditure data for pregnant women and children age 5 and under. NOTE: the January 1, 1989 implementation date will result in  $\frac{1}{2}$  the program expenditures under Medicaid services for pregnant women and children during the first year.

2. Add case management services, as an enhanced service to pregnant women, to coordinate health care service delivery. This service will be particularly targeted at women with high risk pregnancies, and must be offered to all Medicaid-eligible pregnant women. The program will be implemented by hiring four nurse consultant public health nurses in the Division of Public Health to be case managers. These positions will operate from Anchorage, Fairbanks, Bethel and Juneau. The nurses will receive Medicaid referral of all pregnant women in order that each may be evaluated as to their pregnancy risk factor. The case managers will coordinate the health care services delivered, assure that pregnant women receive necessary services, and assist with arranging appointments and transportation. Uniform perinatal guidelines will be adopted to assure that pregnant women are receiving adequate care. Also hired, will be a Nurse IV Pre-Natal Coordinator for the Division of Medical Assistance to coordinate case management services, perform a utilization review function on expenditures for pregnant women and children, design and manage computer reports to monitor program objectives, establish criteria to evaluate improved pregnancy outcome, and evaluate program compliance. All positions will be at 75/25 federal/state match since each will be filled with medical personnel.

3. Add nutrition services under enhanced services to pregnant women beginning in the second year. This service must be provided to all pregnant women. (Estimate that 15% of pregnant women would need nutrition counseling because of high risk pregnancy. Average two visits per person X 600 persons x \$30/visit)
4. New eligibility technicians in the Division of Public Assistance to review applications, conduct interviews, verify eligibility and authorize medical coupons for the new population of pregnant women and children eligible under this Medicaid option. There will be two new positions in year one and three new positions in year two, with a one time outlay of \$3,000 per position for desk, chair, file cabinet and computer terminal.
5. This change in the Medicaid Program will require a system support increase to the Eligibility Information System (EIS) of the Division of Public Assistance, and will require lead time to accomplish (the January 1, 1989 implementation date).

Year One

	Fed match	GF match
<u>Cost</u> Medicaid services for pregnant women assuming ½ year costs	\$1,013,690	\$1,013,690
Medicaid services for children one year of age assuming ½ year costs	\$ 291,713	\$ 291,713
Case management services 5 nurses at 75/25 federal state match plus travel, supplies, equipment and risk insurance assuming 3/4 year cost and 10.0 for outreach	\$ 193,743	\$ 88,956
Two new eligibility technicians for the Division of Public Assistance - \$36,300 assuming ½ year cost of \$18,150 each at 50/50 state/federal match plus equipment	\$ 21,150	\$ 21,150
Public Assistance computer system data processing	\$ 7,450	\$ 7,450
TOTAL	\$1,527,746	\$1,422,959

Year Two

NOTE: This will be the first full year of the program, so the costs for medical services for pregnant women and children, and new positions have been restated indicating full year costs.

Add children up to age two with incomes up to 100% of the federal poverty level to the Medicaid Program.

<u>Cost</u>	Fed match	GF match
Medicaid services for pregnant women	\$2,027,381	\$2,027,381
Medicaid services for children one and two years of age.	\$1,166,852	\$1,166,852
Nutrition services	\$ 21,000	\$ 21,000
Case management services, full year cost	\$ 249,700	\$ 103,200
Three new eligibility technicians for the Division of Public Assistance - \$36,300 each at 50/50 state federal match plus equipment	\$ 59,000	\$ 59,000
Full year cost of two eligibility technicians added year one	\$ 36,300	\$ 36,300
Public Assistance data processing	\$ 7,450	\$ 7,450
TOTAL	\$3,567,683	\$3,421,183

### Year Three

Add children up to age three with incomes up to 100% of the federal poverty level to the Medicaid Program.

		Fed match	GF match
<u>Cost</u>	Medicaid services for children three years of age.	\$ 583,426	\$ 583,426
	Public Assistance data processing	\$ 7,450	\$ 7,450
	TOTAL	\$ 590,876	\$ 590,876

NOTE: Assumes base includes year 1 and year 2 costs.

### Year Four

Add children up to age four with incomes up to 100% of the federal poverty level to the Medicaid Program.

		Fed match	GF match
<u>Cost</u>	Medicaid services for children four years of age.	\$ 583,426	\$ 583,426
	Public Assistance data processing	\$ 7,450	\$ 7,450
	TOTAL	\$ 590,876	\$ 590,876

NOTE: Assumes base includes years 1, 2 and 3 costs.

### Year Five

Add children up to age five with incomes up to 100% of the federal poverty level to the Medicaid Program.

		Fed match	GF match
<u>Cost</u>	Medicaid services for children five years of age.	\$ 583,426	\$ 583,426
	Public Assistance data processing	\$ 7,450	\$ 7,450

TOTAL                   \$ 590,876       \$ 590,876

NOTE:                   Assumes base includes years 1, 2, 3 and 4 costs.

ASSUMPTIONS:       An inflation factor has not been added to medical care costs for years two, three, four and five. An inflation factor will have to be applied each fiscal year to the Medicaid budget to adequately fund this option.

ALASKA HEALTHY BABY PROJECT  
Summary

	YEAR				
	1989	1990	1991	1992	1993
Pregnant Women Coverage	2,027.4	4,054.8	4,054.8	4,054.8	4,054.8
for medical services					
Medical services for children:					
Age one year	583.5	1,166.9	1,166.9	1,166.9	1,166.9
Age two years		1,166.9	1,166.9	1,166.9	1,166.9
Age three years			1,166.9	1,166.9	1,166.9
Age four years				1,166.9	1,166.9
Age five years					1,166.9
 Division of Public Assistance Eligibility Technicians plus equipment					
two - first year	42.3	72.6	72.6	72.6	72.6
three - second year		118.0	109.0	109.0	109.0
DPA computer upgrade	14.9	14.9	14.9	14.9	14.9
Case Management	282.7	352.9	352.9	352.9	352.9
Nutrition Services		42.0	42.0	42.0	42.0
 Total Yearly Cost	<u>2,950.8</u>	<u>6,989.0</u>	<u>8,146.9</u>	<u>9,313.8</u>	<u>10,480.7</u>
Yearly General Fund Cost	1,423.0	3,421.3	4,000.1	4,583.5	5,166.9
Yearly federal cost	1,527.8	3,567.7	4,146.8	4,730.3	5,313.8

AFDC INCOME STANDARDS

Adult included	ANNUAL	Adult not included	ANNUAL
2	\$692	1	\$275
3	\$779	2	\$550
4	\$866	3	\$637
5	\$953	4	\$724
6	\$1040	5	\$811
7	\$1127	6	\$898
each add	\$87	7	\$985
		each add	\$87

single adult pregnant woman \$437  
increment for incapacitated spouse \$162

ALASKA'S FEDERAL POVERTY LEVEL

Family size	annual income
1	\$6,860
2	\$9,240
3	\$11,620
4	\$14,000
5	\$16,380
6	\$18,760
7	\$21,140
8	\$23,520
each additional	\$2,380

NOTE: THESE INCOME LEVELS WILL BE CHANGED IN FEBRUARY 1988.

