

SCR

7

SFIN

FILE

SCR 7

was referred to the
Senate Finance
Committee

Hearing(s) were held

The bill did not move
from Committee

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

NO. _____
BILL VERSION: SCR 7
PUBLISH DATE: _____

Revision Date: _____ Department Affected: Legislature
Title: "Establishing a Health Care Cost Review Task Force." BRU: Legislative Council
Sponsor: Senate HESS Component: Council and Subcommittees
Requestor: Senate HESS Component Number: 783

Expenditures/Revenues: (Thousands of Dollars)

	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07
OPERATING						
PERSONAL SERVICES	47.5	0	0	0	0	0
TRAVEL	28.8	0	0	0	0	0
CONTRACTUAL	55.5	0	0	0	0	0
SUPPLIES	1.0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	132.8	0.0	0.0	0.0	0.0	0.0
CAPITAL	0	0	0	0	0	0
REVENUE FUND SOURCE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07
GENERAL FUND	103.1	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS						
OTHER FUND SOURCE 1007	29.7					
TOTAL	132.8	0.0	0.0	0.0	0.0	0.0

POSITIONS:

	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07
FULL-TIME	0	0	0	0	0	0
PART-TIME	1	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary) SCR 7 creates a Health Care Cost Review Task Force consisting of 6 Legislators and 4 public members appointed by the Presiding Officers, and 1 member of the Executive Branch appointed by the Governor. The Chair of the Task Force may appoint ad hoc members. The Task Force will perform a complete review of the costs of providing state-funded health care to Alaskans and provide a report to the Governor and the Legislature by January 31, 2002. The task force is to determine immediate and long term ways of containing or reducing the cost of providing publicly funded health care in Alaska. The Task Force terminates January 31, 2002.

Prepared By: Karla Schofield, Deputy Director *Karla Schofield* Phone: 465-3852
Division: Administrative Services Date: 3/19/01
Approved By: Pamela A. Varni, Executive Director *Pamela Varni*
Agency: Legislative Affairs Agency Date: 3/19/01

This Task Force will be funded partially from the general fund and partially from Inter Agency Receipts from the Department of Health and Social Services. The Department of Health and Social Services receives federal Medicaid funds which may be used to partially fund this task force.

Personal Services

Professional Assistant	Range 21F	47,451		
7 months	(7/1/01-1/31/02)		Total Personal Services	47.5

Travel

It is assumed the task force will meet 3 times during FY02.
 This fiscal note contains funds for travel for all regular members of the Task Force with the exception of the member of the Executive Branch appointed by the Governor. Travel for the Executive Branch appointee will be absorbed in the Executive Branch budget. This fiscal note assumes 4 ad hoc members will require travel funds and includes those costs.

For the purposes of this fiscal note it is assumed the Task Force will meet three times, 2 times in Anchorage, and 1 time in Juneau. Each meeting will be for 2 days.

3 attendees are assumed to be from Fairbanks, 4 from Anchorage, 1 from Kodiak, 1 from Nome, 1 from Bethel, 2 from Juneau and 2 from Ketchikan.

<u>Task Force Members</u>	2 Anchorage Meetings	1 Juneau Meeting	
<u>Non Legislators</u>			
Anchorage - 1	0	774	
Fairbanks - 2	3,156	2,156	
Kodiak - 1	1,586	1,037	
Nome - 1	2,154	1,321	
Bethel - 1	1,918	1,203	
Juneau - 1	1,676	0	
Ketchikan - 1	1,756	636	
	<u>12,246</u>	<u>7,127</u>	
	Total Non Legislator Travel		19,373
<u>Legislators</u>			
Anchorage - 3	0	2,322	
Fairbanks - 1	1,640	1,114	
Juneau - 1	1,800	0	
Ketchikan - 1	1,880	708	
	<u>5,320</u>	<u>4,144</u>	
	Total Legislator Travel		<u>9,464</u>
			<u>28,837</u>

Contractual

Long Distance Phones Charges	2,000	
Advortizing - Public Notice for hearings	3,000	
Professional Health Care Consultant fees	50,000	
Postage to mail out report	500	
Teleconference charges, office space expenses, and costs to print the report will be absorbed in the Legislative Affairs Agency budget.	<u>55,500</u>	55.5

Supplies	Supplies	1,000	1.0
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Equipment

A computer and printer will be provided to the staff assistant at no cost to the task force.

