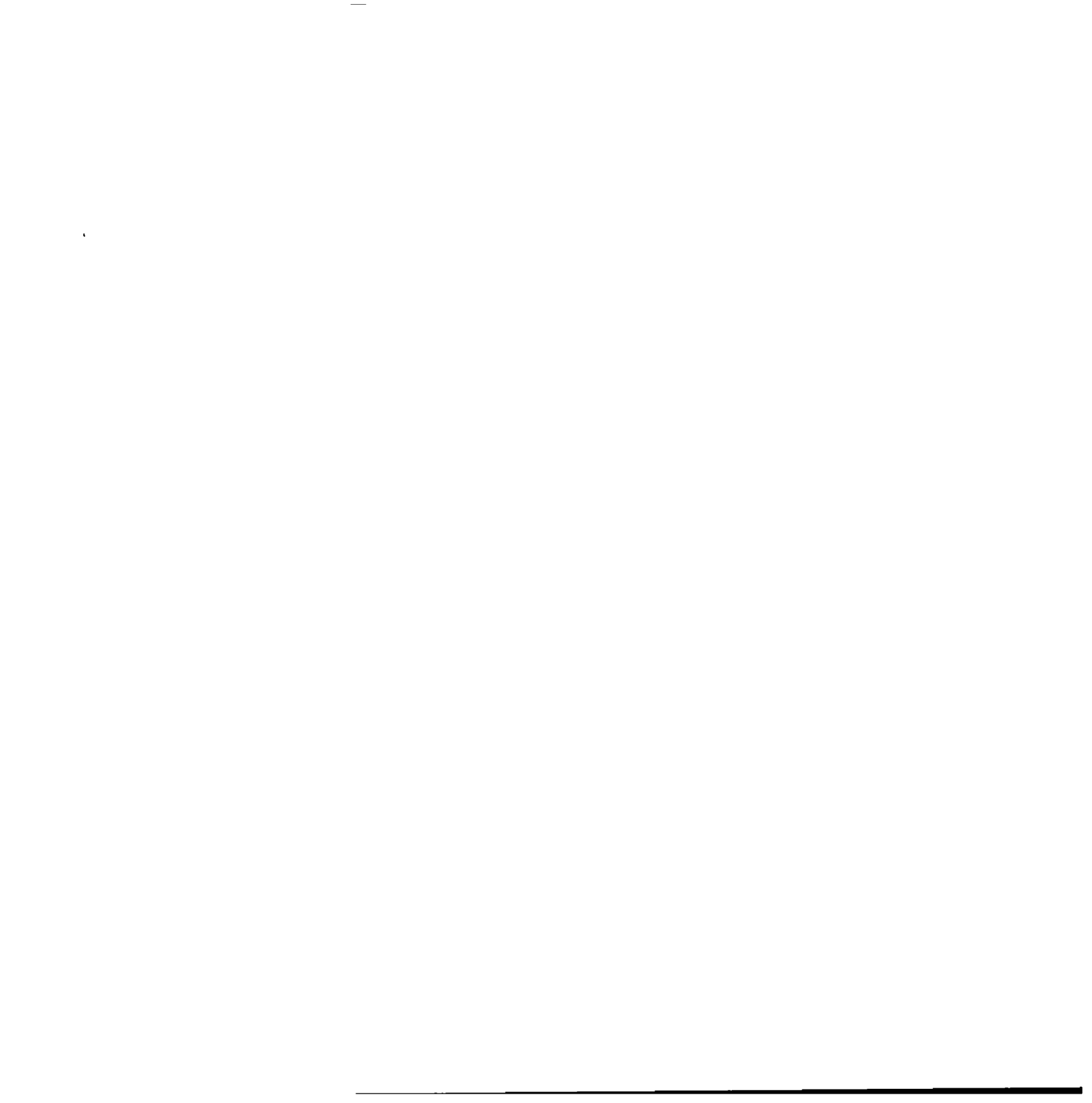


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**HB**

**148**

**(FILLIE 1)**



Governor Bill Walker  
STATE OF ALASKA

March 17, 2015

The Honorable Mike Chenault  
Speaker of the House  
Alaska State Legislature  
State Capitol, Room 208  
Juneau, AK 99801-1182

Dear Speaker Chenault:

Under the authority of Article III, Section 18, of the Alaska Constitution, I am transmitting a bill relating to eligibility for medical assistance.

The bill would make technical amendments to AS 47.07.020 related to Medicaid eligibility and would authorize Medicaid expansion as permitted under the Patient Protection and Affordable Care Act.

The bill also would provide express authority for the Department of Health and Social Services to engage in various Medicaid cost containment and reform measures, including expanding the use of waivers, using demonstration projects to engage in innovative practices, and expanding telemedicine capability and reimbursement to incentivize innovative service delivery models.

Finally, the bill would amend a number of existing statutes that are designed to assist the Department of Health and Social Services in its oversight of Medicaid providers.

Medicaid expansion and Medicaid reform are in the best interest of the state, and I urge your prompt and favorable action on this measure.

Sincerely,



Bill Walker  
Governor

Enclosure



**Governor's Medicaid Overhaul Bill – Fiscal Note Overview, March 16, 2015**

- This bill enables participation in the federal expansion of Medicaid while also providing realistic reforms with achievable deadlines for Alaska's Medicaid program.
- In FY2016 (the implementation year), the state will see a reduction in the general fund budget of \$6.5 million. The federal government, not the state, is going to pay \$146 million in health costs for Alaskans that year.
- Savings will pick up considerably in the years following FY2017 as reform efforts take effect and Alaskans see an increasing proportion of health care services paid for by the federal government.
- Ultimately, Alaskans will receive \$1.44 billion in federal funds and a savings of \$330 million in the general fund budget over the years FY2016 –FY2021.

Where, specifically, do these savings and revenues come from? They are described in detail in the fiscal notes accompanying the bill. Here is a summary of those fiscal notes:

<b>Fiscal Note Number</b>	<b>Informal Title of Fiscal Note</b>	<b>What Fiscal Note does</b>	<b>Effect on Alaskans</b>	<b>Effect on the Budget</b>
77	Medicaid Services Expansion and Reform	Allows Medicaid expansion to provide coverage for a wide range of health care services for adults and establishes Medicaid reforms that improve partnerships with tribal providers and prevent waste, fraud, and abuse among all providers.	Provides coverage for a wide range of health services, encourage better health for Alaskans and reduce uncompensated care; and encourages development of a strong network of health care providers in Alaska, especially among tribal providers.	Expansion that results in a net \$6.5 million in federal funds for Alaskans in FY2016 and future years.

Number	Informal Title of Fiscal Note	What Fiscal Note does	Effect on Alaskans	Effect on the Budget
	Adult Dental Care Medicaid Services	Allows Medicaid expansion coverage for non-emergency adult dental services in the newly eligible population	Provides coverage for preventive and primary dental care to help avoid emergency and uncompensated dental care	100% of the costs for these services are paid by federal Medicaid in 2016—bringing Alaska \$5.38 million for dental services
	Behavioral Health Medicaid Services	Allows Medicaid expansion and reform coverage for services to those with behavioral health issues – which are currently funded through state grants	More Alaskans with behavioral health needs (mental health, substance abuse disorders) gain coverage for their treatment needs.	Federal funding for behavioral health needs is increasing to expansion, bringing \$10 million in federal funds in FY2016 and more in future years. The general fund is offset by reduction in behavioral grants (FY 2016)
	Senior and Disabilities Medicaid Services	Expands and reforms Medicaid coverage for those in need of personal care or other assistance due to disabilities and other conditions that don't yet meet current eligibility levels for disability under existing Medicaid.	Alaskans with disabling conditions gain coverage for personal care assistance and other services, encouraging independent living.	Medicaid expansion will bring \$2.9 million in federal funding to Alaska in FY2016 and more in future years. Thanks to expansion, services currently paid partly by general fund will have a greater portion from federal funds.

<b>MB Number</b>	<b>Informal Title of Fiscal Note</b>	<b>What Fiscal Note does:</b>	<b>Effect on Alaskans</b>	<b>Effect on the Budget</b>
6	Public Assistance Field Services	Allows hire of 23 technicians to manage the increased number of Medicaid applications.	Applications from new eligible Alaskans processed in a timely manner.	The \$2.7 million cost of additional employees will be 50% funded by federal Medicaid and 50% funded by the AK Medicaid Trust in FY2016.
99	Behavioral Health Treatment and Recovery Grants	Reduces grant funding for behavioral health services as Medicaid coverages pay more of these services.	More Alaskans gain coverage for mental health and substance abuse disorders.	The amount of general fund dollars needed for behavioral health grants is reduced by \$1 million in FY2016 and significantly in future years as Medicaid covers these services.
10	Chronic and Acute Medical Assistance (CAMA)	Reduces amount of general fund dollars needed for this program.	Most Alaskans receiving coverage through CAMA will become eligible for Medicaid under expansion.	The amount of general fund dollars needed for this program is reduced by \$1 million and more in future years.

er	What Fiscal Note Does	What Fiscal Note Does:	Effect on Alaskans	Effect on the Budget
	DHSS/Division of Behavioral Health Administration	Allows hire of an administrator to develop the "1915(i) option" – a Medicaid reform.	Successful development of the 1915(i) option saves Alaskans money for services to those with Alzheimer's disease, traumatic brain Injury, severe mental illness, and other conditions.	Successful development reform will allow Alaska 50% of services for these individuals to be paid by funds instead of 100% of general fund. Half the cost of this position would be paid through the state general fund and half through federal funds.
	Community Development Disabilities Grants	Allows the state to participate in the 1915(i) Medicaid reform option and reduce general funds for this program.	This program provides homes and community-based services to help Alaskans live independently. Successful development of the 1915(i) option saves Alaskans money for services to those with Alzheimer's disease, traumatic brain Injury, severe mental illness, and other conditions.	Successful development reform will allow Alaska 50% of services for the individuals to be paid by funds instead of 100% of general fund dollars. Savings to begin FY2018.
	General Relief/Temporary Assisted Living Grants	Allows the state to participate in the 1915(i) Medicaid reform option and reduce general funds for this program.	This program serves Alaskans in need of assistance but ineligible for other grant programs. Successful development of the 1915(i) option saves Alaskans money for services to those with Alzheimer's disease, traumatic brain injury, severe mental illness, and other conditions.	Successful development reform will allow Alaska 50% of services for these individuals to be paid by funds instead of 100% of general funds. Savings to begin FY2018.

B nber	Informal Title of Fiscal Note	What Fiscal Note Does	Effect on Alaskans	Effect on the Budget
	Medical Assistance Administration	Allows hire of three administrators in FY2016 and an additional two by FY2020 to manage the increased number of claims brought by Medicaid expansion and reform.	Successful processing of Medicaid claims and development of the tribal "111S" waiver program ensures maximum use of federal Medicaid dollars.	Successful development of Medicaid expansion and the "111S" waiver program will enable services either completely or only partially paid by Medicaid to have a portion funded by Medicaid in FY2016 and beyond. Federal funding for these programs will be paid for by federal dollars and 50% will be paid by the Trust in FY2016.
6	Office of Rate Review Provider Tax Development	Provides funding for the Office of Rate Review to develop and propose a provider tax to help offset costs for Medicaid expansion.	Successful development of a provider tax will require significant stakeholder involvement and public input. This funding ensures all points of view are considered in development of this tax.	A provider tax will help offset the costs of Medicaid expansion for the state. This one-time funding of \$4,500 will be used for development.
7	Senior and Community Based Grants	Reduces the amount of general grant funding needed for Adult Day and Senior In-Home Services, from 100% state general funds to 50% federal/50% state funds.	Successful development of this reform saves Alaskans money for services to those with significant disabilities, who do not meet a nursing level of care.	Successful development of this reform will allow Alaska to pay 50% of services for these individuals to be paid for by federal funds instead of 100% state funds. Savings to begin in FY2018.

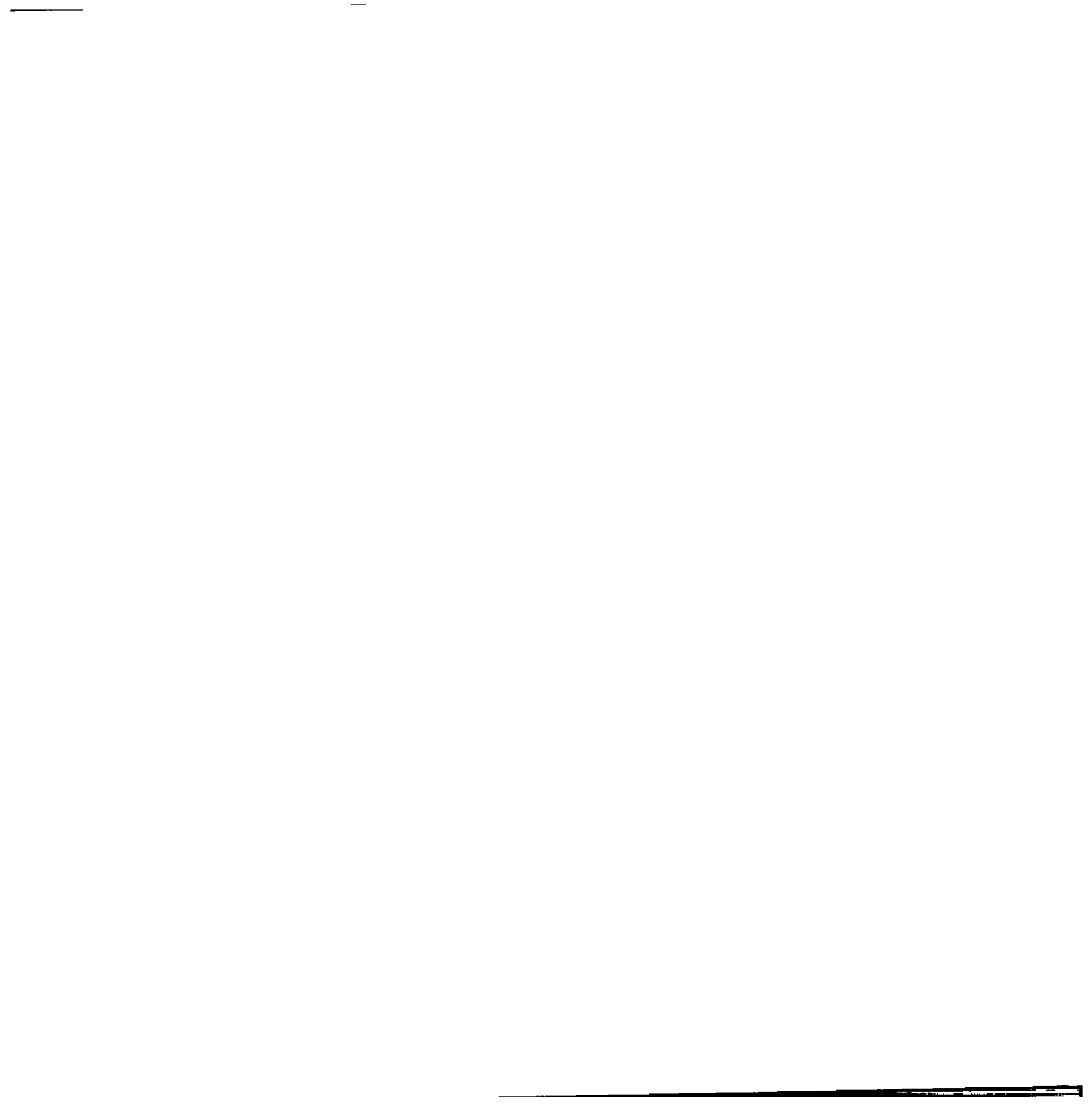
Number	Informal Title of Fiscal Note	What Fiscal Note Does	Effect on Alaskans	Effect on the Budget
	Senior and Disabilities Services Administration	Allows the hire of administrators to develop two Medicaid reform options, "1915(i)" and "1915(k)"	Services under these reforms reduce general fund expenditures by replacing 100% general fund services with 50% federal funds -- or to capture a higher federal match rate.	Successful development reforms will allow Alaska to capture more or higher match rates. At least 5 costs for these positions paid by federal funds.
	Department of Corrections Health Care	Reduces the amount of general fund the state must pay for health care of inmates	Many inmates in Alaska prisons will be eligible for Medicaid under expansion. The state will be able to access Medicaid dollars to pay for their services instead of funding their services 100% through general fund dollars.	The Department of Corrections expects to realize \$4.1 million in general fund savings in 2016 and more in successive years.
	Department of Administration Office of Administrative Hearings	Increases the ability of the OAH to manage referred Medicaid claims	With increased Medicaid eligibility comes the likelihood that more claims for Medicaid coverage will be denied and, in turn, that more of these decisions will be appealed. This request helps the OAH deal with that workload.	This cost is expected to be \$16,800 in FY2016, to increase and stabilize through FY2021.