RESOURCE LIMITS

AFDC	APA/SSI
- a home of any value	- a home of any value
- a car worth \$1,500	- a car worth \$4,500
- other real or personal property worth up to \$1,000	- personal effects worth up to \$2,000
	- liquid resources worth \$1,800 for individuals and \$2,700 for couples
	- a burial plot
	- up to \$1,500 for burial expenses
	- life insurance with face value up to \$1,500

Alaska's Medicaid Program pays for the following services:

- inpatient hospital care
- outpatient hospital care
- laboratory and x-ray services
- skilled nursing facility and home health services for individuals 21 and older
- physicians services
- rural health clinic services
- early and periodic screening, diagnosis and treatment for individuals under 21 (EPSDT)
- family planning
- medical transportation
- nurse midwife services
- community mental health clinic and state operated mental health clinic services
- intermediate care facility services
- intermediate care facility for the mentally retarded services
- skilled nursing facility services for individuals under 21
- optometrists services and eyeglasses
- mental institution services for persons under 21
- institution for mental diseases services for persons aged 65 and older
- treatment of speech, hearing and language disorders
- outpatient surgical care center services
- physical therapy
- occupational therapy
- prosthetic devices
- medical supplies
- adult dental services (limited to relief of pain and acute infection)
- chiropractic services
- personal care attendant services

Prescription drugs are provided to Medicaid recipients through the 100% state-funded General Relief Medical Assistance Program.

FY89

BRU	Medical Assistance Administration	Medical Assistance	Medical Assistance	Public Assistance Administration	Public Assistance Administration	State Health Services
Component	Claims Processing	Medicaid Facility	Medicaid Non-Facility	Eligibility Determinations	PA Data & Word Processing	Family Health
Personal Serv.	32.9	-0-	-0-	36.3	-0-	175.7
Travel	16.0	-0-	-0-	-0-	-0-	30.0
Contractual	3.8	-0-	-0-	-0-	14.9	13.2
Supplies	.3	-0-	-0-	-0-	-0-	1.8
Equipment	-0-	-0-	-0-	6.0	-0-	8.0
Land & Street	-0-	-0-	-0-	-0-	-0-	-0-
Grants/Claims	-0-	1,740.6	870.2	-0-	-0-	-0-
Misc.	-0-	-0-	-0-	-0-	-0-	-0-
<b>Total Op</b>	<b>54.0</b>	<b>1,740.6</b>	<b>870.2</b>	<b>42.3</b>	<b>14.9</b>	<b>228.7</b>
General Fund	18.5	870.3	435.1	21.15	7.5	70.4
Fed Fund	35.5	870.3	435.1	21.15	7.4	158.3
FTE	1	0	0	2	0	4

FY90

INCLUDES NUTRITION SERVICES

BRU	Medical Assistance Administration	Medical Assistance	Medical Assistance	Public Assistance Administration	Public Assistance Administration	State Health Services
Component	Claims Processing	Medicaid Facility	Medicaid Non-Facility	Eligibility Determinations	PA Data & Word Processing	Family Health
Personal Serv.	45.2	-0-	-0-	181.6	-0-	234.2
Travel	8.0	-0-	-0-	-0-	-0-	40.0
Contractual	5.0	-0-	-0-	-0-	14.9	17.6
Supplies	.5	-0-	-0-	-0-	-0-	2.4
Equipment	-0-	-0-	-0-	9.0	-0-	-0-
Land & Street	-0-	-0-	-0-	-0-	-0-	-0-
Grants/Claims	-0-	4,259.1	2,171.5	-0-	-0-	-0-
Misc.	-0-	-0-	-0-	-0-	-0-	-0-
<b>Total Op</b>	<b>58.7</b>	<b>4,259.1</b>	<b>2,171.5</b>	<b>190.6</b>	<b>14.9</b>	<b>294.2</b>
General Fund	14.7	2,129.5	1,085.7	95.3	7.5	88.5
Fed Fund	44.0	2,129.5	1,085.8	95.3	7.4	205.7
FTE	1	0	0	5	0	4

5-1462L

Hein

2/10/88

Original sponsors: Ellis, Koponen,  
Brown, et al.

*New  
Language*

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2 CS FOR HOUSE BILL NO. 342 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

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12 the following optional groups of persons for whom the state may claim  
13 federal financial participation are eligible for medical assistance:

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15 any plan of the state approved under 42 U.S.C. 601 - 615 (Title IV-A,  
16 Social Security Act, Aid to Families with Dependent Children) or 42  
17 U.S.C. 1381 - 1383c (Title XVI, Social Security Act, Supplemental  
18 Security Income);

19 (2) persons in a general hospital, skilled nursing facility  
20 or intermediate care facility, who, if they left the facility, would  
21 be eligible for assistance under one of the federal programs specified  
22 in (1) of this subsection;

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24 department, for whom maintenance is being paid in whole or in part  
25 from public funds, and who are in foster homes or private child-care  
26 institutions;

27 (4) aged, blind, or disabled persons, who, because they do  
28 not meet income and resources requirements, do not receive supple-  
29 mental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social

1 Security Act), and who do not receive a mandatory state supplement,  
2 but who are eligible, or would be eligible if they were not in a  
3 skilled nursing facility or intermediate care facility to receive an  
4 optional state supplementary payment;

5 (5) persons under age 21 who are in an institution desig-  
6 nated as an intermediate care facility for the mentally retarded and  
7 who are financially eligible as determined by the standards of the  
8 federal aid to families with dependent children program;

9 (6) persons in a medical or intermediate care facility  
10 whose income while in the facility does not exceed 300 percent of the  
11 supplemental security income benefit rate under 42 U.S.C. 1381 - 1383c  
12 (Title XVI, Social Security Act) but who would not be eligible for an  
13 optional state supplementary payment if they left the hospital or  
14 other facility;

15 (7) persons under age 21 who are receiving active treatment  
16 in a psychiatric hospital and who are financially eligible as deter-  
17 mined by the standards of 42 U.S.C. 601 - 615 (Title IV-A, Social  
18 Security Act, Aid to Families with Dependent Children);

19 (8) persons under age 21 and not covered under (a) of this  
20 section, who would be eligible for benefits under the federal aid to  
21 families with dependent children program, except that they have the  
22 care and support of both their natural and adoptive parents;

23 (9) pregnant women not covered under (a) of this section  
24 and who meet the income and resource requirements of the federal aid  
25 to families with dependent children program;

26 (10) pregnant women, and children five years of age or  
27 younger, with a household income that does not exceed 100 percent of  
28 the federal poverty level.