Grand Total 132.8

ALASKA STATE LEGISLATURE



Interim:

600 East Railroad Avenue
Wasilla, Alaska 99654
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(907) 376-3157 Fax

Session:

State Capitol
Juneau, Alaska 99801-1182
(907) 465-6600
(907) 465-3805 Fax

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

Sponsor Statement for SCR 7 Relating to a Health Care Review Task Force

State funded health care, including the Medicaid program, is the fastest growing portion of the state budget. After education, health care represents the largest state operating expenditure. This year, we are spending approximately \$10 million dollars per week on Medicaid in Alaska. The spending for Medicaid is growing at a double digit rate while state revenues are level or declining over time. Health care is provided through a complex system of public and private providers and paid for through a system of federal funding, state funding, private insurers, employer operated group plans, private non-profit agencies and individuals.

It is essential that members of the Legislature, the Administration and the public understand the factors that are driving the growth in these programs. SCR 7 sets up a task force consisting of members of the public, the executive branch, and the legislature. The Task Force will be empowered to appoint ad-hoc members and subcommittees consisting of representatives of health care providers, third-party payors, health care recipients and experts in the field of health care. The Task Force will be authorized to hire staff, contract with experts and pay for necessary travel. The costs of the Task Force are expected to be shared between the state and the federal government through the Medicaid administrative costs.

The Task Force along with its ad-hoc members and staff will review Alaska's health care system, including state and federal statutes and regulations, and practices of health care providers to determine where costs can be contained or reduced. The task force will in particular make recommendations for changes in state and federal statutes and regulations that will help to contain or reduce health care costs. The Task Force will provide a report to the Legislature in January 2002 that details recommendations for health care cost containment and reduction both in the short and long term.

SENATOR LOREN LEMAN, VICE-CHAIR
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

SENATE FINANCE COMMITTEE

SIGN-IN

SCR 7-HEALTH CARE COST REVIEW TASK FORCE

NAME: JAY Livey Subject/Bill No: SCR-7
Co./Dept./Title: DEPUTY Commissioner Phone: 465-3030
Address: Dept. of Health + Social Services
Rm 229 AOB Zip: _____

Do you wish to testify? Yes No Respond To Questions

~~NAME: Suzanne Price Subject/Bill No: SCR-7
Co./Dept./Title: Executive Director - FCMHC Phone: 456-9722
Address: 122 First Ave #5 Fairbanks Zip: 99701~~

~~Do you wish to testify? Yes No Respond To Questions~~

~~NAME: Richard Rainey Subject/Bill No: SCR-7
Co./Dept./Title: Acting Exec Director Phone: 465-4765
Alaska Mental Health Board
Address: 431 W. Franklin #200 Zip: _____~~

~~Do you wish to testify? Yes No Respond To Questions~~

~~NAME: Rosemary Hagen Subject/Bill No: SCR-7
Co./Dept./Title: Executive Director Phone: 463-6151
Catholic Community Services
Southcentral
Address: 419 6th St Zip: 99801~~

~~Do you wish to testify? Yes No Respond To Questions~~

NAME: _____ Subject/Bill No: _____

Co./Dept./Title: _____ Phone: _____

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

~~NAME: Luc Demment Subject/Bill No: SCR 7~~

~~Co./Dept./Title: AK Commission on Aging Phone: EX 4879~~

~~Address: _____ Zip: _____~~

~~Do you wish to testify? Yes No Respond To Questions~~

~~NAME: Marie Harlin Subject/Bill No: SCR 7~~

~~Co./Dept./Title: ARRA Phone: 586-3637~~

~~Address: _____ Zip: _____~~

~~Do you wish to testify? Yes No Respond To Questions~~

NAME: _____ Subject/Bill No: _____

Co./Dept./Title: _____ Phone: _____

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____

Co./Dept./Title: _____ Phone: _____

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