**Governor's Medicaid Overhaul Bill – Fiscal Note Overview, March 16, 2015**

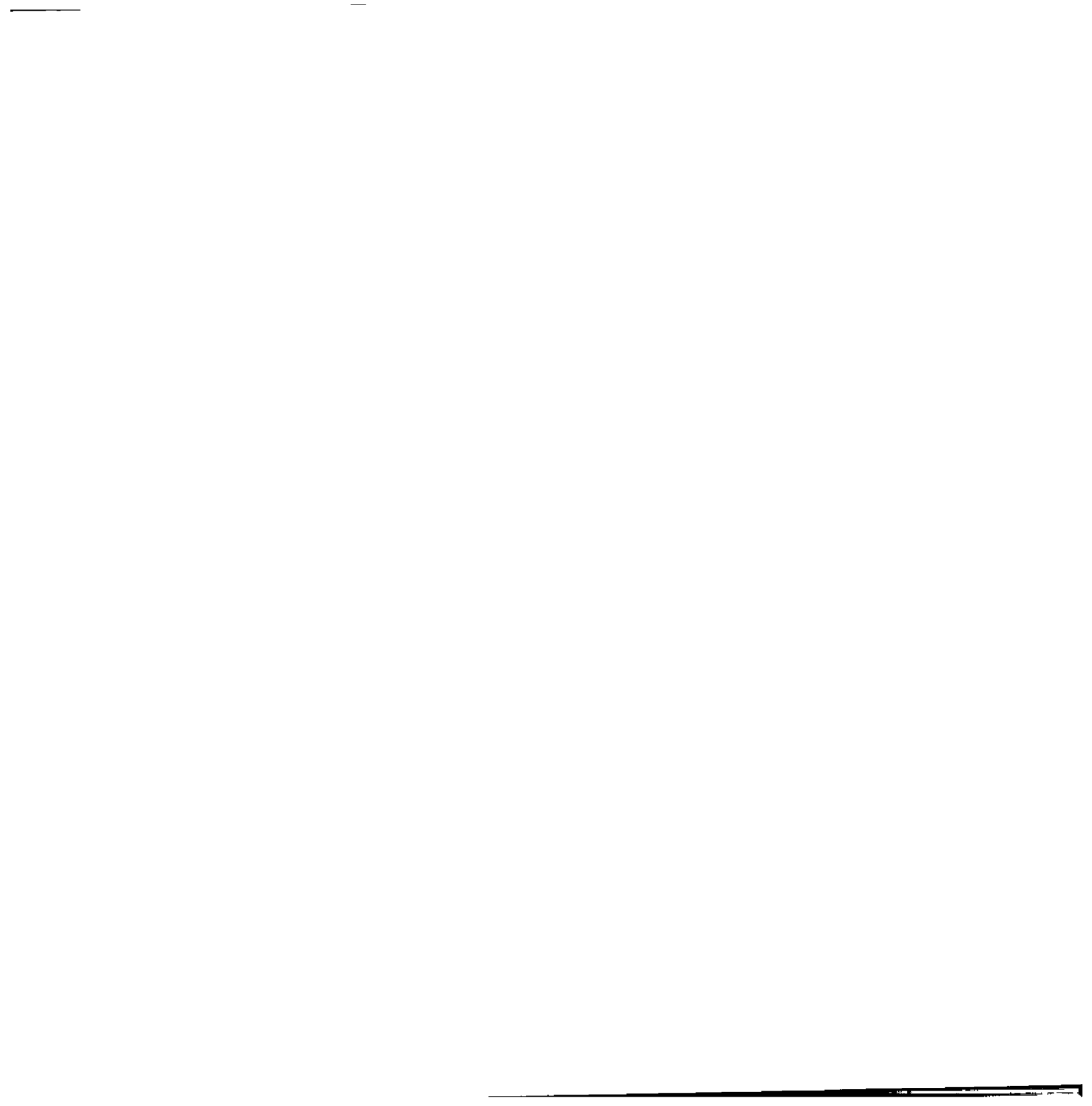
- This bill enables participation in the federal expansion of Medicaid while also providing realistic reforms with achievable deadlines for Alaska's Medicaid program.
- In FY2016 (the implementation year), the state will see a reduction in the general fund budget of \$6.5 million. The federal government not the state, is going to pay \$146 million in health costs for Alaskans that year.
- Savings will pick up considerably in the years following FY2017 as reform efforts take effect and Alaskans see an increasing proportion health care services paid for by the federal government.
- Ultimately, Alaskans will receive \$1.44 billion in federal funds and a savings of \$330 million in the general fund budget over the years FY2016 –FY2021.

Where, specifically, do these savings and revenues come from? They are described in detail in the fiscal notes accompanying the bill. Here is a summary of those fiscal notes:

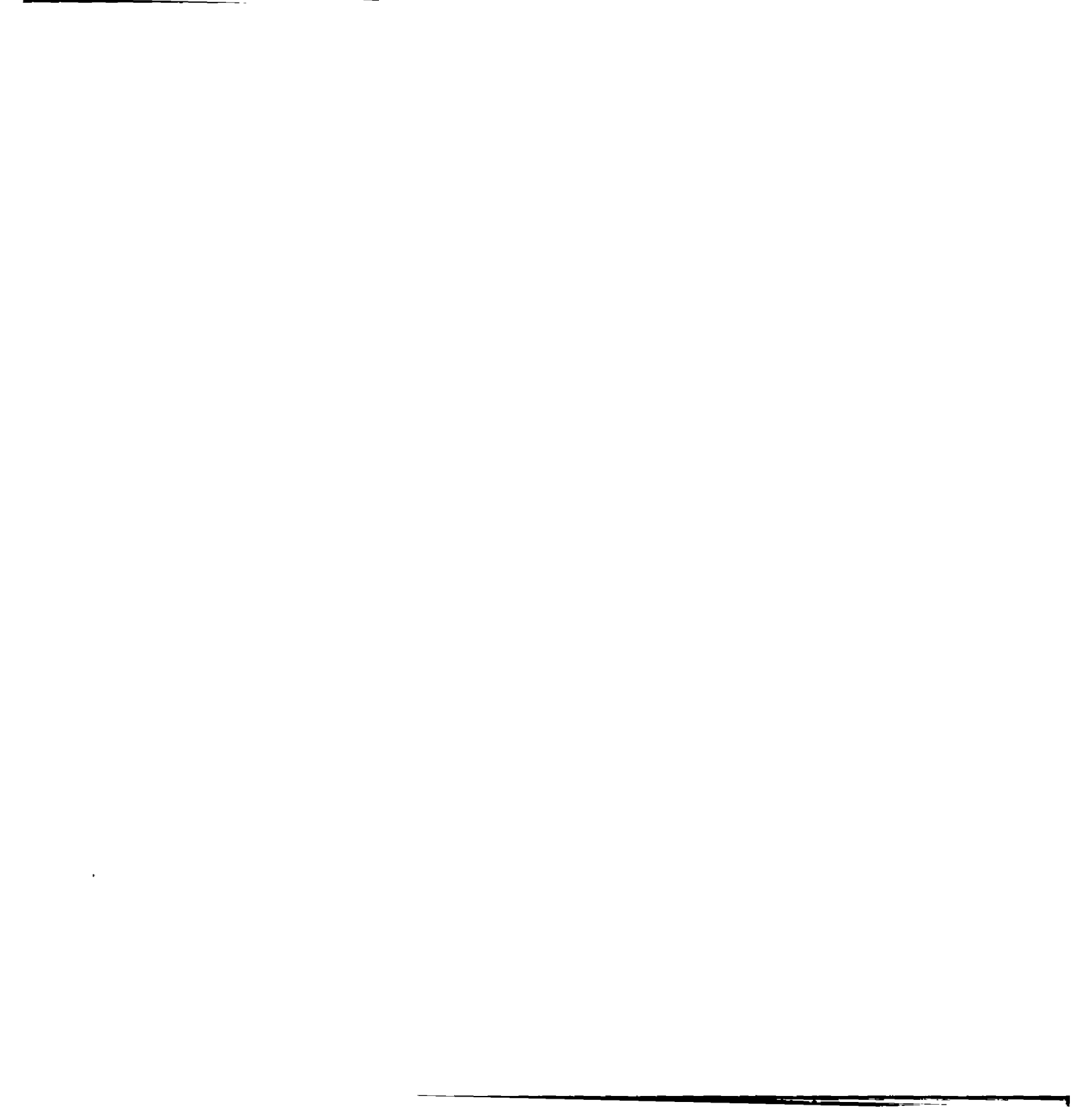
<b>JMB Number</b>	<b>Informal Title of Fiscal Note</b>	<b>What Fiscal Note does</b>	<b>Effect on Alaskans</b>	<b>Effect on the Budget</b>
077	Medicaid Services Expansion and Reform	Allows Medicaid expansion to provide coverage for a wide range of health care services for adults and establishes Medicaid reforms that improve partnerships with tribal providers and prevent waste, fraud, and abuse among all providers.	Provides coverage for a wide range of health services, encourage better health for Alaskans and reduce uncompensated care; and encourages deveiopment of a strong network of health care providers in Alaska, especially among tribal providers.	Expansion that results in \$1 million in federal funding to Alaskans in FY2016 and more in future years.



OMB Number	Informal Title of Fiscal Note	What Fiscal Note does	Effect on Alaskans	Effect on the Budget
2839	Adult Dental Care Medicaid Services	Allows Medicaid expansion coverage for non-emergency adult dental services in the newly eligible population	Provides coverage for preventive and primary dental care to help avoid emergency and uncompensated dental care	100% of the costs for these services are paid by federal Medicaid in 2016—bringing Alaska \$5.38 million for adult dental services
2660	Behavioral Health Medicaid Services	Allows Medicaid expansion and reform coverage for services to those with behavioral health issues – which are currently funded through state grants	More Alaskans with behavioral health needs (mental health, substance abuse disorders) gain coverage for their treatment needs.	Federal funding for behavioral health needs is increased to expansion, bringing \$4.7 million in federal funds to Alaska in FY2016 and more in future years. The general fund increase is offset by reductions in behavioral grants (FN 3099)
2662	Senior and Disabilities Medicaid Services	Expands and reforms Medicaid coverage for those in need of personal care or other assistance due to disabilities and other conditions that don't yet meet current eligibility levels for disability under existing Medicaid.	Alaskans with disabling conditions gain coverage for personal care assistance and other services, encouraging independent living.	Medicaid expansion will bring \$2.9 million in federal funding to Alaska in FY2016 and more in future years. Thanks to reform, services currently paid entirely by general fund dollars now have a greater portion paid by federal funds.



OMB Number	Informal Title of Fiscal Note	What Fiscal Note does:	Effect on Alaskans	Effect on the Budget
236	Public Assistance Field Services	Allows hire of 23 technicians to manage the increased number of Medicaid applications.	Applications from new eligible Alaskans processed in a timely manner.	The \$2.7 million cost for the additional employees in FY2016 will be 50% funded through federal Medicaid and 50% funded by the AK Mental Health Trust in FY2016.
3099	Behavioral Health Treatment and Recovery Grants	Reduces grant funding for behavioral health services as Medicaid coverages pay more of these services.	More Alaskans gain coverage for mental health and substance abuse disorders.	The amount of general fund needed for behavioral health grants is reduced by \$1.6 million in FY2016 and significantly in future years as Medicaid covers these services.
1330	Chronic and Acute Medical Assistance (CAMA)	Reduces amount of general fund dollars needed for this program.	Most Alaskans receiving coverage through CAMA will become eligible for Medicaid under expansion.	The amount of general fund dollars needed for this program is reduced by \$1 million in FY2016 and more in future years.



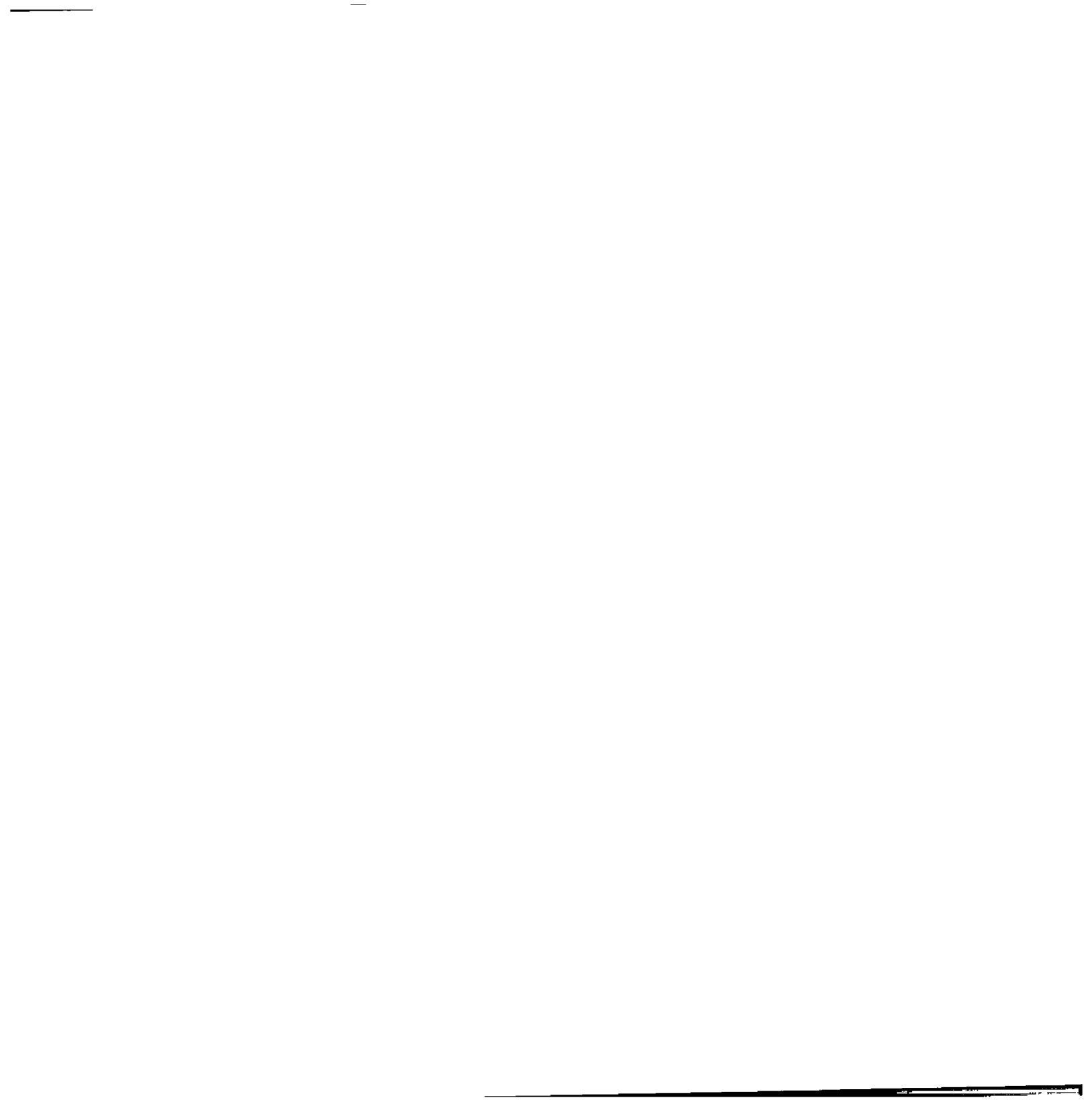
OMB Number	What Fiscal Note Does	What Fiscal Note Does:	Effect on Alaskans	Effect on the Budget
2665	DHSS/Division of Behavioral Health Administration	Allows hire of an administrator to develop the "1915(i) option" – a Medicaid reform.	Successful development of the 1915(i) option saves Alaskans money for services to those with Alzheimer's disease, traumatic brain injury, severe mental illness, and other conditions.	Successful development of reform will allow Alaska to pay 50% of services for these individuals to be paid by federal funds instead of 100% from general fund. Half the funding for this position would be paid through the state general fund and half through federal funds.
309	Community Development Disabilities Grants	Allows the state to participate in the 1915(i) Medicaid reform option and reduce general funds for this program.	This program provides homes and community-based services to help Alaskans live independently. Successful development of the 1915(i) option saves Alaskans money for services to those with Alzheimer's disease, traumatic brain injury, severe mental illness, and other conditions.	Successful development of reform will allow Alaska to pay 50% of services for these individuals to be paid by federal funds instead of 100% general fund dollars. Savings to begin in FY2018.
1875	General Relief/Temporary Assisted Living Grants	Allows the state to participate in the 1915(i) Medicaid reform option and reduce general funds for this program.	This program serves Alaskans in need of assistance but ineligible for other grant programs. Successful development of the 1915(i) option saves Alaskans money for services to those with Alzheimer's disease, traumatic brain injury, severe mental illness, and other conditions.	Successful development of reform will allow Alaska to pay 50% of services for these individuals to be paid by federal funds instead of 100% general funds. Savings to begin in FY2018.



OMB Number	Informal Title of Fiscal Note	What Fiscal Note Does	Effect on Alaskans	Effect on the Budget
242	Medical Assistance Administration	Allows hire of three administrators in FY2016 and an additional two by FY2020 to manage the increased number of claims brought by Medicaid expansion and reform.	Successful processing of Medicaid claims and development of the tribal "1115" waiver program ensures maximum use of federal Medicaid dollars.	Successful development of expansion and the "1115" will enable services either completely or only partially by Medicaid to have a greater portion funded by Medicaid FY2016 and beyond. 50% of funding for these positions will be paid for by federal Medicaid and 50% will be paid by the Trust in FY2016.
1696	Office of Rate Review Provider Tax Development	Provides funding for the Office of Rate Review to develop and propose a provider tax to help offset costs for Medicaid expansion.	Successful development of a provider tax will require significant stakeholder involvement and public input. This funding ensures all points of view are considered in development of this tax.	A provider tax will help offset costs of Medicaid expansion to the state. This one-time cost of \$4,500 will be used for development.
1787	Senior and Community Based Grants	Reduces the amount of general grant funding needed for Adult Day and Senior In-Home Services, from 100% state general funds to 50% federal/50% state funds.	Successful development of this reform saves Alaskans money for services to those with significant disabilities, who do not meet a nursing level of care.	Successful development of reform will allow Alaska to pay 50% of services for these individuals to be paid by federal funds instead of 100% general funds. Savings to begin in FY2018.



OMB Number	Informal Title of Fiscal Note	What Fiscal Note Does	Effect on Alaskans	Effect on the Budget
2663	Senior and Disabilities Services Administration	Allows the hire of administrators to develop two Medicaid reform options, "1915(i)" and "1915(k)"	Services under these reforms reduce general fund expenditures by replacing 100% general fund services with 50% federal funds – or to capture a higher federal match rate.	Successful development of reforms will allow Alaskan capture more or higher federal match rates. At least 50% costs for these positions will be paid by federal funds.
2952	Department of Corrections Health Care	Reduces the amount of general fund the state must pay for health care of inmates	Many inmates in Alaska prisons will be eligible for Medicaid under expansion. The state will be able to access Medicaid dollars to pay for their services instead of funding their services 100% through general fund dollars.	The Department of Corrections expects to realize \$4.1 million in general fund savings in FY2016 and more in successive years.
2771	Department of Administration Office of Administrative Hearings	Increases the ability of the OAH to manage referred Medicaid claims	With increased Medicaid eligibility comes the likelihood that more claims for Medicaid coverage will be denied and, in turn, that more of these decisions will be appealed. This request helps the AOH deal with that workload.	This cost is expected to be \$22.3 million in FY2016, then increase and stabilize to \$22.3 million in FY2017.



The Honorable Bill Walker  
 Governor of Alaska  
 Juneau, AK 99811

Dear Governor Walker:

Thank you for your efforts regarding Medicaid expansion in Alaska. In follow up to our staffs' discussions, I wanted to provide you with the following information on the Medicaid coverage expansion provision of the Affordable Care Act.