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3 services: case management and nutrition services for pregnant women;  
4 personal care services in a recipient's home; emergency hospital  
5 services; long-term care noninstitutional services; medical supplies  
6 and equipment; clinic services; inpatient psychiatric facility ser-  
7 vices for individuals age 65 or older and individuals under age 21;  
8 physical therapy; occupational therapy; chiropractic services; treat-  
9 ment of speech, hearing, and language disorders; adult dental ser-  
10 vices; prosthetic devices and eyeglasses; optometrists' services;  
11 intermediate care facility services, including intermediate care  
12 facility services for the mentally retarded; skilled nursing facility  
13 services for individuals under age 21; and reasonable transportation  
14 to and from the point of medical care.

15 \* Sec. 3. AS 47.07.035 is amended to read:

16 Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the depart-  
17 ment finds that the cost of medical assistance for all persons eligi-  
18 ble under this chapter will exceed the amount allocated in the state  
19 budget for that assistance for the fiscal year, the department shall  
20 eliminate coverage for optional medical services and optionally eligi-  
21 ble groups of individuals in the following order:

- 22 (1) chiropractic services;
- 23 (2) adult dental services;
- 24 (3) emergency hospital services;
- 25 (4) treatment of speech, hearing, and language disorders;
- 26 (5) optometrists' services and eyeglasses;
- 27 (6) occupational therapy;
- 28 (7) prosthetic devices;
- 29 (8) medical supplies and equipment;

- 1 (9) clinic services;
- 2 (10) physical therapy;
- 3 (11) personal care services in a recipient's home;
- 4 (12) long-term care noninstitutional services;
- 5 (13) inpatient psychiatric facility services;
- 6 (14) intermediate care facility services for the mentally
- 7 retarded;
- 8 (15) intermediate care facility services;
- 9 (16) pregnant women, and children five years of age or
- 10 younger, with a household income that does not exceed 100 percent of
- 11 the federal poverty level;
- 12 (17) individuals under age 21 who are not eligible for
- 13 benefits under the federal aid to families with dependent children
- 14 program because they are not deprived of one or more of their natural
- 15 or adoptive parents;
- 16 (18) [(17)] skilled nursing facility services for persons
- 17 under age 21;
- 18 (19) [(18)] aged, blind, and disabled individuals who,
- 19 because they do not meet the income requirements, do not receive
- 20 supplemental security income under Title XVI of the Social Security
- 21 Act, but who are eligible, or would be eligible if they were not in a
- 22 skilled nursing facility or intermediate care facility, to receive an
- 23 optional state supplementary payment;
- 24 (20) [(19)] individuals in a hospital, skilled nursing
- 25 facility, or intermediate care facility whose income while in the
- 26 facility does not exceed 300 percent of the supplemental security
- 27 income benefit rate under Title XVI of the Social Security Act, but
- 28 who, because of income, are not eligible for the optional state sup-
- 29plementary payment;

1                    (21) [(20)] individuals under age 21 under supervision of  
2 the department, for whom maintenance is being paid in whole or in part  
3 from public money and who are in foster homes or private child-care  
4 institutions.  
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STATE OF ALASKA  
THE LEGISLATURE

POUCH Y - STATE CAPITOL  
JUNEAU, ALASKA 99811  
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

January 28, 1988

SUBJECT:           Constitutionality of bill title of  
                  CSHB 342(HESS)

TO:                Representative Johnny Ellis and  
                  Representative Niilo Koponen  
                  Co-Chairmen, House HESS Committee

FROM:             Edward H. Hein *EHA*  
                  Legislative Counsel

After further review of the bill title adopted by the House HESS Committee for CSHB 342 (HESS), a question has been raised about its constitutionality. Under art. II, sec. 13 of the Alaska Constitution, the subject of each bill must be expressed in the title. It is thought that the title does not adequately reflect changes made by sec. 3 of the bill. That section amends AS 47.07.035, which establishes the order in which Medicaid coverage is to be eliminated if there is not enough money allocated in the state budget to provide coverage for all services and groups on the list. The higher a service is on the list the sooner it is eliminated. Thus, by placing pregnant women and needy children on the list as number 16 out of 21 items, those services numbered 1 - 15 are affected. Since the bill title does not mention that this priority is affected, it is arguable that the title does not meet the constitutional requirement, and that the bill could be subject to a legal challenge on that basis. Therefore, it is recommended that the prudent course would be to amend the bill title accordingly.

I would recommend the following amendment for your consideration:

At page 1, line 7, after "women" insert "; and reordering the priorities for eliminating coverage under medicaid"

It is my understanding that you will advise the next committee of referral, the House Finance Committee, of this memorandum.

EHH:bb  
wkb2/013

HB 342

"An Act relating to medical assistance for needy persons."

I. Purpose of HB 342

The purpose of HB 342 is to add two new groups of eligibles to the Medicaid Program: Pregnant women and children up to the age of five whose household incomes do not exceed 100% of the federal poverty level. The children would be phased in by age, one year each year until all children age five and under are covered.

II. Sectional Analysis

- Section 1      Section 1 amends AS 47.07.020 (b), which delineates the optional groups of people who are eligible for Medicaid, by adding pregnant women and children up to age five whose household incomes do not exceed 100% of the federal poverty level.
- Section 2      Section 2 amends AS 47.07.030 (b) to specify that case management and nutrition services for pregnant women are covered Medicaid services in Alaska.
- Section 3      Section 3 amends AS 47.07.035 by adding pregnant women and children up to the age of five whose household incomes do not exceed 100% of the federal poverty level to the existing list. The purpose of this section is to provide guidance to the department on the order in which optional Medicaid services and optional coverage groups are to be eliminated in the case of inadequate funding for the Medicaid Program.

III. Recommendations

Congress created this new Medicaid option recognizing that one in four children in America live in poverty; that the number of children living in poverty has grown each year since 1975; and that the United States is tied for last place among the 22 industrialized nations in infant mortality. In Alaska, although our welfare standards are generous compared with many other states, we have the highest mortality rate of all 50 states for infants between one month and one year of age.

This Medicaid option allows the state great flexibility in providing Medicaid coverage to pregnant women and children, while removing many of the current barriers to eligibility. It is estimated that close to 1,000 women will qualify for Medicaid each year, and nearly 5,000 children will be eligible each year when all children under age 5 are covered.

The program design would include a one time eligibility determination for pregnant women, so that once found eligible the woman would be covered by Medicaid through the 60 day postpartum period for all covered services. Additionally, this group of pregnant women and children will not be subject to the \$1,000 resource limit of the Aid to Families With Dependent Children Program.

All pregnant women will receive case management services to better coordinate delivery of health care services and identify high risk pregnancies, with a goal of improved pregnancy outcome. Nutrition services will be available to high risk women who are not served by the Women, Infants and Children (WIC) Program. Children will receive all Medicaid services, including Early, Periodic Screening, Diagnosis and Treatment (EPSDT). EPSDT has proven especially useful in early identification and treatment of potentially handicapping medical, social and psychological conditions; it's success is due to monitoring of all Medicaid children by Public Health Nurses to assure that appropriate services are received.

Addition of this Medicaid option will allow the state to claim matching federal dollars for all general fund dollars spent on health care for pregnant women and children under five. The Department recommends that Section 2 be amended by adding "and nutrition" after "case management" so that nutrition services will be available to high risk women who are not served by the Women, Infants and Children (WIC) Program.

The Department believes enactment of this legislation would be a sound investment in children which would pay for itself economically and socially. The Department spends millions of dollars each year on neo-natal intensive care and long term institutional care for children which may have been prevented by provision of adequate pre-natal care to their mothers. It has been estimated that \$1.00 spent on pre-natal care could ultimately save up to \$11.00 if all the costs of caring for permanently disabled children are considered.

However, the expense of this program requires policy makers to consider the many competing and worthy needs of the medically indigent and others. The Governor's Interim Commission on Children and Youth (GICCY) recommended the pregnant women Medicaid option authorized by this legislation in its report. A plan for the implementation of the GICCY recommendations is being developed by the Governor.

Recommended by: Kim Busch  
Kim Busch, Director  
Division of Medical Assistance

Date: 1/26/88

Recommended by: Elizabeth Ward  
Elizabeth Ward, Director  
Division of Public Health

Date: January 24, 1988

Approved by: Myra M. Munson  
Myra M. Munson, Commissioner  
Department of Health and  
Social Services

Date: January 27, 1988

**DEPT. OF HEALTH AND SOCIAL SERVICES**

DIVISION OF PUBLIC HEALTH /

POUCH H-06  
JUNEAU, ALASKA 99811-9976

PHONE:

PREVENTION SAVES ALASKA'S BABIES AND THE STATE'S MONEY

- National data shows lack of prenatal care as the most significant factor in problem births, including prematurity, infants of low birthweight and infant deaths and disabilities.
- A woman without adequate prenatal care has twice the risk of her infant being born with low birthweight and twice the risk of infant death as the infant born to a mother with adequate care.
- Low birthweight babies can suffer tragic outcomes and must endure extensive and costly medical care: about 20% of all neonatal intensive care unit graduates have major medical problems by age two. Up to 60% have some physical or intellectual difficulties by age five.
- Every \$1.00 spent on comprehensive prenatal care saves \$2.00 in the first year of an infant's life alone, because of the reduced need for hospital care.
- Every \$1.00 spent on prenatal care saves up to \$11.00 when all costs of caring for permanently disabled children are included.
- Every \$1.00 spent on women at high risk for delivering low birthweight babies saves \$3.40 during the surviving infants' first year of life.
- Prenatal care that begins early in pregnancy and provides a woman with the medical, nutritional and supportive services she and her baby need has been shown to reduce the incidence of low birthweight by 30%.
- Prenatal care is most effective in improving the health of high risk mothers and babies, whether the risk is from medical factors, or social factors or both.
- 3/4 of the factors that lead to low birthweight can be evaluated in the first prenatal visit and appropriate intervention, such as counseling on substance abuse, can begin early to reduce risks.
- Prenatal visits routinely include blood pressure checks and blood urine tests to screen for conditions which if left unprotected and untreated can cause major problems to the mother or her baby.
- Routine prenatal tests can detect treatable conditions which lead to poor pregnancy outcomes.

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

POUCH H-06  
JUNEAU, ALASKA 99811-9976

PHONE:

THE HEALTH OF ALASKA'S MOTHERS AND BABIES

- ° Each year, about 2,000 or 16% of all births in Alaska occur to women who recieve inadequate or no prenatal care.
- ° The average total cost for prenatal, labor and delivery care in Alaska is \$3,500..... less than the cost of 1 1/2 days in a neonatal intensive care unit.
- ° In 1984, 608 babies were born low in Alaska weighing less than 5 1/2 pounds, most of whom required expensive (\$2,500/day) neonatal intensive care; 142 babies died before reaching their first birthday.
- ° In 1986, an estimated 2,140 women in Alaska were not able to afford prenatal care in their crucial first trimester.
- ° Low birthweight babies constituted less than 5% of all births in Alaska in 1984, but accounted for more than 40% of all infant deaths.
- ° Alaska's low birthweight rate has remained fairly constant.... we have made very little progress in preventing low birthweight.
- ° Alaska's women most in need of prenatal care are least likely to receive it: single, nonwhite, teens and those with little education or income.
- ° The hight cost of prenatal and hospital delivery care is cited repeatedly as the predominant barrier in preventing low income women from obtaining needed prenatal care.
- ° Medicaid provides coverage for < 78% of the poor in Alaska.

# A PROPOSAL FOR COMPREHENSIVE PRENATAL CARE AND HEALTH SERVICES FOR CHILDREN

## ALASKA HEALTHY BABY PROJECT

### WHAT IS IT?

The Alaska Healthy Baby Project would provide prenatal care, delivery and other health services to pregnant women who have incomes up to 100% of the federal poverty level.

The Alaska Healthy Baby Project would insure that prenatal care can begin as soon as pregnancy is confirmed, to include regular physical examinations, monitoring of the pregnancy, treatment of correctable conditions, assistance in making behavioral changes to reduce the risk of harm to mother and child, and assistance in securing basic needs such as good nutrition.

Children whose families have incomes up to 100% of the federal poverty level would receive a broad spectrum of preventive, screening and treatment services to assure optimum health status in the first five years of life. It is estimated that 5,000 children would receive additional medical coverage over the five year period.

Case management would be available through Public Health Nurses to Medicaid-eligible pregnant women to assess their health problems, coordinate their access to necessary medical care, and refer them to providers of social, education and other services. Promoting individual needs and appropriate prenatal care and health services, case management would aid in reducing complications of pregnancy, and diminish the frequency and severity of handicaps associated with premature delivery and low birth weight infants.

Nutrition services would also be made available to Medicaid-eligible pregnant women to assist those women identified as having complex nutritional, medical and social risk factors requiring intensive nutrition education. Through case managers, all pregnant women would be referred to the Women Infants and Children (WIC) Nutrition Program, however certain high risk women require services beyond the scope of WIC and would be served through enhanced nutritional services.

### WHO

Under this Medicaid option, an estimated 974 low income women would be eligible for Medicaid coverage through their pregnancy and postpartum periods. This would increase, by a minimum of 22.2%, the number of pregnant women eligible for Medicaid services.