As you know, the law provides that the federal government will pay 100 percent of the amounts expended by the state for medical assistance for such newly-eligible adult beneficiaries through 2016. The federal contribution gradually declines beginning in 2017, but it is never less than 90 percent of the cost of care. In previous guidance, we notified states of the opportunity to extend coverage, and the absence of federal financial penalties if a state does not do so, or if it does so and later drops such coverage. See question and answer 25 of the Frequently Asked Questions on Exchanges, Market Reforms and Medicaid, issued on December 10, 2012, and available at: <http://www.cms.gov/CCIIO/Resources/Files/Downloads/exchanges-faqs-12-10-2012.pdf>.

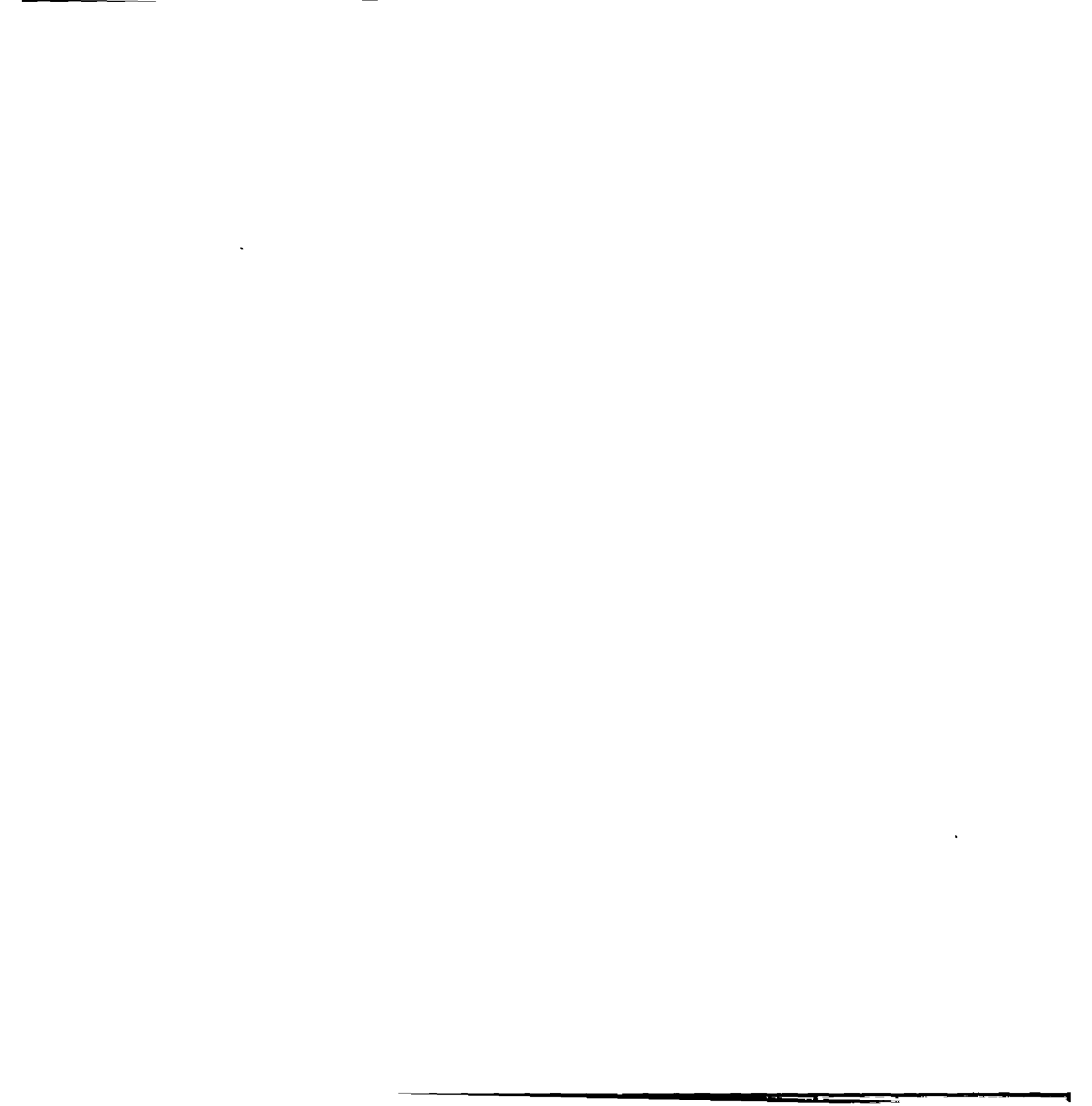
Consistent with that guidance, Alaska may take up the Medicaid coverage expansion, and then later drop it at state option. There is no requirement for a state to maintain coverage for the new adult group. We generally encourage states that eliminate any coverage category elected at state option to plan for a smooth transition process for phasing out that coverage. For that reason, states' 1115 demonstrations include a standard phase out term and condition. This includes requiring that any individuals who may continue to be eligible for Medicaid in other eligibility categories are notified and given the opportunity to continue coverage through that alternative category. We also note that if Alaska expands Medicaid coverage and then drops such coverage at a later point, there would be no resulting financial penalty and no reduction to the federal matching dollar rates otherwise available to Alaska for its Medicaid program.

I hope this information is useful in your efforts to help low-income Alaska residents gain coverage and to reduce uncompensated care for Alaska health care providers. Please do not hesitate to contact me if you have any further thoughts or concerns.

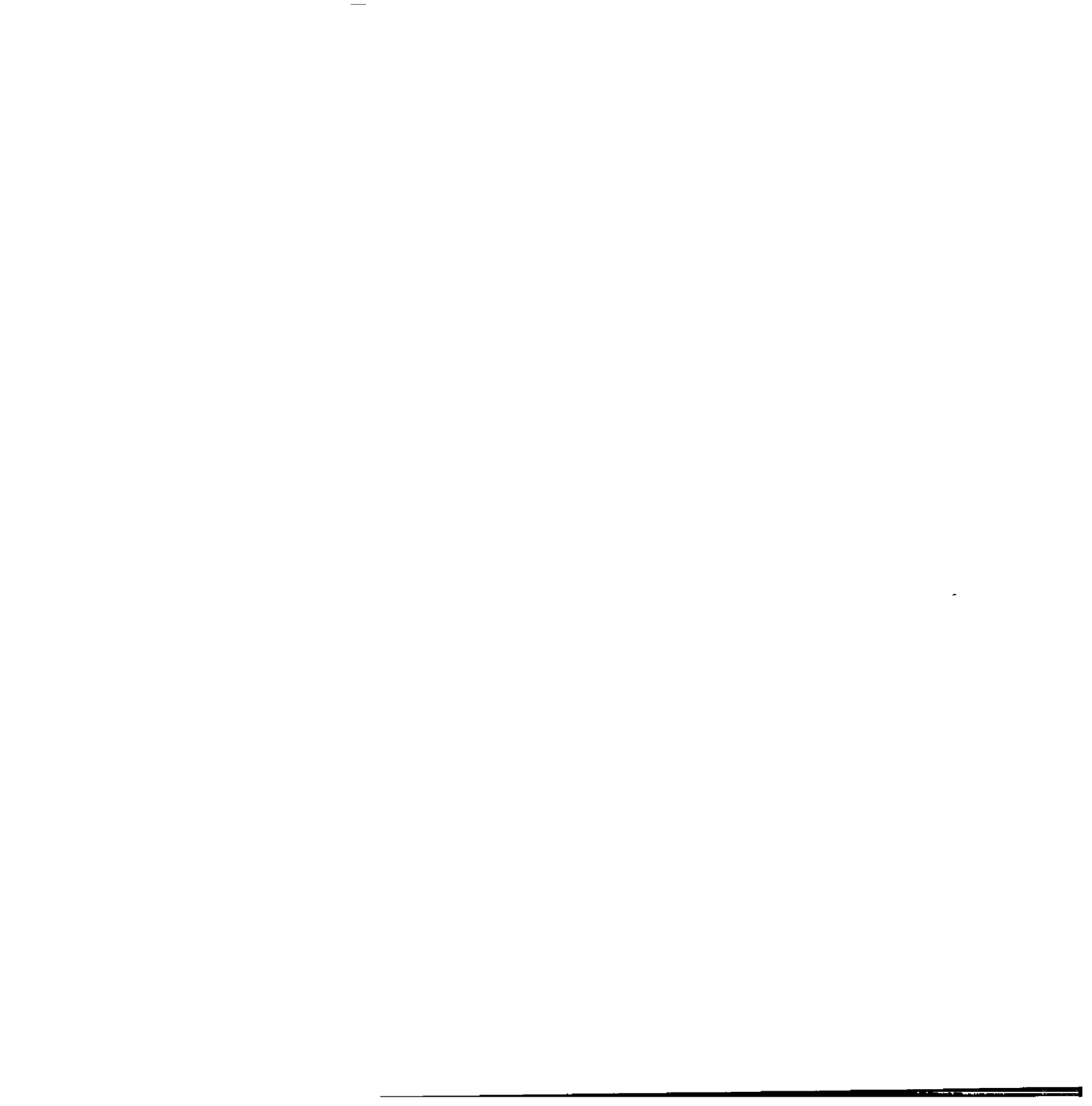
Sincerely,



Sylvia M. Rurwell



- The bill calls for the Department of Health and Social Services to look at all options available to improve the Medicaid program and limit its costs.
- The reforms we are actively pursuing can be found in Section 10 and describe “waivers” and “options” – opportunities to craft the Medicaid program to meet Alaska’s specific needs. They are named after the section of the Social Security Act in which they’re found:
  - The **1115 (Eleven-fifteen) waiver** will enable Alaska to increase the number of Indian Health Services beneficiaries seen by tribal health providers.
    - Results in services for HIS beneficiaries being 100% reimbursed by the federal government instead of the current 50% federal/50% state funding rate.
    - Potential savings of \$100–150 million annually in General Fund.
  - The **1915(i) option** will realize savings for Alaskans who do not meet nursing level of care, but meet other criteria (such as Alzheimer’s, traumatic brain injury, severe mental illness, or individuals with developmental or intellectual disabilities)
    - Increases the 50% federal match (from 0% to 50%) for those currently eligible for Medicaid.
    - Individuals in the new Medicaid expansion population will be eligible at the enhanced federal match rate.
  - The **1915(k) option** will improve savings on home and community-based attendant services to Medicaid-eligible individuals.
    - Increases the federal contribution for these services from 50% to 56%.
    - Potential for \$24M annual in combined GF savings for 1915(i) and (k) waivers upon full implementation, which could be 2–3 years.
- The bill directs the Department to develop further reforms by:
  - Pursuing demonstration projects for other, new models for payment reform and innovative service delivery. Broad authority here allows us to be able to pursue opportunities as they arise.
  - Enhancing telehealth capability and reimbursement to incentivize telehealth delivery
  - Streamlining audit requirements to better coordinate required federal and state audits and reduce the burdens that audits create for providers.
  - Providing emergency regulation authority to be able to implement savings opportunities quickly



HB 148, "An Act relating to medical assistance reform measures; relating to eligibility for medical assistance coverage; relating to medical assistance cost containment measures by the Department of Health and Social Services; and providing for an effective date."

Sectional Analysis:

Section 1

Adopts intent language and legislative findings related to Medicaid expansion and the need to reform the existing Medicaid program, including instructing the Department of Health and Social Services (DHSS) to propose legislation to implement a provider tax in January 2016, to help offset the cost of the Medicaid program .

Section 2

Amends AS 44.23.075 to exclude the expansion population from the current Permanent Fund Hold Harmless program.

Section 3

Amends AS 47.05.200(a) to clarify the minimum number of audits that DHSS should conduct each year, along with instructions that DHSS, should to the extent possible, minimize duplicative state and federal audits for Medicaid providers.

Section 4

Amends AS 47.05.200(b) to allow DHSS to impose interest penalties on identified overpayments using the post judgment statutory rate.

Section 5

Adopts AS 47.05.250 that authorizes DHSS to develop provider fines though regulation for violations of AS 47.05, AS 47.07 or regulations adopted under those chapters.

Section 6

Amends AS 47.07.020(b) including technical corrections related to eligibility for Medicaid authorized under the Affordable Care Act. This section also provides the authority for DHSS to expand Medicaid to adults aged 19-64 who are not caring for dependent children, are not disabled or pregnant, and who earn at or below 138 percent of the federal poverty guidelines for Alaska including the 5 percent income disregard.

Section 7 and 8

Amends AS 47.07.020(g) and (m) to clarify when DHSS may impose transfer of asset penalties when determining eligibility for Medicaid.

Section 9 and 10

Amends AS 47.07.036(b) and adds AS 47.07.036(d) to outline cost containment and reform measures that DHSS must undertake, including seeking demonstration waivers, applying for other options under the Medicaid Act and improving telemedicine for Medicaid recipients.

Section 11 and 12

Amends AS 47.07.900(4) and (17) to remove the requirement that behavioral health providers be a grantee of the state of Alaska in order to bill Medicaid.

Section 13

Instructs DHSS to amend any state plan it has with the federal government to be consistent with this Act.

Section 14

Authorizes DHSS to engage in emergency rule making under the Alaska Administrative Code to implement Medicaid reform measures and the provisions of this Act.

Section 12

47.07.036 to conform to amendments in this Act.

Section 16

Provides that Section 13 and 14 are effective immediately

Section 17

Provides that Section 1- 12 and 15 of the Act are effective on July 1, 2015.

Identifier: LL055-DOA-OAH-03-15-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Rules by Request of the Governor

Department: Department of Administration  
 Appropriation: Centralized Administrative Services  
 Allocation: Office of Administrative Hearings  
 OMB Component Number: 2771

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>							
Personal Services							
Travel							
Services	16.8		19.5	22.2	22.2	22.3	22.3
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>16.8</b>	<b>0.0</b>	<b>19.5</b>	<b>22.2</b>	<b>22.2</b>	<b>22.3</b>	<b>22.3</b>

**Fund Source (Operating Only)**

1007 I/A Rcpts	16.8		19.5	22.2	22.2	22.3	22.3
<b>Total</b>	<b>16.8</b>	<b>0.0</b>	<b>19.5</b>	<b>22.2</b>	<b>22.2</b>	<b>22.3</b>	<b>22.3</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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**Estimated SUPPLEMENTAL (FY2015) cost:** 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2016) cost:** 0.0 (separate capital appropriation required)  
 (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? No  
 If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

This bill would alter the income eligibility criteria for certain categories of Medicaid eligibility and would add an eligibility category for persons under 65 who are not pregnant and whose income does not exceed 138 percent of the federal poverty line. The bill also makes changes to the provider audit process and addresses certain cost control measures.

Section 3 of the bill alters the minimum number of provider audits that the Department of Health and Social Services is required to perform. The Office of Administrative Hearings (OAH) hears appeals from provider audits. The current cost of handling these appeals is approximately \$60.0 per year (thousand). A significant change in the number of audits performed could affect the number of appeals and the cost of hearing them. Based on information from the Department of Health and Social Services, OAH has determined that the number of audits that generate appeals is expected to remain approximately the same if this provision is enacted, and therefore no fiscal impact has been projected.

Section 6 of the bill expands the number of Alaskans eligible for Medicaid, and would result in a larger overall enrollment in the program. OAH hears appeals from decisions to deny or limit Medicaid coverage. Based on data supplied by the Department of Health and Social Services, OAH anticipates that the number of administrative law judge hours required to hear Medicaid appeals from the Division of Public Assistance and the Division of Health Care Services would increase by approximately 16.1% in the first year of expanded eligibility and by slightly higher percentages in succeeding years. OAH has determined that appeals from the Division of Senior and Disabilities Services would not increase appreciably. Costs have been projected above using OAH's approved cost allocation rate of \$165 per hour.

OAH is presently operating at or beyond capacity. The additional hearing load of this work alone would not support the creation of a new full-time administrative law judge position. In the absence of a new PCN, OAH will instead contract out hearing responsibilities to contractors as appropriate.

Identifier: 0055-DOC-PHC-03-14-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: GOVERNOR

Department: Department of Corrections  
 Appropriation: Health and Rehabilitation Services  
 Allocation: Physical Health Care  
 OMB Component Number: 2952

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services		(4,108.2)	(7,000.0)	(7,000.0)	(7,000.0)	(7,000.0)	(7,000.0)	(7,000.0)
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>0.0</b>	<b>(4,108.2)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>

**Fund Source (Operating Only)**

1004 Gen Fund		(4,108.2)	(7,000.0)	(7,000.0)	(7,000.0)	(7,000.0)	(7,000.0)	(7,000.0)
<b>Total</b>	<b>0.0</b>	<b>(4,108.2)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>	<b>(7,000.0)</b>

**Positions**

Full-time								
Part-time								
Temporary								

<b>Change in Revenues</b>								
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**Estimated SUPPLEMENTAL (FY2015) cost:** 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2016) cost:** 0.0 (separate capital appropriation required)  
 (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?

If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

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## Analysis

Section 6 of the bill expands Medicaid coverage to a new group: adults 19 through 64 years of age who are currently not eligible for Medicaid or Medicare who have income at or below 138% of the Federal Poverty Level (FPL) for Alaska. This revision will allow vendors who provide inpatient inmate medical care to bill Medicaid directly for payment rather than the Department of Corrections for those offenders that meet the eligibility criteria of the expanded Medicaid program.

Federal law prohibits states from obtaining federal Medicaid matching funds for health care services provided to inmates with the exception of when they are patients in medical facilities for at least 24 hours.

In September 2014 the US Governmental Accountability Office reported that New York and Colorado, where Medicaid has expanded, estimated that 80-90% of the inmate population hospitalized outside of a correctional facility for more than 24 hours would meet the income eligibility criteria for Medicaid.

In FY2014 Department of Corrections processed approximately \$8.5 million in expenditures for 170 inmates that incurred in-patient stays that lasted more than 24 hours. Under Medicaid expansion, it is estimated that \$6.8-\$7.65 million could have been paid for by Medicaid rather than State fund if 80%-90% of the inmate population in a medical care facility more than 24 hours had been eligible.

Based on this, the department is projecting a conservative reduction in general funds of \$7 million with a reduction of \$4.1 in the first year and an additional \$2.9 in the second year based on the estimated amounts from FY2014.