All children with incomes under the federal poverty level would also be eligible for Medicaid, up to age one the first year and phasing in children each year until all children under the age of five are covered.

### WHY

The Alaska Healthy Baby Project is important because of the increasing number of women in Alaska who do not have access to prenatal and delivery care because they are low income but ineligible for Medicaid, or cannot afford health insurance or the cash outlay to cover the cost of those services.

Lack of prenatal care is associated with poor delivery outcomes, including prematurity, infants of low birthweight, and infant deaths and disabilities.

Research shows that improvement in the quality and availability of prenatal and delivery care reduces the need for expensive newborn intensive care.

In FY 84 the Medicaid program spent over \$4.6 million dollars for 96 infants in newborn intensive care; 11 of those babies had medical costs exceeding \$100,000 each.

In 1984, 141 Alaskan babies died before reaching the age of one; 72 of those infants died in the first 28 days of life.

#### HOW

All of these changes would require an amendment by the legislature to AS 47.07.020, 47.07.030 and 47.07.035 to allow the department to provide Medicaid to pregnant women and children whose incomes do not exceed 100% of the federal poverty level; to allow these pregnant women to receive case management and nutrition services; and to prioritize this group and these services under AS 47.07.035.

The state would also have to provide funding for these services: The FY 89 cost of adopting the option is \$3,063.1 million (\$1,477.5 state funds); for FY 90 the cost is \$6,880.8 million (\$3,397.1 state funds). The increase from FY 89 to FY 90 is because the program cannot be implemented until January 1, 1988 resulting in only ½ year funding the first year.

#### WHAT WILL HAPPEN?

These provisions will reduce the incidence of infant deaths, birth defects, and developmental disabilities related to insufficient prenatal care, premature birth and low birthweight; and will provide a system of preventive health care and early intervention, promote health and reduce long-term health care costs.

#### CONTACTS:

Elizabeth Ward, Director, Division of Public Health - 465-3090  
Nancy Bennett, Medical Assistance Administrator, Division of Medical Assistance - 465-3355

\* The federal law allows many different ways to provide coverage to all or part of this target group, The Alaska Healthy Baby Project is one way. These options are explained in more detail in additional materials.

## EXAMPLES OF GAPS IN PRENATAL CARE

Women earning over 78% of poverty are not eligible for medicaid; these women must pay cash out of pocket for prenatal care unless insured.

*-- uncomplicated pregnancy = 25% of her income must go toward prenatal care*

The 1984 Vital Statistics Report states that 25% (605) of Native women had inadequate prenatal care and 13% of White Alaskan women received inadequate prenatal care.

Four to five deliveries occur monthly in Anchorage emergency rooms because these women have had no prenatal care.

Alaska Women's Health Clinic in Anchorage reports 27% of their patients are not eligible for any third party reimbursement.

Providence Hospital reported that in 1986, 667 of the 2,480 births there occurred to women who had no third party reimbursement for their birth; 555 of these women have established some sort of payment plan for their birth, but 112 of these have not been able to establish a payment plan.

The state demographer estimates that 11% of the Alaska population has incomes above the Alaska poverty line, but below \$18,000.

## POSTNEONATAL MORTALITY IN ALASKA

### Definitions:

**Infant Mortality (IM)** - death of an infant during its first year of life

**Neonatal Mortality (NM)** - death of an infant during its first 28 days of life

**Postneonatal Mortality (PNM)** - death of an infant between 28 days and one year of age

### Facts: (based on Alaska data for 1979-85)

1. Alaska's PNM rate is the **highest** of any state in the union.

- AK's 1984 PNM rate: 5.5
- U.S. 1984 PNM rate: 3.8

2. In Alaska, the PNM rate for Natives is **twice** as high as that for Whites.

#### 1984

- Natives - 9.2
- Whites - 4.5

#### 1979-85

- Natives - 9.6
- Whites - 4.3

3. The Native's PNM rate is higher than the rate for Whites in **each** of the 6 geographical regions in the state.

4. The PNM rate (for all races) is **highest** in these 2 regions:

#### 1985 Rate

- Southwest AK      10.0
- Northern AK        9.1

5. Low Birth Weight (LBW) is more common among Neonatal deaths than among Postneonatal deaths.

2/3 of neonatal deaths are LBW

1/4 of postneonatal deaths are LBW

This is true for both Whites and Natives.

6. 3/4 of all Postneonatal deaths are Normal Birth Weight (NBW).

7. Teens account for:

(1984 - 85 data )

9% of births

17% of Neonatal deaths

17% of PN deaths (between 6 mos. and 1 year)

8. Single mothers account for:

16% of births

24% of Neonatal deaths

33% of all PN deaths

9. Natives account for:

20% of births

26% of Neonatal deaths

42% of all PN deaths

10. The bush accounts for:

14% of births

18% of Neonatal deaths

26% of all PN deaths

11. Inadequate Prenatal Care was characteristic of 3-4% of infant deaths compared to <2 % of all births.

Higher percentage of Inadequate Prenatal Care was found among teens and among Natives.

(Adequacy of Care could not be determined for 1/3 of all infant deaths)

## 12. Causes of Death

- Neonatal: (of Whites and Natives respectively)
  - Congenital Anomalies (29% and 22%)
  - Respiratory Distress Syndrome (16% and 16%)
  - Other Conditions of Perinatal Origin (30% and 31%)
- Postneonatal: (of Whites and Natives respectively)
  - Sudden Infant Death Syndrome (SIDS) - (54% and 44%)  
(90% of PN SIDS occurred before the age of 6 months ).
  - For Whites, Congenital Anomalies (13%)
  - For Natives, Pneumonia and Influenza (11%)

All other causes (18% and 27%). More detailed information is needed here.

### Further Detail:

(1) **Low Birth Weight (LBW)** - less than 2500 grams (5.5 lbs)

**Normal Birth Weight (NBW)** - 2500 grams (5.5 lbs.) or more

(2) **PNM rate** = # postneonatal deaths in a year/# live births in a year X 1,000

(3) The 6 geographical regions of the state (with census areas included in each):

- **Anchorage/Matanuska - Susitna Region**
  - Anchorage Borough
  - Matanuska-Susitna Borough
- **Gulf Coast Region**
  - Kenai Peninsula Borough
  - Kodiak Island Borough
  - Valdez-Cordova Census Area
- **Interior Region**
  - Fairbanks North Star Borough
  - Southeast Fairbanks Census Area
  - Yukon-Koyukuk Census Area

- Northern Region
  - Nome Census Area
  - North Slope Borough
  - Northwest Arctic Borough (Kobuk C.A.)
  
- Southeast Region
  - Haines Borough
  - Juneau Borough
  - Ketchikan Gateway Borough
  - Prince of Wales-Outer Ketchikan C.A.
  - Sitka Borough
  - Skagway-Yakutat-Angoon Census Area
  - Wrangell-Petersburg Census Area
  
- Southwest Region
  - Aleutian Islands Census Area
  - Bethel Census Area
  - Bristol Bay Borough
  - Dillingham Census Area
  - Wade Hampton Census Area

(4) The bush: Census Areas

Nome, North Slope, Northwest Arctic (Kobuk), Aleutian Islands, Bethel,  
 Bristol Bay, Dillingham, Wade Hampton, Yukon-Koyukuk

(5) Inadequate Prenatal Care: Initial visit was in the third trimester of pregnancy or fewer than five prenatal visits.

## PRENATAL CARE COSTS

Adequate Prenatal Care - for uncomplicated pregnancies must begin in the first trimester

- visits should be every 4 weeks for first 28 weeks
- one visit every 2 weeks for next 8 weeks
- one visit every week thereafter until delivery
- total number of prenatal visits = 14 to 15 visits
- prenatal care provider - obstetrician/gynecologist, certified nurse midwife, or advanced nurse practitioner

### Alaska Women's Health Service - Prenatal Care

1st Prenatal Visit	\$ 200
--------------------	--------

Each Subsequent Visit @ \$45 x 13 visits	\$ 585
--	--------

Since the recommended prenatal visit schedule for prenatal care totals 14 visits for a low risk full term gestation, I multiplied the \$45 per visit rate by 13 visits.

### Delivery Fees

Vaginal delivery	\$ 700
------------------	--------

Cesarean Section	\$ 1,400
------------------	----------

<u>Cost of Vaginal Delivery</u>		<u>Cost of a C-Section Delivery</u>	
Prenatal Care	\$ 785	Prenatal Care	\$ 785
Delivery-Physician Chg.	<u>700</u>	C-Section Del.	<u>\$ 1,400</u>
Total Fees	\$1,485	Total Fees	\$ 2,185
Providence Hospital Fees	1,950	Providence Fees	<u>\$ 5,000</u>
<b>Grand Total</b>	<b>\$3,435</b>	<b>Grand Total</b>	<b>\$ 7,185</b>

### Neighborhood Health Center

Fee includes all prenatal visits plus delivery charges

0 Fee	<u>25% Fee</u>	<u>50% Fee</u>	<u>75% Fee</u>	<u>Full Fee</u>
Medicaid	125% Poverty	150% Poverty	175% Poverty	200% Poverty
\$0.00	\$300	\$600	\$900	\$1,200

# OPTIONS FOR INCREASING PRENATAL SERVICES

I. Increase the number of women and children who qualify for medicaid

II. Provide a prenatal care program that would pay a portion of the cost of the medical prenatal care of the eligible women. Each woman would have a participation amount that would be dependent on her income and family size.

## Eligibility

-- low income, but not eligible for medicaid

-- high risk pregnancy due to a medical condition or lack of access to prenatal care because of geographic location.

## III. Enhancement of Services

-- case management

-- nutritional services

-- presumptive eligibility

-- no resource limit

-- one time eligibility

Solutions can be limited to one of these three choices or be combination of the three - see schematic.

## NUMBER OF WOMEN OF CHILD BEARING AGE IN ALASKA

### BY AGE AND RACE

1984 Alaska Vital Statistics Annual Report

<u>Age</u>	<u>White</u>	<u>Native</u>	<u>Other</u>	<u>Total</u>
15-19	13,605	4,051	1,684	19,340
20-24	14,455	3,980	2,139	20,574
25-29	23,497	3,338	3,902	30,737
30-34	24,205	2,939	1,785	21,248
<u>35-39</u>	<u>17,192</u>	<u>2,271</u>	<u>1,083</u>	<u>14,459</u>
	104,604	18,305	13,873	136,782

1984 LIVE BIRTHS BY AGE AND RACE OF MOTHER

<u>Age</u>	<u>White</u>	<u>Native</u>	<u>Black</u>	<u>Other</u>	<u>Unknown</u>	<u>Total</u>
< 15	4	4	0	0	0	8
15-17	158	136	17	3	0	314
18-19	531	294	41	11	6	883
20-24	2,929	848	160	82	30	4,049
25-29	3,163	628	126	119	25	4,061
30-34	1,911	328	51	77	23	2,390
35-39	567	117	5	39	0	733
40-44	55	22	0	4	0	81
45 +	1	1	0	1	0	3
Unknown	1	2	0	0	0	3
	9,320	2,380	400	336	89	12,525

# **PROBLEMS TO BE DISCUSSED**

**Access to Care**

**Teen Pregnancies**

**Nutrition for Pregnant Women**

**Sudden Infant Death Syndrome**

**Data Related to Infant Births and Deaths**

# Rural Alaska Community Action Program, Inc.

January 29, 1988

The Honorable Rep. Al Adams  
P.O. Box V  
Juneau, Alaska 99811

*maul*

IN SUPPORT OF HB-342

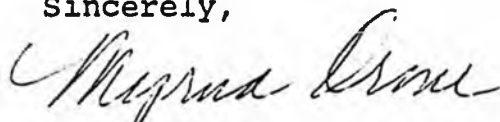
Dear Representative Adams,

Please pass HB-342 as a positive measure to make prenatal health care available to more pregnant mothers and their children. I'm sure you are well aware of the unfortunate statistics regarding the number of unhealthy babies born in Alaska.

Prenatal care is essential if we want to improve children's health. This bill can, through preventive means, save the state and its constituents millions of dollars in costs to "fix" the unhealthy children. It will allow health care for those mothers who currently are too poor to pay for expensive prenatal care and yet too "rich" to qualify for medicaid.

Please support HB-342! and work toward its early passage.

Sincerely,



Myrna Orme  
Director of Child Development

MO/mk



ALASKA COUNCIL ON PREVENTION OF ALCOHOL AND DRUG ABUSE, INC.

January 21, 1988

Honorable Al Adams, Chair  
Representative  
Alaska State Legislature  
P.O. Box V  
Juneau, Alaska 99811

Dear Representative Adams:

The Alaska Council on Prevention of Alcohol and Drug Abuse supports passage of HB 342, "An Act relating to medical assistance for needy persons." This legislation, which initiates The Alaska Health Baby Project, is an important step in securing adequate prenatal care for Alaska's women and infants.

As you may know, infants born to women not receiving prenatal care are twice as likely to die than infants born to women who do receive adequate prenatal services. In Alaska each year, 16 percent of all births occur to women who receive little or no prenatal care.

In a time of economic uncertainty, we realize that the cost of services must be closely scrutinized. Prenatal care is a cost-effective service. The price of only two days of intensive hospital care would adequately cover not only prenatal care, but also labor and delivery costs for a normal pregnancy.