Identifier: 0055-DHSS-BHA-03-15-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Behavioral Health  
 Allocation: Behavioral Health Administration  
 OMB Component Number: 2665

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>	<b>FY 2016</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
Personal Services	100.9		100.9	100.9	100.9	100.9	100.9
Travel	2.0		2.0	2.0	2.0	2.0	2.0
Services	9.4		9.4	9.4	9.4	9.4	9.4
Commodities	8.1		0.5	0.5	0.5	0.5	0.5
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>120.4</b>	<b>0.0</b>	<b>112.8</b>	<b>112.8</b>	<b>112.8</b>	<b>112.8</b>	<b>112.8</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	60.2		56.4	56.4	56.4	56.4	56.4
1003 G/F Match	60.2		56.4	56.4	56.4	56.4	56.4
<b>Total</b>	<b>120.4</b>	<b>0.0</b>	<b>112.8</b>	<b>112.8</b>	<b>112.8</b>	<b>112.8</b>	<b>112.8</b>

**Positions**

Full-time	1.0		1.0	1.0	1.0	1.0	1.0
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

Section 10 of the bill directs the department to apply for the 1915(i) option under Medicaid. The 1915(i) option provides a federal match of 50%%, reducing general fund needed by 50%.

A single FTE will be required for program development, coordination and oversight beginning in FY2016 (50% federal and 50% GF match).

### Staffing:

Health Program Manger II (1 FTE, GP, Range 19, in Anchorage) at \$100.9 annually.

Identifier: 0055-DHSS-TRG-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Behavioral Health  
 Allocation: Behavioral Health Treatment and Recovery  
 Grants  
 OMB Component Number: 3099

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits	(1,558.7)		(5,000.0)	(12,501.0)	(16,528.7)	(19,556.6)	(19,584.7)	
Miscellaneous								
<b>Total Operating</b>	<b>(1,558.7)</b>	<b>0.0</b>	<b>(5,000.0)</b>	<b>(12,501.0)</b>	<b>(16,528.7)</b>	<b>(19,556.6)</b>	<b>(19,584.7)</b>	

**Fund Source (Operating Only)**

1037 GF/MH	(1,558.7)		(5,000.0)	(12,501.0)	(16,528.7)	(19,556.6)	(19,584.7)
<b>Total</b>	<b>(1,558.7)</b>	<b>0.0</b>	<b>(5,000.0)</b>	<b>(12,501.0)</b>	<b>(16,528.7)</b>	<b>(19,556.6)</b>	<b>(19,584.7)</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.
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## Analysis

**Section 6** of the bill expands Medicaid coverage to a new group: adults 19 through 64 years of age who are currently not eligible for Medicaid or Medicare who have income at or below 138% of the Federal Poverty Level (FPL) for Alaska.

As Medicaid financing becomes available for behavioral health services, reductions in general fund grant funding will become feasible. Behavioral health grant reductions will be accomplished through a phased, strategic process in order to stabilize services and avoid service reductions in communities. While this is a reduction in State expenditures, DBH expects no loss of services available to Alaskans in need. Primarily federal Medicaid funds, rather than GF/MH grant funds, will cover the cost of services provided to the expansion population. The Department anticipates that behavioral health grants will be reduced through Medicaid expansion by the following amounts: \$1,558.7 in FY2016, \$5,000.0 in FY2017, \$9,000.0 in FY2018, \$13,000.0 in FY2019, \$16,000.0 in FY2020, and \$16,000.0 in FY2021.

**Section 10** directs the Department to apply for the section 1915(i) option. This option will serve Medicaid-eligible adults with behavioral health needs that result in multiple admissions to inpatient or residential care. The population includes homeless, those re-entering from incarceration, and others who intermittently use services. These services are currently provided through behavioral health grants with 100% general funds. The Department anticipates that behavioral health grants will be reduced through the 1915(i) option beginning in FY2018 by the following amounts: \$3,501.0 in FY2018, \$3,528.7 in FY2019, \$3,556.6 in FY2020, and \$3,584.7 in FY2021.

Specific services that are currently offered through grant (GF) dollars that will be transitioned to Medicaid reimbursement include services for those adults with Serious Mental Illness (SMI grants) and those adults with Substance Use Disorders (SUD grants). Grants will not be completely eliminated as some services provided through grants are not reimbursable through Medicaid.

Identifier: 0055-DHSS-BHMS-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Medicaid Services  
 Allocation: Behavioral Health Medicaid Services  
 OMB Component Number: 2660

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits	4,799.5		5,323.5	16,728.5	21,227.5	26,534.9	26,605.2	
Miscellaneous								
<b>Total Operating</b>	<b>4,799.5</b>	<b>0.0</b>	<b>5,323.5</b>	<b>16,728.5</b>	<b>21,227.5</b>	<b>26,534.9</b>	<b>26,605.2</b>	

**Fund Source (Operating Only)**

1002 Fed Rcpts	4,799.5		5,206.4	12,846.0	16,984.6	21,354.2	21,162.9
1003 G/F Match			117.1	3,882.5	4,242.9	5,180.7	5,442.3
<b>Total</b>	<b>4,799.5</b>	<b>0.0</b>	<b>5,323.5</b>	<b>16,728.5</b>	<b>21,227.5</b>	<b>26,534.9</b>	<b>26,605.2</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

**Section 6** of the bill expands Medicaid coverage to a new group: adults 19 through 64 years of age who are currently not eligible for Medicaid or Medicare who have income at or below 138% of the Federal Poverty Level (FPL) for Alaska. We estimate 20,066 enrollees in FY2016; 23,273 enrollees in FY2017; 26,492 in FY2018; 26,535 in FY2019; 26,580 in FY2020; and 26,623 in FY2021.

As Medicaid financing for the expansion group becomes available for behavioral health services, the Department will be able to reduce general fund grants. This will be accomplished through a phased process in order to stabilize services and avoid service reductions in communities.

**Section 10** directs the Department to apply for the section 1915(i) option. This option will serve Medicaid-eligible adults with behavioral health needs that result in multiple admissions to inpatient or residential care. The population includes homeless, those re-entering from incarceration, and others who intermittently use services.

**Note:** The effective federal match rate for the expansion population is based on calendar year. To estimate savings based on state fiscal year we averaged the calendar rates to approximate the fiscal year federal medical assistance percentage (FMAP) rates; we also adjusted the rates to reflect enhanced federal match for tribal services provided to Indian Health Service beneficiaries. These rates are: 100% in FY2016, 97.8% in FY2017, 95.2% in FY2018, 94.3% in FY2019, 92.6% in FY2020, and 91.3% in FY2021.

Plan and regulation changes are required to implement these changes. The estimated effective date of regulation changes is July 2017.

The federal match rate for the 1915(i) option is the regular match rate, usually 50% but 65% for the Children's Health Insurance Program (CHIP) and 100% for tribal services provided to Indian Health Service beneficiaries. Behavioral Health Medicaid Services average 56% federal match.

Identifier: 0055-DHSS-APDMS-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Medicaid Services  
 Allocation: Adult Preventative Dental Medicaid Services  
 OMB Component Number: 2839

**Expenditures/Revenues**

Note: Amounts do not include Inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>	<b>FY 2016</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits	5,381.2		6,454.2	7,598.6	7,871.6	8,156.0	8,307.0
Miscellaneous							
<b>Total Operating</b>	<b>5,381.2</b>	<b>0.0</b>	<b>6,454.2</b>	<b>7,598.6</b>	<b>7,871.6</b>	<b>8,156.0</b>	<b>8,307.0</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	5,381.2		6,312.2	7,233.9	7,422.9	7,552.5	7,584.3
1003 G/F Match			142.0	364.7	448.7	603.5	722.7
<b>Total</b>	<b>5,381.2</b>	<b>0.0</b>	<b>6,454.2</b>	<b>7,598.6</b>	<b>7,871.6</b>	<b>8,156.0</b>	<b>8,307.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/15

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

Section 6 of the bill expands Medicaid coverage to a new group: adults 19 through 64 years of age who are currently not eligible for Medicaid or Medicare who have income at or below 138% of the Federal Poverty Level (FPL) for Alaska. We estimate 20,066 enrollees in FY2016; 23,273 enrollees in FY2017; 26,492 in FY2018; 26,535 in FY2019; 26,580 in FY2020; and 26,623 in FY2021.

Alaska Medicaid will cover the newly eligible population for non-emergent adult dental services up to a limit of \$1,150 annually. These services include preventive and restorative care such as cleanings, exams, crowns, root canals, and dentures.

Note: The effective federal match rate for the expansion population is based on calendar year. To estimate savings based on state fiscal year we averaged the calendar rates to approximate the fiscal year federal medical assistance percentage (FMAP) rates; we also adjusted the rates to reflect enhanced federal match for tribal services provided to Indian Health Service beneficiaries. These rates are: 100% in FY2016, 97.8% in FY2017, 95.2% in FY2018, 94.3% in FY2019, 92.6% in FY2020, and 91.3% in FY2021.

Identifier: 0055-DHSS-HCMS-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Medicaid Services  
 Allocation: Health Care Medicaid Services  
 OMB Component Number: 2077

**Expenditures/Revenues**

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

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>	<b>FY 2016</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits	132,281.4		159,036.6	184,612.1	187,091.9	189,903.5	193,751.9
Miscellaneous							
<b>Total Operating</b>	<b>132,281.4</b>	<b>0.0</b>	<b>159,036.6</b>	<b>184,612.1</b>	<b>187,091.9</b>	<b>189,903.5</b>	<b>193,751.9</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	132,348.9		162,169.7	201,919.6	233,134.9	232,554.2	264,096.2
1003 G/F Match			(2,998.2)	(17,130.1)	(45,823.2)	(42,430.9)	(70,124.5)
1108 Stat Desig	(67.5)		(134.9)	(177.4)	(219.8)	(219.8)	(219.8)
<b>Total</b>	<b>132,281.4</b>	<b>0.0</b>	<b>159,036.6</b>	<b>184,612.1</b>	<b>187,091.9</b>	<b>189,903.5</b>	<b>193,751.9</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/16

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

### Expansion:

Section 6 of the bill expands Medicaid coverage to a new group: adults 19 through 64 years of age who are currently not eligible for Medicaid or Medicare who have income at or below 138% of the Federal Poverty Level (FPL) for Alaska. We estimate 20,066 enrollees in FY2016; 23,273 enrollees in FY2017; 26,492 in FY2018; 26,535 in FY2019; 26,580 in FY2020; and 26,623 in FY2021. The effective federal match rate for the expansion population is based on calendar year. To estimate savings based on state fiscal year we averaged the calendar rates to approximate the fiscal year federal medical assistance percentage (FMAP) rates; we also adjusted the rates to reflect enhanced federal match for tribal services provided to Indian Health Service beneficiaries. These rates are: 100% in FY2016, 97.8% in FY2017, 95.2% in FY2018, 94.3% in FY2019, 92.6% in FY2020, and 91.3% in FY2021.

The Health Care Medicaid Services component covers a range of both direct and indirect health care services for eligible Alaskans.

Regulations will be required to implement several provisions of the bill, both for expansion and for reform, beginning with regulations effective July 1, 2015.

### 1115 Waiver:

Under Section 10 of the bill, the Department is directed to apply for an 1115 Demonstration Waiver to use innovative service delivery models to improve Medicaid use of tribal health providers. The Department anticipates that it will apply and be approved for a waiver, beginning in FY2017. Initially, the waiver would consolidate medical transportation management of travel of Medicaid eligible, Indian Health Service (IHS) beneficiaries through tribal facilities. A second phase of the waiver, estimated to begin in FY2019, would seek to transition the provision of most, if not all, tribal services to Medicaid eligible, IHS beneficiaries through the demonstration waiver, consolidating the management and delivery of medically necessary services provided directly through tribal facilities and those contracted or referred to non-tribal facilities.

Under federal rules, Medicaid services provided at or through tribal health facilities to Medicaid eligible, IHS beneficiaries are funded at a 100% federal match rate. The Department anticipates that this waiver will substantially increase the percentage of Medicaid services provided to Medicaid eligible, IHS beneficiaries at the 100% federal match rate. The Department recognizes that the degree of savings is directly contingent on the provisions of the waiver that CMS approves.

We assume that in FY2017, 25% of all travel for Medicaid eligible, IHS beneficiaries will be covered under the waiver, with a general fund savings of \$6,500.0. In FY2018, we assume 100% of all travel will be covered, with a general fund savings of \$26,000.0. In FY2019 and 2020, we anticipate an additional \$30,500.0 annually in general fund savings for increased coverage of other services through tribal facilities, for a combined general fund savings of \$56,500.0. For FY2021, we assume savings of \$26,000.0 in travel and \$61,000.0 for other services through tribal facilities, for a combined general fund savings of \$87,000.0.

### Fines:

Section 5 of this legislation grants the Department of Health and Social Services the authority to assess civil fines against Medicaid providers, in the event they are found to have violated AS 47.05, AS 47.07, or regulations adopted under these chapters. Fines are to be assessed within a range of from \$100 to \$25,000 per occurrence or offense. There is no additional cost to the department to implement fines under this section.

## Analysis Continued

Recoveries based on implementing fines in this section are calculated by taking the estimated number of civil fines and applying an average fine amount. It is estimated the amount of fines imposed per recovery will increase over time, but the number of fines assessed will decrease over time. In addition there would be a phase-in for the first year. The estimated amount of the recoveries would be \$25.0 in FY2016 and \$50.0 in subsequent years.

### Interest:

Section 4 of the bill allows the Department to assess interest on recoveries for audits performed under AS 47.05.200 as well as other audits and reviews conducted by the state and federal government.

There is no additional cost to the department to implement interest penalties on identified overpayments, but recoveries will increase.

The Department estimates it will take four years to reach the current volume of outstanding appeals subject to interest penalties. Interest penalty recoveries are calculated by taking the current amount of outstanding appeals and applying an estimated recovery percentage. The result is multiplied by the statutory rate for post judgment interest of 3.75% and phased in over a period of four years, as shown below.

Amount of Interest Penalty Recoveries FY2016	\$ 42,455
Amount of Interest Penalty Recoveries FY2017	\$ 84,910
Amount of Interest Penalty Recoveries FY2018	\$127,365
FY2019 and beyond	\$169,821

### Audits:

Section 3 of the bill decreases the number of required audits of Medicaid providers, conducted by an independent contractor, from at least 75 annual to at least 50 annually. Audits are conducted on a representative sample of all Medicaid providers in order to identify both overpayments and violations of criminal statutes. The department is directed to attempt to minimize concurrent state or federal audits of specific providers.

This section of the bill will have no fiscal impact on the department. Any change in the cost of audits is estimated to be offset by a change in recoveries.



Identifier: 0055-DHSS-SDMS-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Medicaid Services  
 Allocation: Senior and Disabilities Medicaid Services  
 OMB Component Number: 2662

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>							
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits	2,908.8		3,488.8	20,953.8	21,101.4	21,255.1	21,336.7
Miscellaneous							
<b>Total Operating</b>	<b>2,908.8</b>	<b>0.0</b>	<b>3,488.8</b>	<b>20,953.8</b>	<b>21,101.4</b>	<b>21,255.1</b>	<b>21,336.7</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	2,908.8		3,412.0	18,983.2	19,085.5	19,155.5	19,172.6
1003 G/F Match			76.8	1,970.6	2,015.9	2,099.6	2,164.1
<b>Total</b>	<b>2,908.8</b>	<b>0.0</b>	<b>3,488.8</b>	<b>20,953.8</b>	<b>21,101.4</b>	<b>21,255.1</b>	<b>21,336.7</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

### Expansion

Section 6 of the bill expands Medicaid coverage to a new group: adults 19 through 64 years of age who are currently not eligible for Medicaid or Medicare who have income at or below 138% of the Federal Poverty Level (PPL) for Alaska. We estimate 20,066 enrollees in FY2016; 23,273 enrollees in FY2017; 26,492 in FY 2018; 26,535 in FY2019; 26,580 in FY2020; and 26,623 in FY2021.

Note: The effective federal match rate for the expansion population is based on calendar year. To estimate savings based on state fiscal year we averaged the calendar rates to approximate the fiscal year federal medical assistance percentage (FMAP) rates; we also adjusted the rates to reflect enhanced federal match for tribal services provided to Indian Health Service beneficiaries. These rates are: 100% in FY2016, 97.8% in FY2017, 95.2% in FY2018, 94.3% in FY2019, 92.6% in FY2020, and 91.3% in FY2021.

Senior and Disabilities Medicaid Services covers Personal Care Assistance (PCA) services, which provide support related to an individual's activities of daily living (i.e. bathing, dressing, eating) as well as instrumental activities of daily living (i.e. shopping, laundry, light housework). This new group of eligible individuals could potentially access PCA services. Three percent of the currently eligible Medicaid enrollees receive Personal Care Assistance (PCA) services. The expansion group is thought to be healthier than current Medicaid population groups. The Department assumes that 1% would require and be found eligible for PCA services with an estimated annual cost increase as enrollment among the newly expanded eligible group increases.

FY2016 new enrollees: 20,066

1% of new enrollees: 139 recipients

PCA expenditures: per person: \$21.0

### 1915(k) option

Section 10 of the bill directs the department to apply for the 1915(k) option under Medicaid.

The "Community First Choice Option" (CFC), also known as 1915(k), will be used for people who meet an institutional level of care (LDC). The 1915(k) option authorities will replace all current 1915(c) waivers, as all 1915(c) recipients do meet the LDC. The 1915(k) option offers a 56% federal match, an increase of 6%, thus lowering the general fund match to 44%.

The 1915(c) waivers are:

- Children with Complex Medical Conditions (CCMC)
- Adults with Physical and Developmental Disabilities (APDD)
- Alaskans Living Independently (ALI)
- Intellectual and Developmental Disabilities (IDD)

All four of the waivers would transition to the 1915(k) option authority.

Estimated 1915(c) recipients transitioning to the 1915(k) option = 5,200

Federal funding under current 1915(c) waiver at FMAP (50%) = \$ 110,827.7

Federal funding under proposed 1915(k) option at FMAP (56%) = \$ 117,477.4

The program transition results in an increase of \$6,649.7 in federal receipts, and a corresponding GF decrease.

Implementation of the new funding option will require substantial changes to the current Home and Community Based Services (HCBS) operational infrastructure. The estimated effective date for this refinancing proposal from (c) to (k) is FY2018.

## Analysis Continued

### **1915(i) State Plan option**

Section 10 of the bill directs the department to apply for the 1915(i) option under Medicaid. The 1915(i) option includes a federal match of 50%, reducing to 50% what is currently a 100% general fund contribution for certain services.

The Department will use this option to refinance the following 100% GF-funded grant programs: General Relief/Temporary Assistance (GR), certain Senior Community Based Grant components, and Community Developmental Disabilities Grant (CDDG).

General Relief/Temporary Assistance (GR) provides temporary residential care for vulnerable adults who are ineligible for assistance from other programs.

Current funding for GR program: \$8,113.0

Total number served: 630

Average cost per individual: \$12,878.00

Estimated eligible for 1915(i): 349

General fund to be reduced: \$ 4,494.3

Senior Community Based Grant component's Adult Day and Senior In-Home Services serve some individuals who are Medicaid eligible.

Adult Day Grant:

Total general fund expenditures: \$1,757.0

Total number served: 416

Average cost per individual: \$4,223.58.

Estimated eligible for 1915(i): 114

General fund to be reduced for the Adult Day Grant: \$481.5.

Senior In-Home Grant:

Total general fund expenditures: \$2,917.3

Total number served: 1,528

Average cost per individual: \$1,909.20.

Estimated eligible for 1915(i): 123

Estimated general fund to be reduced for the Senior In-Home Grant: \$234.8.

The combined estimated general fund to be reduced through the use of the 1915(i) option = \$716.3

Community Developmental Disabilities Grant (CDDG) program provides home and community-based services to support individuals to live as independently as they are able.

Total general fund expenditures: \$11,635.8

Total number served: 953

Average cost per recipient: \$12.2

Estimated eligible for 1915(i): 953

Estimated general fund to be reduced: \$11,635.8

State Plan and regulation changes are required to implement the new option and would involve extensive public comment.



Identifier: 0055-DHSS-CCIA-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Health Care Services  
 Allocation: Catastrophic and Chronic Illness Assistance (AS 47.08)  
 OMB Component Number: 2330

**Expenditures/Revenues**

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

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits	(1,000.0)		(1,300.0)	(1,400.0)	(1,471.0)	(1,471.0)	(1,471.0)	(1,471.0)
Miscellaneous								
<b>Total Operating</b>	<b>(1,000.0)</b>	<b>0.0</b>	<b>(1,300.0)</b>	<b>(1,400.0)</b>	<b>(1,471.0)</b>	<b>(1,471.0)</b>	<b>(1,471.0)</b>	<b>(1,471.0)</b>

**Fund Source (Operating Only)**

1004 Gen Fund	(1,000.0)		(1,300.0)	(1,400.0)	(1,471.0)	(1,471.0)	(1,471.0)	(1,471.0)
<b>Total</b>	<b>(1,000.0)</b>	<b>0.0</b>	<b>(1,300.0)</b>	<b>(1,400.0)</b>	<b>(1,471.0)</b>	<b>(1,471.0)</b>	<b>(1,471.0)</b>	<b>(1,471.0)</b>

**Positions**

Full-time								
Part-time								
Temporary								

<b>Change in Revenues</b>								
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/15

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

Chronic and Acute Medical Assistance (CAMA) is a state-funded program serving just under 500 low-income Alaskans each month who have inadequate or no health insurance, but who do not qualify for Medicaid. CAMA provides limited services to eligible individuals only if diagnosed with one of the following conditions:

- Terminal illness
- Cancer requiring chemotherapy
- Chronic diabetes or diabetes insipidus
- Chronic seizure disorder
- Chronic mental illness
- Chronic hypertension

Covered services for those who qualify for CAMA are limited and specific to the medical condition.

The services provided under this program will begin being absorbed by Medicaid expansion on July 1, 2015.

FY2016 will see a cost savings to the general fund by shifting expenses to federal funds for the newly eligible adult group, at 100% federal participation.

The department will continue to see an escalating cost savings in the Catastrophic and Chronic Illness Assistance component of \$1,300.0 in FY2017 and a savings of \$1,400.0 in FY2018. The department anticipates a savings of \$1,471.0 from FY2019 and beyond.

Identifier: 0055-DHSS-MAA-03-17-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Health Care Services  
 Allocation: Medical Assistance Administration  
 OMB Component Number: 242

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>								
Personal Services	463.6		463.6	576.2	576.2	688.8	688.8	
Travel	2.0		2.0	2.0	2.0	2.0	2.0	
Services	37.6		37.6	47.0	47.0	56.4	56.4	
Commodities	38.4		8.0	17.6	10.0	19.6	12.0	
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>541.6</b>	<b>0.0</b>	<b>511.2</b>	<b>642.8</b>	<b>635.2</b>	<b>766.8</b>	<b>759.2</b>	

**Fund Source (Operating Only)**

1002 Fed Rcpts	270.8		255.6	321.4	317.6	383.4	379.6
1003 G/F Match	65.8		255.6	321.4	317.6	383.4	379.6
1092 MHTAAR	205.0						
<b>Total</b>	<b>541.6</b>	<b>0.0</b>	<b>511.2</b>	<b>642.8</b>	<b>635.2</b>	<b>766.8</b>	<b>759.2</b>

**Positions**

Full-time	4.0		4.0	5.0	5.0	6.0	6.0
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/16

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

### Medicaid Expansion:

Health Care Services projects that it will need a total of five staff positions to fully implement Medicaid expansion. Beginning with FY2016, the division projects that it will need one full-time, range 20, Anchorage, Medical Assistance Administrator III (06-#103); and two full-time, range 21, Anchorage, Medical Assistance Administrator IV positions (06-#104 and 06-#105), along with associated administrative costs to support the positions.

The initial costs of the three positions are \$351.0 (\$112.6 for the Medical Assistant Administrator III, and \$119.2 for each Medical Assistant IV position). Each position assumes hiring at step C with a start date of July 1, 2015. These costs include benefits.

Administrative costs assume \$9.4 per full time equivalent (FTE) annually for office space, phones, and other contractual costs; \$2.6 *one-time* costs per FTE for computers and software; \$5.0 *one-time* costs per FTE for office equipment; \$2.0 per full time equivalent FTE annually for supplies; \$2.0 per year for total travel costs for all positions.

These costs have been projected out to include the hiring of a second Medical Assistant Administrator III position in FY2018 (\$112.6), and a third Medical Assistant Administrator III in FY2020 (\$112.6).

### 1115 Waiver:

The Department anticipates that the Division of Health Care Services will need to add one FTE (Medicaid Assistance Administrator III) to develop, design and begin implementation of the 115 waiver program and perform extensive data analytics to measure outcomes. The Department anticipates hiring the Medical Assistance Administrator III in FY2016 at a cost of \$131.6 GF.

2 Medical Asst Administrator III - range 20,  $\$112.6 \times 2 = \$225.2$

2 Medical Asst Administrator IV - range 21,  $\$119.2 \times 2 = \$238.4$

FY2016 Personal services total \$463.6

Travel total \$2.0

Lease costs, phone, etc -  $\$9.4 \times 4 = \$37.6$

FY2016 Services total \$37.6

Office supplies -  $\$2.0 \times 4 = \$8.0$

FY2016 Commodities, ongoing total \$8.0

Computer, software -  $\$2.6 \times 4 = \$10.4$

One-time office set-up -  $\$5.0 \times 4 = \$20.0$

FY2016 Commodities, one-time total \$30.4

Identifier: 0055-DHSS-RR-03-16-15  
Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
Sponsor: RLS BY REQUEST OF THE GOVERNOR  
Requester: Governor

Department: Department of Health and Social Services  
Appropriation: Health Care Services  
Allocation: Rate Review  
OMB Component Number: 2696

**Expenditures/Revenues**

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

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>	<b>FY 2016</b>	<b>FY 2016</b>					
Personal Services							
Travel	4.5						
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>4.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	2.3						
1003 G/F Match	2.2						
<b>Total</b>	<b>4.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
(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? No  
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

The Department's Office of Rate Review, which sets and reviews reimbursement rates for Alaska's Medicaid program, will lead the evaluation and proposal of a provider tax. The evaluation will involve significant stakeholder input that will be provided through at least three face-to-face public meetings (Juneau, Fairbanks, and Anchorage), one statewide public webinar, and numerous informal meetings with provider associations. The Office of Rate Review will develop findings that will be used to draft legislation for introduction in the 2016 session. The only fiscal impact comes from costs associated with the face-to-face meetings in Juneau and Fairbanks. This would be a one-time, estimated expenditure for staff to travel to meetings in Fairbanks and Juneau. No travel expense is necessary for the meeting in Anchorage.

Public Meeting Juneau	<u>\$2,590</u>
Flight for 5 Staff	\$1,715
1 Night Lodging	\$675
Meeting Room	\$200

Public Meeting Fairbanks	<u>\$1,920</u>
Flight for 5 Staff	\$1,000
1 Night Lodging	\$720
Meeting Room	\$200

Identifier: 0055-DHSS-CDDG-03-14-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Senior and Disabilities Services  
 Allocation: Community Developmental Disabilities Grants  
 OMB Component Number: 309

**Expenditures/Revenues**

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

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES:</b>	<b>FY 2016</b>	<b>FY 2016</b>					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits				(11,635.8)	(11,635.8)	(11,635.8)	(11,635.8)
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(11,635.8)</b>	<b>(11,635.8)</b>	<b>(11,635.8)</b>	<b>(11,635.8)</b>

**Fund Source (Operating Only)**

1004 Gen Fund				(11,635.8)	(11,635.8)	(11,635.8)	(11,635.8)
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(11,635.8)</b>	<b>(11,635.8)</b>	<b>(11,635.8)</b>	<b>(11,635.8)</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

Section 10 of the bill directs the Department to apply for the 1915(i) option under Medicaid.

Individuals receiving home and community based services through the Community Developmental Disabilities Grant (CDDG) program must meet the eligibility requirements in AS 47.80.900. The CDDG program provides home and community-based services to support individuals' desire to live as independently as they are able.

The department will use the 1915(i) funding option to refinance the Community Developmental Disabilities Grant program using the following assumptions:

953 individuals accessed CDDG services in FY2014 with an average cost per recipient of \$12.2 per individual per year.

Current program and funding (general fund) = \$11,635.8; Average cost per individual = \$12.2

Estimated general fund to be refinanced with Federal Funds = \$11,635.8

State Plan and regulation changes are required to implement the new option and would involve extensive public comment.

The Department expects the 1915(i) option to be implemented by FY2018.

Identifier: 0055-DHSS-SCBG-03-16-15  
Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
Sponsor: RLS BY REQUEST OF THE GOVERNOR  
Requester: Governor

Department: Department of Health and Social Services  
Appropriation: Senior and Disabilities Services  
Allocation: Senior Community Based Grants  
OMB Component Number: 2787

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>	<b>FY 2016</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits				(716.3)	(716.3)	(716.3)	(716.3)
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(716.3)</b>	<b>(716.3)</b>	<b>(716.3)</b>	<b>(716.3)</b>

**Fund Source (Operating Only)**

1004 Gen Fund				(716.3)	(716.3)	(716.3)	(716.3)
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(716.3)</b>	<b>(716.3)</b>	<b>(716.3)</b>	<b>(716.3)</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
(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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

Section 10 of the bill directs the department to apply for the 1915(i) option under Medicaid.

The department will use this option to refinance the Senior Community Based Grant component's Adult Day and Senior In-Home Services for those who are receiving the service and are also Medicaid eligible.

Adult Day Grant: Total general fund expenditures = \$1,757.0 serving 416 recipients. SDS anticipates serving 114 under the 1915(i) option with an average cost per individual of \$4,223.58. Estimated general fund to be reduced for the Adult Day Grant = \$481.5.

Senior In-Home Grant: Total general fund expenditures = \$2,917.3, serving 1,528 individuals. SDS anticipates serving 123 under the 1915(i) option with an average cost per individual of \$1,909.20. Estimated general fund to be reduced for the Senior In-Home Grant = \$234.8.

The combined estimated general fund to be reduced through the use of the 1915(i) option = \$716.3

State Plan and regulation changes are required to implement the new option and would involve extensive public comment. The Department expects the 1915(i) option to be implemented by FY2018.

Identifier: 0055-DHSS-GRTAL-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Senior and Disabilities Services  
 Allocation: General Relief/Temporary Assisted Living  
 OMB Component Number: 2875

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included In Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits					(4,494.3)	(4,494.3)	(4,494.3)	(4,494.3)
Miscellaneous								
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(4,494.3)</b>	<b>(4,494.3)</b>	<b>(4,494.3)</b>	<b>(4,494.3)</b>

**Fund Source (Operating Only)**

1004 Gen Fund				(4,494.3)	(4,494.3)	(4,494.3)	(4,494.3)
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(4,494.3)</b>	<b>(4,494.3)</b>	<b>(4,494.3)</b>	<b>(4,494.3)</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

Section 10 of the bill directs the department to apply for the 1915(i) option under Medicaid.

General Relief/Temporary Assistance (GR) provides temporary residential care for vulnerable adults who are ineligible for assistance from other programs. The department will use the 1915(i) funding option to refinance this 100% General Fund-funded program for Medicaid-eligible individuals.

Current funding for GR program: \$8,113.0

Total number served: 630

Average cost per individual: \$12,878.00

Estimated eligible for 1915(i): 349

General fund to be refinanced w/Medicaid: \$ 4,494.3

State Plan and regulation changes are required to implement the new option and would involve extensive public comment. The Department expects the 1915(i) option to be implemented by FY2018.

Identifier: 0055-DHSS-SDSA-03-15-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Senior and Disabilities Services  
 Allocation: Senior and Disabilities Services Administration  
 OMB Component Number: 2663

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>	<b>FY 2016</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
Personal Services	108.0		324.0	324.0	324.0	324.0	324.0
Travel	2.3		6.8	6.8	6.8	6.8	6.8
Services	186.8		193.9	540.8	10.6	10.6	10.6
Commodities	2.5		7.6	7.6	7.6	7.6	7.6
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>299.6</b>	<b>0.0</b>	<b>532.3</b>	<b>879.2</b>	<b>349.0</b>	<b>349.0</b>	<b>349.0</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	189.9		306.2	479.7	174.5	174.5	174.5
1003 G/F Match	109.7		226.1	399.5	174.5	174.5	174.5
<b>Total</b>	<b>299.6</b>	<b>0.0</b>	<b>532.3</b>	<b>879.2</b>	<b>349.0</b>	<b>349.0</b>	<b>349.0</b>

**Positions**

Full-time	1.0		2.0	3.0	3.0	3.0	3.0
Part-time							
Temporary							

<b>Change In Revenues</b>							
---------------------------	--	--	--	--	--	--	--

Estimated **SUPPLEMENTAL (FY2015) cost:** 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated **CAPITAL (FY2016) cost:** 0.0 (separate capital appropriation required)  
 (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? 07/01/17

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

The bill requires the State to apply to the Centers for Medicare and Medicaid Services (CMS) to develop two new Medicaid funding authorities, the 1915(i) and 1915(k) State Plan options. Under these new authorities the state will realize savings in the provision of home and community-based services (HCBS).

Services under these new funding authorities will reduce general fund expenditures by replacing 100% general fund services (1915(i) option) or capturing a higher federal match rate (1915(k)).

In FY2018 the Department anticipates new costs associated with initial eligibility assessments of individuals previously served through the general fund grant programs or services. The estimated number of new assessments = 1,539. Cost per assessment = \$225.41 (not including travel). Estimated cost to manage the 1,539 initial eligibility assessments = \$346.9 in FY2018.

In FY2016, FY2017, and FY2018 the Department anticipates additional expenditures related to the "Automated Service Plan" management information system. State staff, providers, and consumers will have access to the system and a public web resource center. The Department will plan and configure substantial, necessary software changes to this system for new assessments, additional programmatic elements, and interfaces with other department data management systems. Additional user accounts and licenses, and training and support for all users, will need to be developed and supported.

Estimated costs for system changes and development = \$550.0, of which \$300.0 is eligible for enhanced federal funding at a 90% federal match, and the remaining \$250.0 is eligible for the standard 50% federal match. Much of these costs will be realized in the development years (one-third each in FY2016-FY2018), while the savings will continue and grow as overall expenditures grow.

To plan, develop, and manage the new program, beginning in FY2016 Senior and Disabilities Services will require 3 additional full-time staff: one staff person beginning in FY2016 and two more staff beginning in FY2017. These will be Health Program Manager II positions (step C) each = \$108.0; Travel = \$2.3; Services = \$3.5; Commodities = \$2.5.

Regulation changes are required to implement the new options and would involve extensive public comment. The estimated effective date of regulation changes is July 2017.

Identifier: 0055-DHSS-PAFS-03-16-15  
 Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: Governor

Department: Department of Health and Social Services  
 Appropriation: Public Assistance  
 Allocation: Public Assistance Fleid Services  
 OMB Component Number: 236

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>OPERATING EXPENDITURES</b>	<b>FY 2016</b>	<b>FY 2016</b>					
Personal Services	1,908.3		1,908.3	1,908.3	1,908.3	1,908.3	1,908.3
Travel							
Services	386.4		386.4	386.4	386.4	386.4	386.4
Commodities	476.6		46.5	46.5	46.5	46.5	46.5
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>2,771.3</b>	<b>0.0</b>	<b>2,341.2</b>	<b>2,341.2</b>	<b>2,341.2</b>	<b>2,341.2</b>	<b>2,341.2</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	1,385.6		1,170.6	1,170.6	1,170.6	1,170.6	1,170.6
1003 G/F Match			1,170.6	1,170.6	1,170.6	1,170.6	1,170.6
1092 MHTAAR	1,385.7						
<b>Total</b>	<b>2,771.3</b>	<b>0.0</b>	<b>2,341.2</b>	<b>2,341.2</b>	<b>2,341.2</b>	<b>2,341.2</b>	<b>2,341.2</b>

**Positions**

Full-time		23.0	23.0	23.0	23.0	23.0	23.0
Part-time							
Temporary							

<b>Change in Revenues</b>							
---------------------------	--	--	--	--	--	--	--

Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)  
 (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? 07/01/15

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

## Analysis

Section 6 of the bill expands Medicaid coverage to a new group: adults 19 through 64 years of age who are currently not eligible for Medicaid or Medicare who have income at or below 138% of the Federal Poverty Level (FPL) for Alaska.

In order for the division to absorb the additional applications submitted for eligibility determinations and to maintain the additional caseload of renewal and report of change information submitted by the new clients on an ongoing basis, additional permanent positions will be necessary. While the additional caseload resulting from this bill is projected to increase each year, the division will be able to find administrative efficiencies as the new staff become proficient at eligibility determinations.

The costs associated with this request are for 23 permanent positions, office space and equipment costs. To every degree possible, the division expects to fast-track the process of establishing the positions in the classification system, recruiting and hiring, and training the new staff. Additional challenges associated with this request will be locating space for the incumbents. Ongoing costs for lease space and general office supplies are included in the services lines for the out years. There will be a one-time cost for purchasing and setting up office furniture and equipment.