The Alaska Council strongly supports reduction of the incidence of Fetal Alcohol Syndrome and feels that the increase in prenatal care provided under HB 342 could have a positive effect on reducing one of the leading, and most preventable, causes of mental retardation in Alaska. With passage of this bill, women receiving adequate prenatal services are more likely to be made aware of the dangers of consuming alcohol during pregnancy.

We trust that when HB 342 is heard in the House Finance Committee you will consider the health and well being of future Alaskans and take positive action on their behalf.

Thank you for your consideration of our position.

Sincerely,

Bette O'Moor  
Executive Director



A United Way Agency

7521 OLD SEWARD HWY., SUITE A ANCHORAGE, ALASKA 99518 (907) 349-6602

INFANT MORTALITY

<b>HEALTH STATUS GOAL:</b> REDUCE THE INFANT MORTALITY RATE TO 15 PER 1,000 LIVE BIRTHS AND THE NEONATAL DEATH RATE TO 9 PER 1,000 LIVE BIRTHS.	
<b>HEALTH SYSTEMS RESPONSE:</b> Provide an adequate range of preventive, primary and acute care services.	
<b>HEALTH SYSTEMS OBJECTIVE:</b>  H. Ensure that all women have access to early and continuous prenatal care, including prenatal education and access to obstetrical services, by 1985.  I. Maintain the High Risk Infant Critical Care System of the Alaska Newborn Project.  J. Ensure that 100% of families have access to autopsy confirmation in cases of unexplained infant death, and that 100% of families that have experienced sudden infant death received information and counseling.	<b>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</b>

Original sponsors: Ellis, Koponen,  
Brown, et al.

1 IN THE HOUSE  
2  
3 CS FOR HOUSE BILL NO. 342 (HESS)  
4 IN THE LEGISLATURE OF THE STATE OF ALASKA  
5 FIFTEENTH LEGISLATURE - SECOND SESSION  
6 A BILL  
7 For an Act entitled: "An Act relating to medicaid eligibility for needy  
8 children and pregnant women."  
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:  
10 \* Section 1. AS 47.07.020(b) is amended to read:  
11 (b) In addition to the persons specified in (a) of this section,  
12 the following optional groups of persons for whom the state may claim  
13 federal financial participation are eligible for medical assistance:  
14 (1) persons eligible for but not receiving assistance under  
15 any plan of the state approved under 42 U.S.C. 601 - 615 (Title IV-A,  
16 Social Security Act, Aid to Families with Dependent Children) or 42  
17 U.S.C. 1381 - 1383c (Title XVI, Social Security Act, Supplemental  
18 Security Income);  
19 (2) persons in a general hospital, skilled nursing facility  
20 or intermediate care facility, who, if they left the facility, would  
21 be eligible for assistance under one of the federal programs specified  
22 in (1) of this subsection;  
23 (3) persons under age 21 who are under supervision of the  
24 department, for whom maintenance is being paid in whole or in part  
25 from public funds, and who are in foster homes or private child-care  
26 institutions;  
27 (4) aged, blind, or disabled persons, who, because they do  
28 not meet income and resources requirements, do not receive supple-  
29 mental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social  
Security Act), and who do not receive a mandatory state supplement,

1 but who are eligible, or would be eligible if they were not in a  
2 skilled nursing facility or intermediate care facility to receive an  
3 optional state supplementary payment;

4 (5) persons under age 21 who are in an institution desig-  
5 nated as an intermediate care facility for the mentally retarded and  
6 who are financially eligible as determined by the standards of the  
7 federal aid to families with dependent children program;

8 (6) persons in a medical or intermediate care facility  
9 whose income while in the facility does not exceed 300 percent of the  
10 supplemental security income benefit rate under 42 U.S.C. 1381 - 1383c  
11 (Title XVI, Social Security Act) but who would not be eligible for an  
12 optional state supplementary payment if they left the hospital or  
13 other facility;

14 (7) persons under age 21 who are receiving active treatment  
15 in a psychiatric hospital and who are financially eligible as deter-  
16 mined by the standards of 42 U.S.C. 601 - 615 (Title IV-A, Social  
17 Security Act, Aid to Families with Dependent Children);

18 (8) persons under age 21 and not covered under (a) of this  
19 section, who would be eligible for benefits under the federal aid to  
20 families with dependent children program, except that they have the  
21 care and support of both their natural and adoptive parents;

22 (9) pregnant women not covered under (a) of this section  
23 and who meet the income and resource requirements of the federal aid  
24 to families with dependent children program;

25 (10) pregnant women, and children five years of age or  
26 younger, with a household income that does not exceed 100 percent of  
27 the federal poverty level.

28 \* Sec. 2. AS 47.07.030(b) is amended to read:

29 (b) In addition to the mandatory services specified in (a) of

1           this section, the department may offer only the following optional  
2           services: case management and nutrition services for pregnant women;  
3           personal care services in a recipient's home; emergency hospital  
4           services; long-term care noninstitutional services; medical supplies  
5           and equipment; clinic services; inpatient psychiatric facility  
6           services for individuals age 65 or older and individuals under age 21;  
7           physical therapy; occupational therapy; chiropractic services;  
8           treatment of speech, hearing, and language disorders; adult dental  
9           services; prosthetic devices and eyeglasses; optometrists' services;  
10          intermediate care facility services, including intermediate care  
11          facility services for the mentally retarded; skilled nursing facility  
12          services for individuals under age 21; and reasonable transportation  
13          to and from the point of medical care.

14        \* Sec. 3. AS 47.07.035 is amended to read:

15                Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the depart-  
16                ment finds that the cost of medical assistance for all persons eligi-  
17                ble under this chapter will exceed the amount allocated in the state  
18                budget for that assistance for the fiscal year, the department shall  
19                eliminate coverage for optional medical services and optionally eligi-  
20                ble groups of individuals in the following order:

- 21                   (1) chiropractic services;
- 22                   (2) adult dental services;
- 23                   (3) emergency hospital services;
- 24                   (4) treatment of speech, hearing, and language disorders;
- 25                   (5) optometrists' services and eyeglasses;
- 26                   (6) occupational therapy;
- 27                   (7) prosthetic devices;
- 28                   (8) medical supplies and equipment;
- 29                   (9) clinic services;