The division is requesting the following permanent positions to be located in offices throughout the state:

One Office Assistant II - range 10, \$63.3  
One Office Assistant III - range 11, \$66.4  
One Research Analyst II - range 16, \$88.8  
Three Public Assistance Analyst I - range 16,  $\$88.8 \times 3 = \$266.3$   
Two Public Assistance Analyst II - range 18,  $\$99.7 \times 2 = \$199.4$   
Ten Eligibility Technician II - range 14,  $\$76.5 \times 10 = \$756.0$   
Two Eligibility Technician III - range 16,  $\$85.3 \times 2 = \$170.7$   
Two Eligibility Technician IV - range 17,  $\$92.3 \times 2 = \$184.6$   
One Eligibility Office Manager II - range 19, \$103.8  
Personal services total \$1,908.0

Lease -  $\$16.0 \times 23 = \$368.0$

Training - \$18.4

Services total \$386.4

Office supplies -  $\$0.5 \times 23 = \$11.5$

ID cards, forms and notices - \$35.0

Commodities, ongoing total \$46.5

One-time furnishings and equipment -  $\$18.0 \times 23 = \$414.0$

One-time multi-function printer - \$16.1

Commodities, one-time total \$430.1

The amendments included in this packet are ones which the committee will be considering at some point. They may not be brought forward today, Thursday, due to time constraints, but they are concepts which will be discussed. Comments and input are always welcome.



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: HB 148

1 Page 7, following line 15:

2 Insert a new bill section to read:

3 **\*\* Sec. 9.** AS 47.07.030(d) is amended to read:

4 (d) The department shall [MAY] establish [AS OPTIONAL SERVICES] a  
5 primary care case management system or a managed care organization contract in  
6 which certain eligible individuals, including super-utilizers as identified by the  
7 department, are required to enroll and seek approval from a case manager or the  
8 managed care organization before receiving certain services. The department shall  
9 establish enrollment criteria and determine eligibility for services consistent with  
10 federal and state law."  
11

11

12 Renumber the following bill sections accordingly.

13

14 Page 9, following line 3:

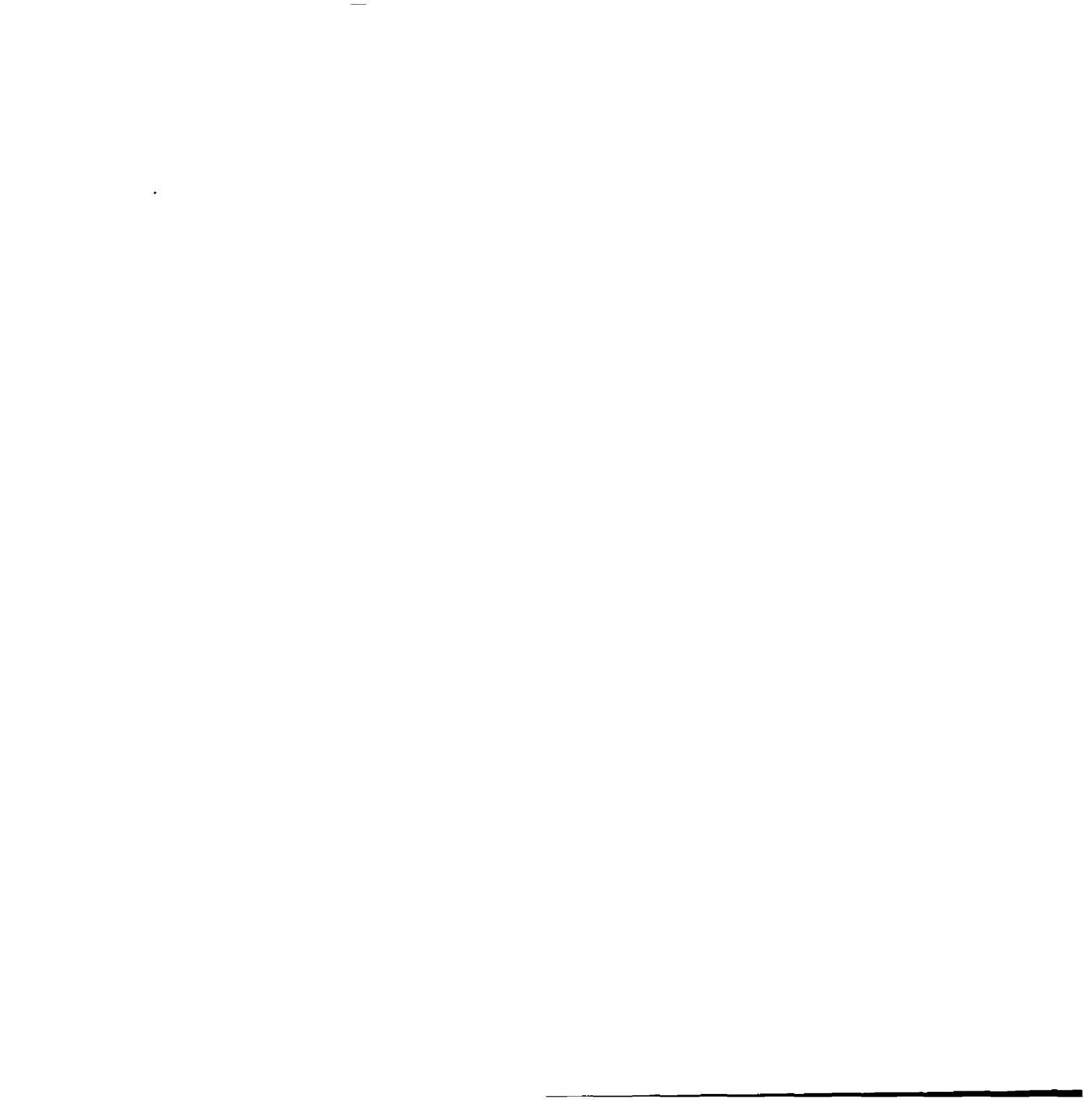
15 Insert a new bill section to read:

16 **\* Sec. 14.** The uncodified law of the State of Alaska is amended by adding a new section to  
17 read:

18 **MEDICAID MANAGED CARE FOR SUPER-UTILIZERS.** On or before January 1,  
19 2017, the Department of Health and Social Services shall

20 (1) establish a primary care case management system or a managed care  
21 organization contract under AS 47.07.030(d), as amended by sec. 9 of this Act, for super-  
22 utilizers, as identified by the department; and

23 (2) deliver a report on the system or contract to the senate secretary and the



AMENDMENT

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE SEATON

1 Page 9, following line 3:

2 Insert a new bill section to read:

3 **\*\* Sec. 13.** The uncodified law of the State of Alaska is amended by adding a new section to  
4 read:

5 **MEDICAID REDESIGN; REPORT TO LEGISLATURE.** The Department of Health  
6 and Social Services shall present to the legislature on or before the 10th day of the Second  
7 Regular Session of the Twenty-Ninth Alaska State Legislature the results of the Medicaid  
8 Redesign and Expansion Technical Assistance study, advertised under request for proposal  
9 number 2015-0600-2986, issued February 25, 2015. The department shall deliver a report  
10 describing the results of the study and a program for reforming the medical assistance  
11 program to the senate secretary and chief clerk of the house of representatives and notify the  
12 legislature that the report is available."

13

14 Renumber the following bill sections accordingly.

15

16 Page 9, line 23:

17 Delete "Sections 13 and 14"

18 Insert "Sections 14 and 15"

19

20 Page 9, line 24:

21 Delete "by sec. 16"

22 Insert "in sec. 17"



AMENDMENT

OFFERED IN THE HOUSE  
TO HB 148

BY REPRESENTATIVE SEATON

1 Page 2, line 13, following "program":

2       Insert "; and the Department of Health and Social Services shall contract with an  
3 independent third party to advise the department during the development of the tax proposal  
4 under this paragraph."



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: HB 148

1 Page 9, following line 3:

2 Insert a new bill section to read:

3 \*\* Sec. 13. The uncodified law of the State of Alaska is amended by adding a new section to  
4 read:5 COST-SHARING; REPORT TO LEGISLATURE. The Department of Health and  
6 Social Services shall prepare a report summarizing cost-sharing measures implemented before  
7 March 1, 2015, by the Department of Health and Social Services under AS 47.07.042 and  
8 describing the effect of those measures on the state budget. On or before March 1, 2016, the  
9 Department of Health and Social Services shall deliver a copy of the report to the senate  
10 secretary and chief clerk of the house of representatives and notify the legislature that the  
11 report is available."

12

13 Renumber the following bill sections accordingly.

14

15 Page 9, line 23:

16 Delete "Sections 13 and 14"

17 Insert "Sections 14 and 15"

18

19 Page 9, line 24:

20 Delete "sec. 16"

21 Insert "sec. 17"



Proposed Amendments to HB 148

As of 8:00 am March 31



AMENDMENT 1 - A.2 – Representative Seaton - Introduced and tabled as amendment 1

**AMENDMENT 2- A.3 – Representative Seaton – ADOPTED**

A.1 – Representative Seaton

A.9 – Representative Vazquez

A.14 – Representative Seaton

A.17 – Representative Talerico

A.19 – Representative Seaton (replaces a.4)

A.20 – Representative Seaton

A.24 – Representative Vazquez

A.25 – Representative Vazquez

A.29 – Representative Vazquez

A.33 – Representative Vazquez

A.34 – Representative Vazquez

A.36 – Representative Vazquez (Replaces a.12)

A.37 – Representative Talerico

A.40 – Representative Vazquez (Replaces A.35)

A.42 – Representative Vazquez

A.43 – Representative Vazquez



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: HB 148

1 Page 7, following line 15:

2 Insert a new bill section to read:

3 \*\* Sec. 9. AS 47.07.030(d) is amended to read:

4 (d) The department shall [MAY] establish [AS OPTIONAL SERVICES] a  
5 primary care case management system or a managed care organization contract in  
6 which certain eligible individuals, including super-utilizers as identified by the  
7 department, are required to enroll and seek approval from a case manager or the  
8 managed care organization before receiving certain services. The department shall  
9 establish enrollment criteria and determine eligibility for services consistent with  
10 federal and state law."

11

12 Renumber the following bill sections accordingly.

13

14 Page 9, following line 3:

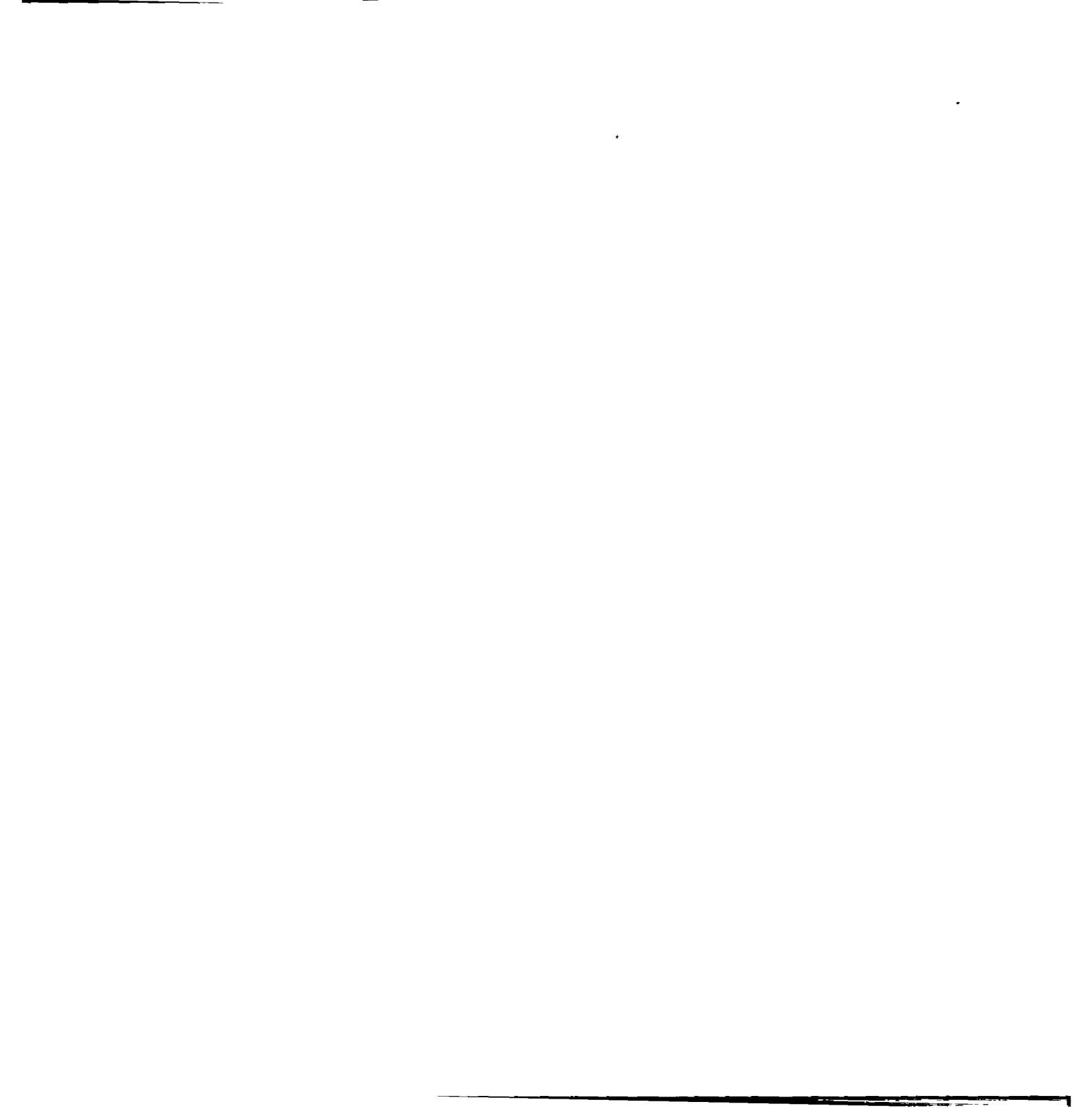
15 Insert a new bill section to read:

16 \* Sec. 14. The uncodified law of the State of Alaska is amended by adding a new section to  
17 read:

18 MEDICAID MANAGED CARE FOR SUPER-UTILIZERS. On or before January 1,  
19 2017, the Department of Health and Social Services shall

20 (1) establish a primary care case management system or a managed care  
21 organization contract under AS 47.07.030(d), as amended by sec. 9 of this Act, for super-  
22 utilizers, as identified by the department; and

23 (2) deliver a report on the system or contract to the senate secretary and the



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: HB 148

1 Page 9, following line 3:

2 Insert a new bill section to read:

3 "\* Sec. 13. The uncodified law of the State of Alaska is amended by adding a new section to  
4 read:5 MEDICAID REDESIGN; REPORT TO LEGISLATURE. The Department of Health  
6 and Social Services shall present to the legislature on or before the 10th day of the Second  
7 Regular Session of the Twenty-Ninth Alaska State Legislature the results of the Medicaid  
8 Redesign and Expansion Technical Assistance study, advertised under request for proposal  
9 number 2015-0600-2986, issued February 25, 2015. The department shall deliver a report  
10 describing the results of the study and a program for reforming the medical assistance  
11 program to the senate secretary and chief clerk of the house of representatives and notify the  
12 legislature that the report is available."

13

14 Renumber the following bill sections accordingly.

15

16 Page 9, line 23:

17 Delete "Sections 13 and 14"

18 Insert "Sections 14 and 15"

19

20 Page 9, line 24:

21 Delete "by sec. 16"

22 Insert "in sec. 17"

ADOPTED-  
amendment 2

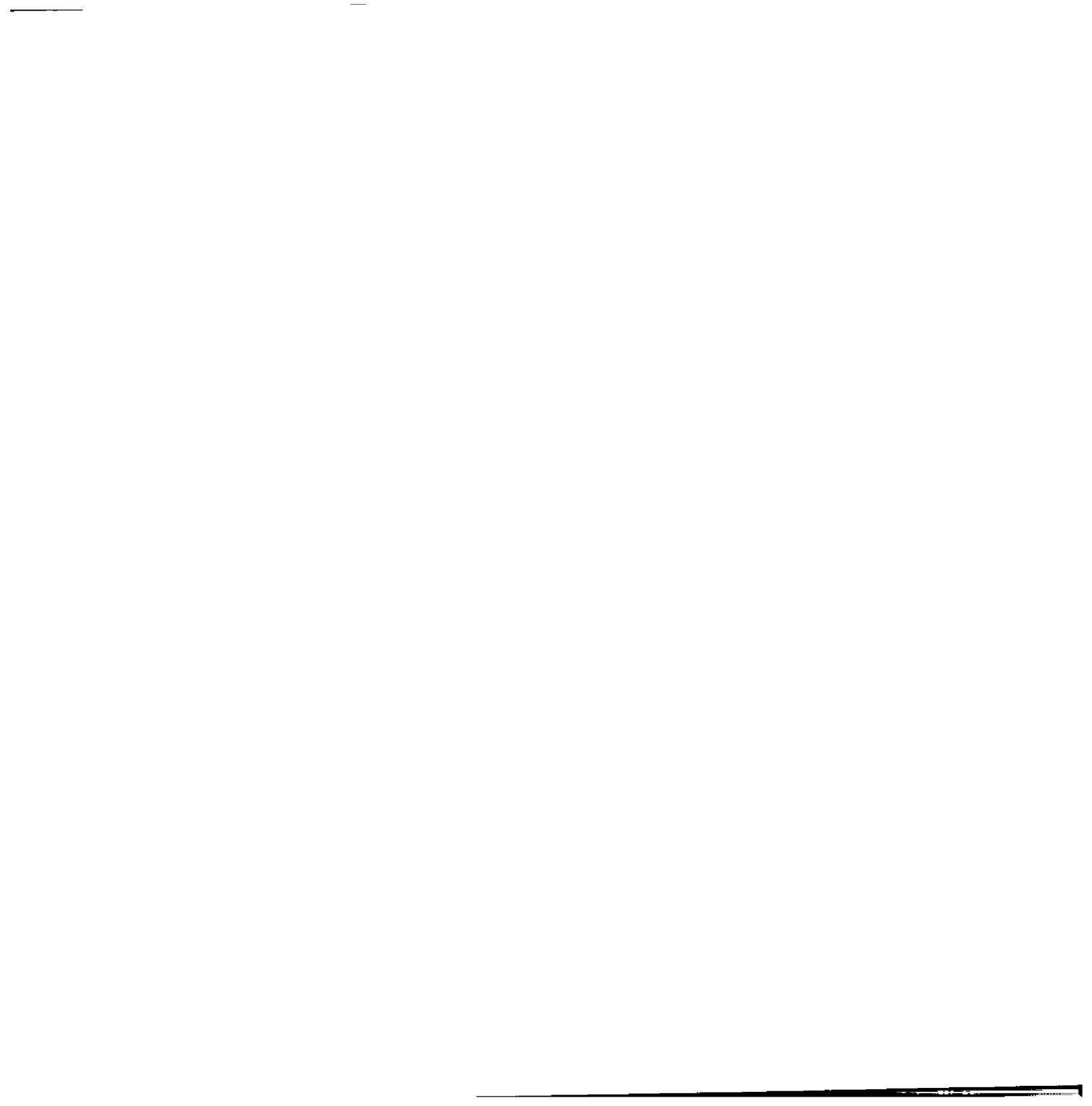


A M E N D M E N T

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE SEATON

- 1 Page 9, line 24:
- 2 Delete "July"
- 3 Insert "August"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

- 1 Page 6, line 17:
- 2 Delete "203 [175]"
- 3 Insert "175"
- 4
- 5 Page 6, line 21:
- 6 Delete "200 [175]"
- 7 Insert "175"



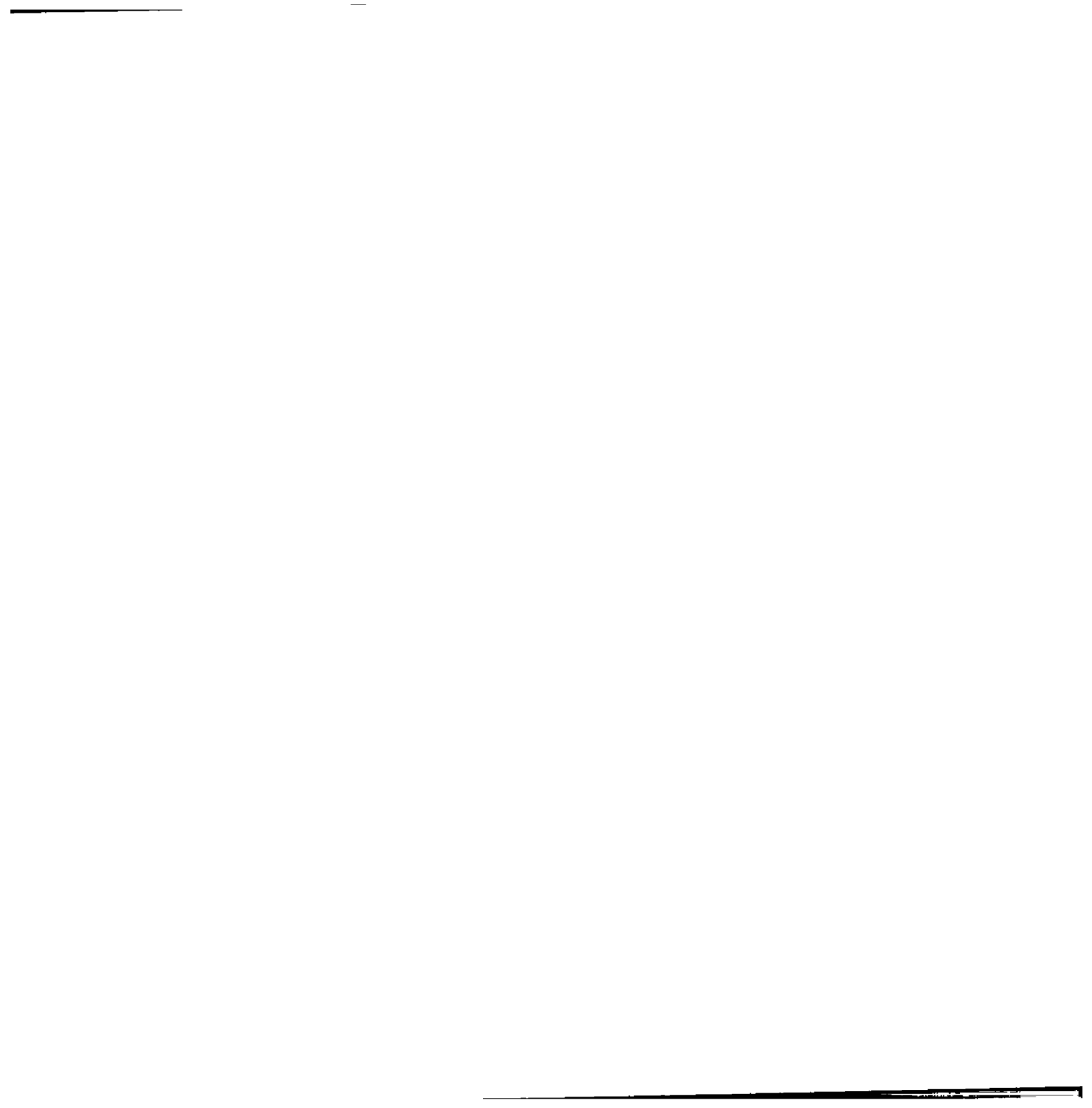
AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: HB 148

- 1 Page 2, line 13, following "program":
- 2       Insert "; and the Department of Health and Social Services shall contract with an
- 3 independent third party to advise the department during the development of the tax proposal
- 4 under this paragraph."



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TALERICO

TO: HB 148

1 Page 1, line 1, following "Act":

2 Insert "relating to certificates of need;"

3

4 Page 2, following line 13:

5 Insert a new bill section to read:

6 "\* Sec. 2. AS 18.07.031(d) is amended to read:

7 (d) Beginning July 1, 2005, the \$1,000,000 expenditure threshold in (a) of this  
8 section is increased by \$50,000 annually on July 1 of each year [UP TO AND  
9 INCLUDING JULY 1, 2014]."

10

11 Renumber the following bill sections accordingly.

12

13 Page 9, line 12:

14 Delete "sec. 10"

15 Insert "sec. 11"

16

17 Page 9, line 17:

18 Delete "10"

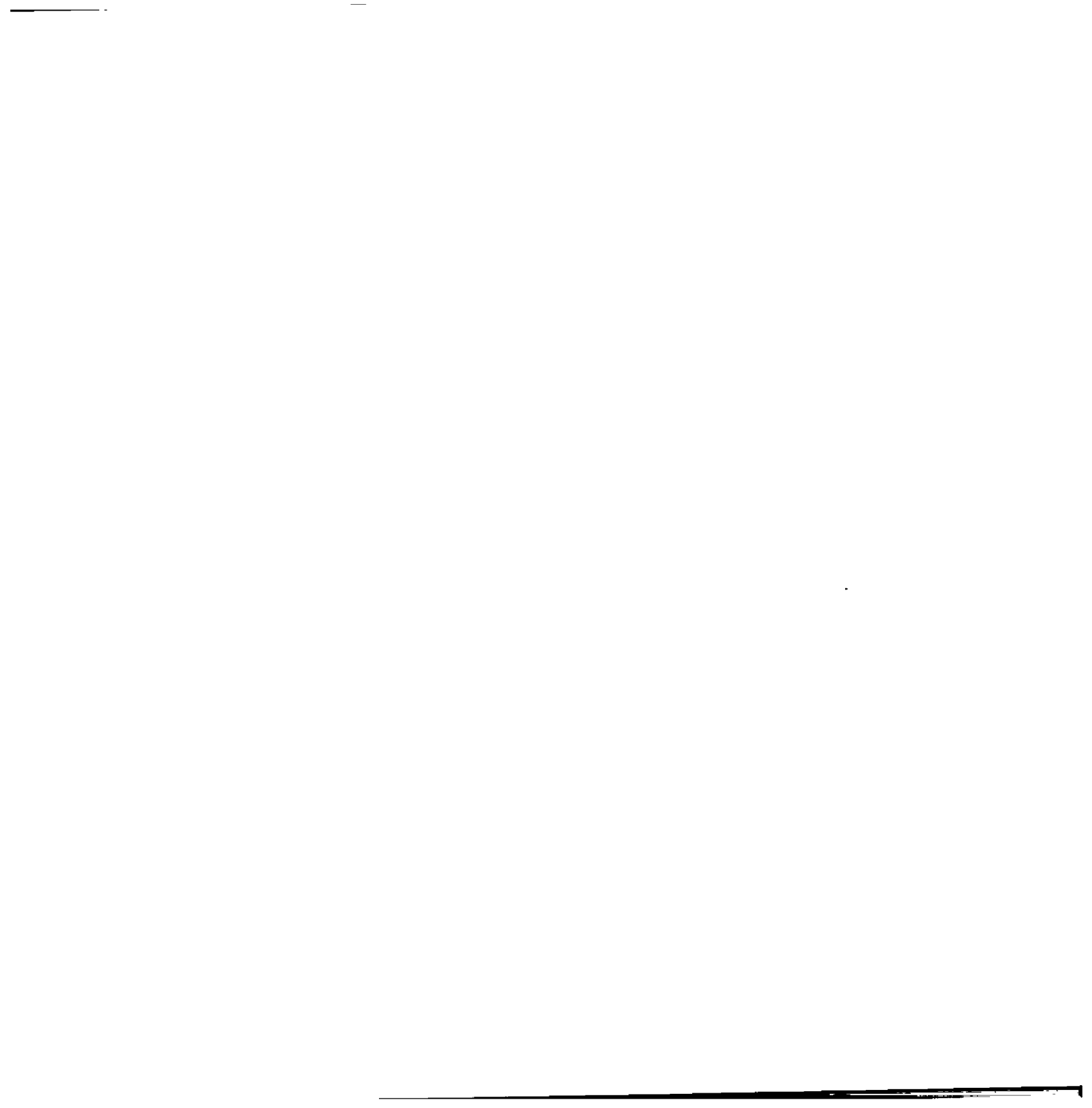
19 Insert "11"

20

21 Page 9, following line 22:

22 Insert a new bill section to read:

23 "\* Sec. 17. The uncodified law of the State of Alaska is amended by adding a new section to



AMENDMENT

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE SEATON

1 Page 9, following line 3:

2 Insert a new bill section to read:

3 \*\* Sec. 13. The uncodified law of the State of Alaska is amended by adding a new section to  
4 read:

5 COST-SHARING; REPORT TO LEGISLATURE. The Department of Health and  
6 Social Services shall prepare a report summarizing cost-sharing measures implemented before  
7 March 1, 2015, by the Department of Health and Social Services under AS 47.07.042 and  
8 describing the effect of those measures on the state budget. On or before March 1, 2016, the  
9 Department of Health and Social Services shall deliver a copy of the report to the senate  
10 secretary and chief clerk of the house of representatives and notify the legislature that the  
11 report is available."

12

13 Renumber the following bill sections accordingly.

14

15 Page 9, line 23:

16 Delete "Sections 13 and 14"

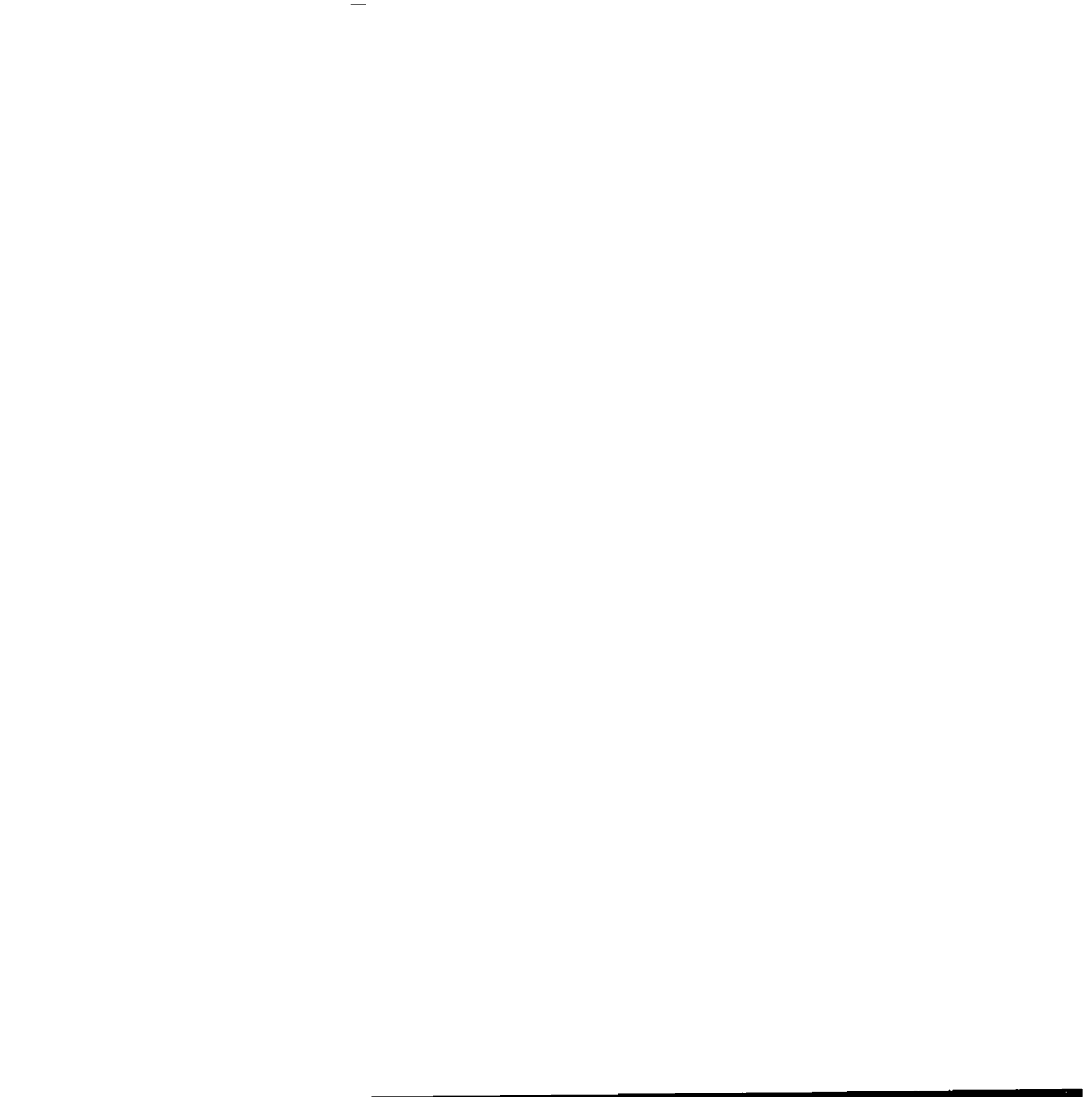
17 Insert "Sections 14 and 15"

18

19 Page 9, line 24:

20 Delete "sec. 16"

21 Insert "sec. 17"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: HB 148

1 Page 2, line 13, following "program":

2 Insert ";

3 (4) the Department of Health and Social Services shall establish prevention of  
4 disease as a primary model of health care in the state, as requested by the legislature in  
5 Legislative Resolve 16 of the Twenty-Seventh Alaska State Legislature"

6

7 Page 2, following line 16:

8 Insert a new bill section to read:

9 \*\* Sec. 3. AS 47.05.010 is amended to read:

10 Sec. 47.05.010. Duties of department. The Department of Health and Social  
11 Services shall

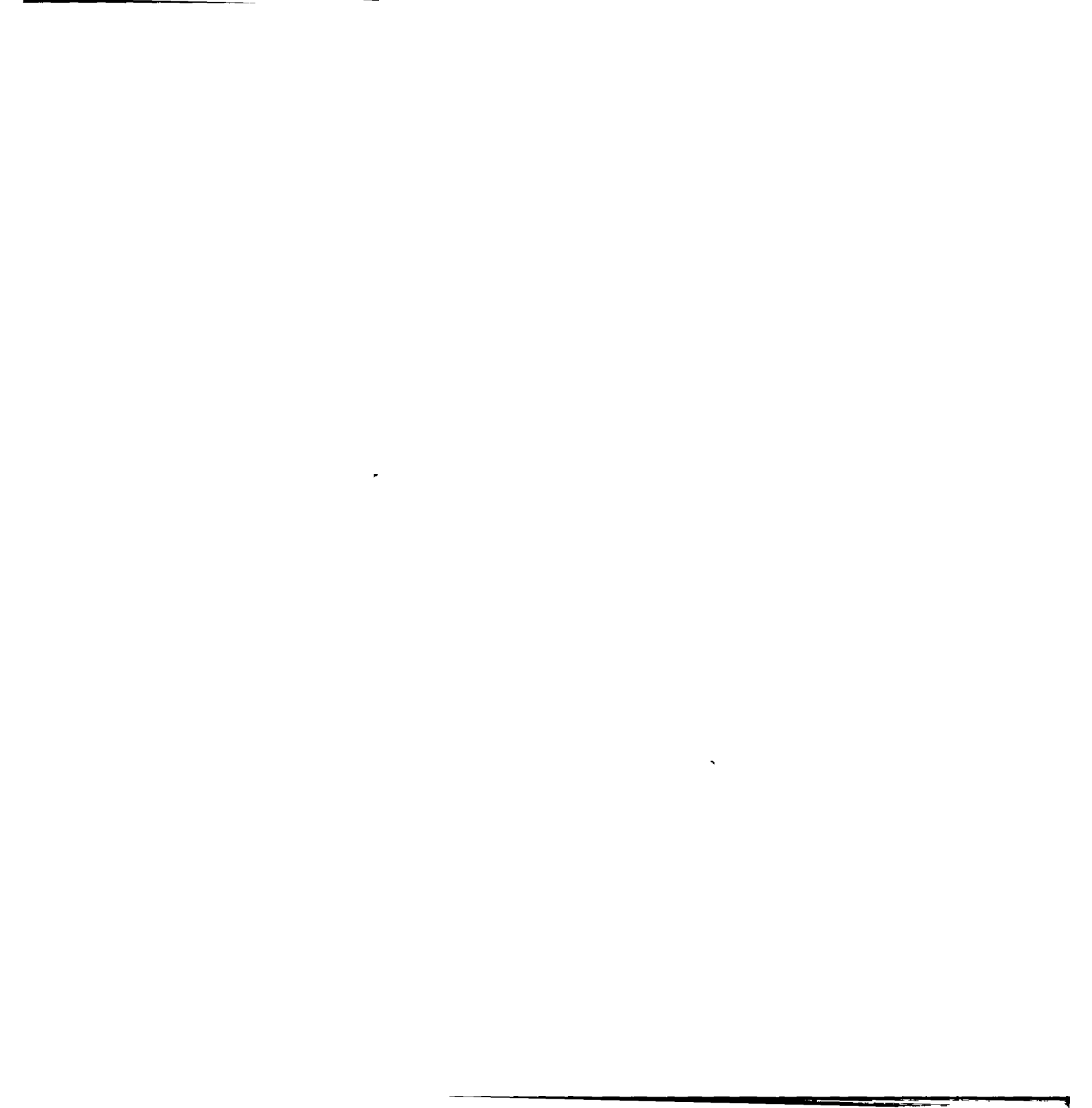
12 (1) administer adult public assistance, the Alaska temporary assistance  
13 program, and all other assistance programs; and receive and spend money made  
14 available to it;