- 1           (10) physical therapy;
- 2           (11) personal care services in a recipient's home;
- 3           (12) long-term care noninstitutional services;
- 4           (13) inpatient psychiatric facility services;
- 5           (14) intermediate care facility services for the mentally  
6 retarded;
- 7           (15) intermediate care facility services;
- 8           (16) pregnant women, and children five years of age or  
9 younger, with a household income that does not exceed 100 percent of  
10 the federal poverty level;
- 11           (17) individuals under age 21 who are not eligible for  
12 benefits under the federal aid to families with dependent children  
13 program because they are not deprived of one or more of their natural  
14 or adoptive parents;
- 15           (18) [(17)] skilled nursing facility services for persons  
16 under age 21;
- 17           (19) [(18)] aged, blind, and disabled individuals who,  
18 because they do not meet the income requirements, do not receive  
19 supplemental security income under Title XVI of the Social Security  
20 Act, but who are eligible, or would be eligible if they were not in a  
21 skilled nursing facility or intermediate care facility, to receive an  
22 optional state supplementary payment;
- 23           (20) [(19)] individuals in a hospital, skilled nursing  
24 facility, or intermediate care facility whose income while in the  
25 facility does not exceed 300 percent of the supplemental security  
26 income benefit rate under Title XVI of the Social Security Act, but  
27 who, because of income, are not eligible for the optional state  
28 supplementary payment;
- 29           (21) [(20)] individuals under age 21 under supervision of

1       the department, for whom maintenance is being paid in whole or in part  
2       from public money and who are in foster homes or private child-care  
3       institutions.

1 IN THE HOUSE

BY ELLIS, KOPONEN, BROWN,  
MARTIN, GOLL AND GRUENBERG

2

HOUSE BILL NO. 342

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FIFTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6 For an Act entitled: "An Act relating to medical assistance for needy  
7 persons."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

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

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

13 (1) persons eligible for but not receiving assistance under  
14 any plan of the state approved under 42 U.S.C. 601 - 615 (Title IV-A,  
15 Social Security Act, Aid to Families with Dependent Children) or 42  
16 U.S.C. 1381 - 1383c (Title XVI, Social Security Act, Supplemental  
17 Security Income);

18 (2) persons in a general hospital, skilled nursing facility  
19 or intermediate care facility, who, if they left the facility, would  
20 be eligible for assistance under one of the federal programs specified  
21 in (1) of this subsection;

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

26 (4) aged, blind, or disabled persons, who, because they do  
27 not meet income and resources requirements, do not receive supple-  
28 mental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social  
29 Security Act), and who do not receive a mandatory state supplement,

1 but who are eligible, or would be eligible if they were not in a  
2 skilled nursing facility or intermediate care facility to receive an  
3 optional state supplementary payment;

4 (5) persons under age 21 who are in an institution desig-  
5 nated as an intermediate care facility for the mentally retarded and  
6 who are financially eligible as determined by the standards of the  
7 federal aid to families with dependent children program;

8 (6) persons in a medical or intermediate care facility  
9 whose income while in the facility does not exceed 300 percent of the  
10 supplemental security income benefit rate under 42 U.S.C. 1381 - 1383c  
11 (Title XVI, Social Security Act) but who would not be eligible for an  
12 optional state supplementary payment if they left the hospital or  
13 other facility;

14 (7) persons under age 21 who are receiving active treatment  
15 in a psychiatric hospital and who are financially eligible as deter-  
16 mined by the standards of 42 U.S.C. 601 - 615 (Title IV-A, Social  
17 Security Act, Aid to Families with Dependent Children);

18 (8) persons under age 21 and not covered under (a) of this  
19 section, who would be eligible for benefits under the federal aid to  
20 families with dependent children program, except that they have the  
21 care and support of both their natural and adoptive parents;

22 (9) pregnant women not covered under (a) of this section  
23 and who meet the income and resource requirements of the federal aid  
24 to families with dependent children program;

25 (10) pregnant women, and children five years of age or  
26 younger, with a household income that does not exceed 100 percent of  
27 the federal poverty level.

28 \* Sec. 2. AS 47.07.030(b) is amended to read:

29 (b) In addition to the mandatory services specified in (a) of

1 this section, the department may offer only the following optional  
2 services: case management services for pregnant women; personal care  
3 services in a recipient's home; emergency hospital services; long-term  
4 care noninstitutional services; medical supplies and equipment; clinic  
5 services; inpatient psychiatric facility services for individuals age  
6 65 or older and individuals under age 21; physical therapy; occupa-  
7 tional therapy; chiropractic services; treatment of speech, hearing,  
8 and language disorders; adult dental services; prosthetic devices and  
9 eyeglasses; optometrists' services; intermediate care facility ser-  
10 vices, including intermediate care facility services for the mentally  
11 retarded; skilled nursing facility services for individuals under age  
12 21; and reasonable transportation to and from the point of medical  
13 care.

14 \* Sec. 3. AS 47.07.035 is amended to read:

15 Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the depart-  
16 ment finds that the cost of medical assistance for all persons eligi-  
17 ble under this chapter will exceed the amount allocated in the state  
18 budget for that assistance for the fiscal year, the department shall  
19 eliminate coverage for optional medical services and optionally eligi-  
20 ble groups of individuals in the following order:

- 21 (1) chiropractic services;
- 22 (2) adult dental services;
- 23 (3) emergency hospital services;
- 24 (4) treatment of speech, hearing, and language disorders;
- 25 (5) optometrists' services and eyeglasses;
- 26 (6) occupational therapy;
- 27 (7) prosthetic devices;
- 28 (8) medical supplies and equipment;
- 29 (9) clinic services;

- 1           (10) physical therapy;
- 2           (11) personal care services in a recipient's home;
- 3           (12) long-term care noninstitutional services;
- 4           (13) inpatient psychiatric facility services;
- 5           (14) intermediate care facility services for the mentally  
6 retarded;
- 7           (15) intermediate care facility services;
- 8           (16) pregnant women, and children five years of age or  
9 younger, with a household income that does not exceed 100 percent of  
10 the federal poverty level;
- 11           (17) individuals under age 21 who are not eligible for  
12 benefits under the federal aid to families with dependent children  
13 program because they are not deprived of one or more of their natural  
14 or adoptive parents;
- 15           (18) [(17)] skilled nursing facility services for persons  
16 under age 21;
- 17           (19) [(18)] aged, blind, and disabled individuals who,  
18 because they do not meet the income requirements, do not receive  
19 supplemental security income under Title XVI of the Social Security  
20 Act, but who are eligible, or would be eligible if they were not in a  
21 skilled nursing facility or intermediate care facility, to receive an  
22 optional state supplementary payment;
- 23           (20) [(19)] individuals in a hospital, skilled nursing  
24 facility, or intermediate care facility whose income while in the  
25 facility does not exceed 300 percent of the supplemental security  
26 income benefit rate under Title XVI of the Social Security Act, but  
27 who, because of income, are not eligible for the optional state  
28 supplementary payment;
- 29           (21) [(20)] individuals under age 21 under supervision of

1       the department, for whom maintenance is being paid in whole or in part  
2       from public money and who are in foster homes or private child-care  
3       institutions.