15 (2) adopt regulations necessary for the conduct of its business and for  
16 carrying out federal and state laws granting adult public assistance, temporary cash  
17 assistance, diversion payments, or self-sufficiency services for needy families under  
18 the Alaska temporary assistance program, and other assistance;

19 (3) establish minimum standards for personnel employed by the  
20 department and adopt necessary regulations to maintain those standards;

21 (4) require those bonds and undertakings from persons employed by it  
22 that, in its judgment, are necessary, and pay the premiums on them;

23 (5) cooperate with the federal government in matters of mutual



1 federal financial participation;

2 (13) establish the divisions and local offices that are considered  
3 necessary or expedient to carry out a duty or authority assigned to it and appoint and  
4 employ the assistants and personnel that are necessary to carry on the work of the  
5 divisions and offices, and fix the compensation of the assistants or employees, except  
6 that a person engaged in business as a retail vendor of general merchandise, or a  
7 member of the immediate family of a person who is so engaged, may not serve as an  
8 acting, temporary, or permanent local agent of the department, unless the  
9 commissioner of health and social services certifies in writing to the governor, with  
10 relation to a particular community, that no other qualified person is available in the  
11 community to serve as local welfare agent; for the purposes of this paragraph, a  
12 "member of the immediate family" includes a spouse, child, parent, brother, sister,  
13 parent-in-law, brother-in-law, or sister-in-law;

14 (14) provide education and health-related services and referrals  
15 designed to reduce the number of out-of-wedlock pregnancies and the number of  
16 induced pregnancy terminations in the state;

17 (15) investigate reports of abuse, neglect, or misappropriation of  
18 property by certified nurse aides in facilities licensed by the department under  
19 AS 47.32;

20 (16) establish state policy relating to and administer federal programs  
21 subject to state control as provided under 42 U.S.C. 3001 - 3058ee (Older Americans  
22 Act of 1965), as amended, and related federal regulations;

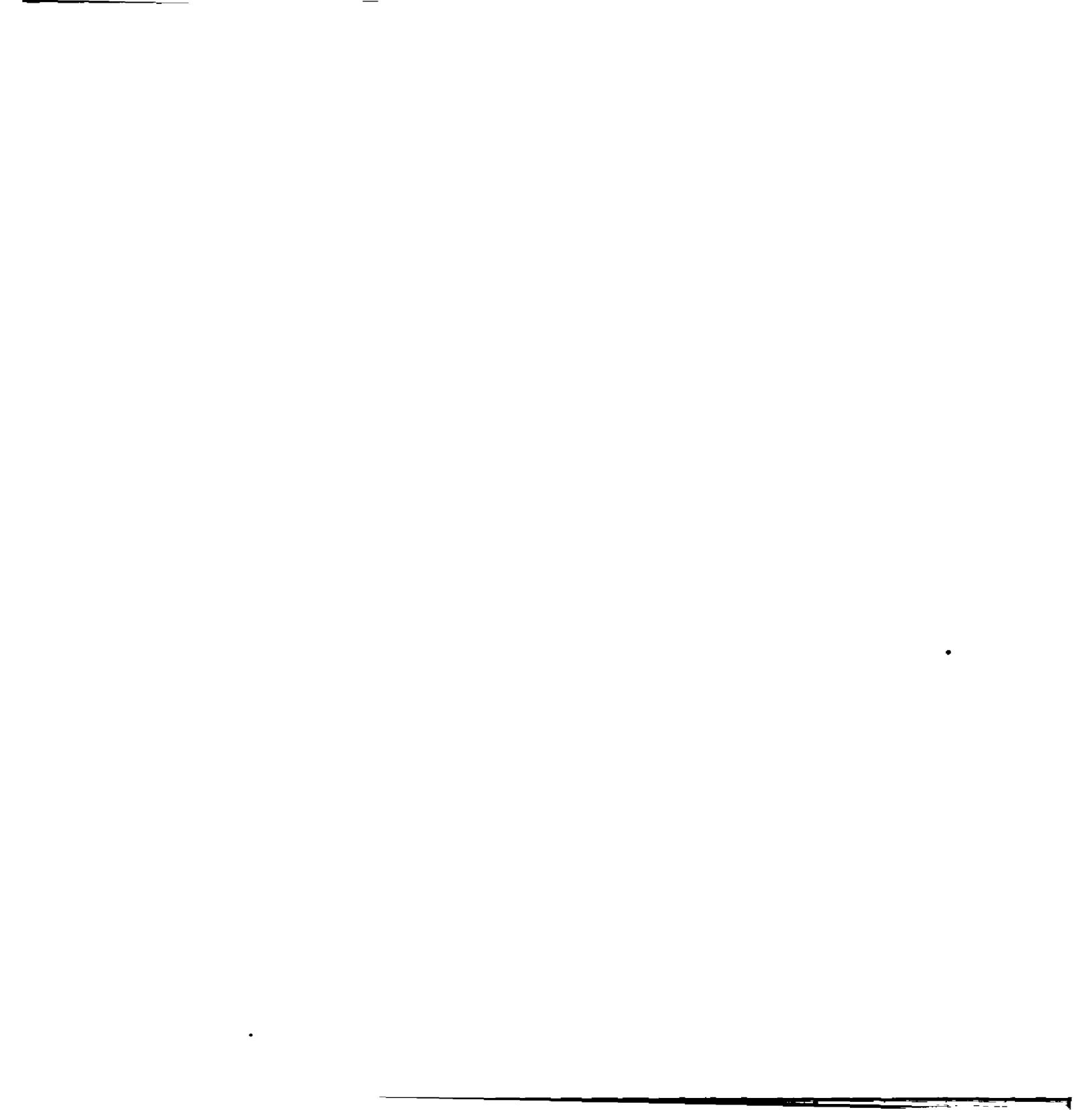
23 (17) administer the older Alaskans service grants under AS 47.65.010 -  
24 47.65.050 and the adult day care and family respite care grants under AS 47.65.100;

25 (18) establish guidelines for medical assistance providers to develop  
26 health care delivery models that encourage adequate nutrition and disease  
27 prevention."

28  
29 Renumber the following bill sections accordingly.

30

31 Page 9, line 12:



AMENDMENT

OFFERED IN THE HOUSE

TO: HB 148

1 Page 7, following line 1:

2 Insert a new bill section to read:

3 **\*\* Sec. 7. AS 47.07.020(d) is amended to read:**

4 (d) Notwithstanding (a) of this section, additional [ADDITIONAL] groups,  
5 including groups added on or after March 23, 2010, to the list of persons for  
6 whom the Social Security Act requires Medicaid coverage under 42 U.S.C. 1396 -  
7 1396p (Title XIX, Social Security Act), may not be added unless approved by the  
8 legislature."  
9

10 Renumber the following bill sections accordingly.

11

12 Page 9, line 12:

13 Delete "sec. 10"

14 Insert "sec. 11"

15

16 Page 9, line 17:

17 Delete "10"

18 Insert "11"

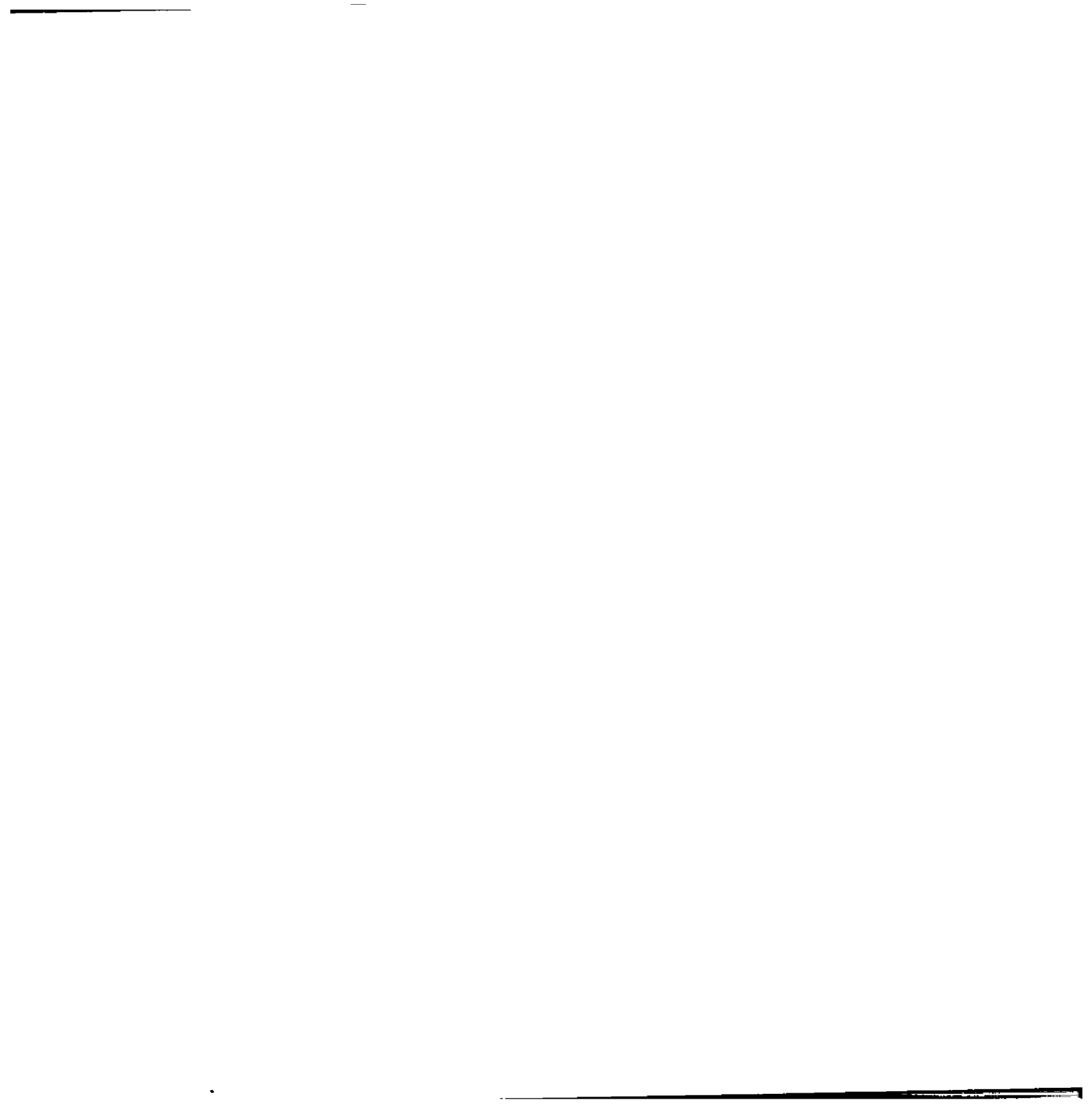
19

20 Page 9, line 23:

21 Delete "Sections 13 and 14"

22 insert "Sections 14 and 15"

23



AMENDMENT

OFFERED IN THE HOUSE

TO: HB 148

1 Page 1, line 3, following "Services;":

2 Insert "creating the Medicaid Task Force;"

3

4 Page 9, following line 3:

5 Insert a new bill section to read:

6 "\* Sec. 13. The uncodified law of the State of Alaska is amended by adding a new section to  
7 read:

8 MEDICAID TASK FORCE. (a) The Medicaid Task Force is created in the legislature  
9 for the purpose of making recommendations for potential cost savings related to the medical  
10 assistance program.

11 (b) The task force consists of 13 members as follows:

12 (1) four senators selected by the president of the senate based on their  
13 knowledge of health, finance, and budgetary issues;

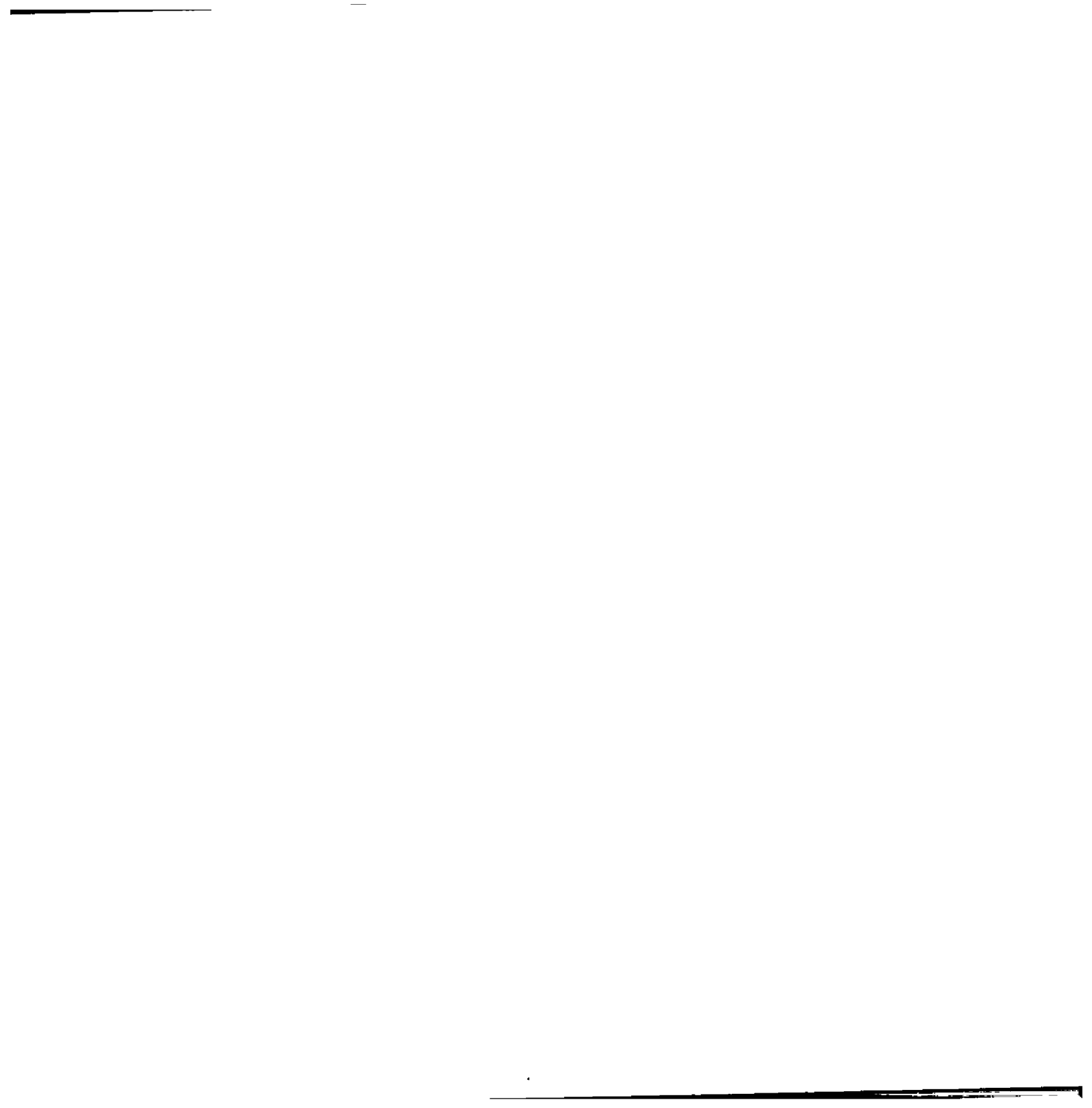
14 (2) four representatives selected by the speaker of the house of representatives,  
15 based on their knowledge of health, finance, and budgetary issues;

16 (3) the commissioner of health and social services;

17 (4) four public members selected by the governor based on their knowledge of  
18 the health care systems of the state, Medicaid, and the budget of the state.

19 (c) The task force shall, not later than February 1 each year, deliver a report to the  
20 senate secretary and chief clerk of the house of representatives and notify the legislature that  
21 the report is available. The report must include

22 (1) policy options and recommendations to reduce costs related to Medicaid  
23 use in the state;



AMENDMENT

OFFERED IN THE HOUSE

TO: HB 148

1 Page 1, line 5, through page 2, line 13:

2 Delete all material and insert:

3 \*\* Section 1. The uncodified law of the State of Alaska is amended by adding a new section  
4 to read:

5 MEDICAL ASSISTANCE REFORM: LEGISLATIVE FINDINGS AND INTENT.

6 (a) The legislature finds that

7 (1) the current Medicaid program is not sustainable;

8 (2) improving the delivery of health care services to Alaskans requires state  
9 government, health care providers, patient advocates, and other parties interested in high-  
10 quality, affordable health care to collaborate to

11 (A) increase the availability of high-quality health care to Alaskans;

12 (B) provide greater value for state general fund dollars spent on the  
13 state medical assistance program;

14 (C) reduce health care costs;

15 (D) provide incentives to encourage Alaskans to take greater  
16 responsibility for their personal health;

17 (E) reduce or minimize the shifting of payment for unreimbursed  
18 health care costs to patients with health insurance;

19 (3) providing greater value for the general fund dollars spent on the state  
20 medical assistance program requires considering options for delivering services in a more  
21 efficient and cost-effective manner, including, but not limited to,

22 (A) offering incentives to encourage health care providers to achieve  
23 measurable performance outcomes;



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

1 Page 7, following line 9:

2 Insert a new bill section to read:

3 **\*\* Sec. 8. AS 47.07.020(f) is amended to read:**

4 (f) Notwithstanding the eligibility provisions under (a) and (b) of this section, a  
5 person may not receive medical assistance under this section unless the person first  
6 enrolls in the Medicare program under 42 U.S.C. 1395 and any other federally  
7 funded program providing medical assistance to the extent that the person is  
8 eligible to receive benefits and services under the program. The department shall  
9 adopt regulations establishing civil penalties for individuals who receive medical  
10 assistance in violation of this subsection."

11

12 Renumber the following bill sections accordingly.

13

14 Page 9, line 12:

15 Delete "sec. 10"

16 Insert "sec. 11"

17

18 Page 9, line 17:

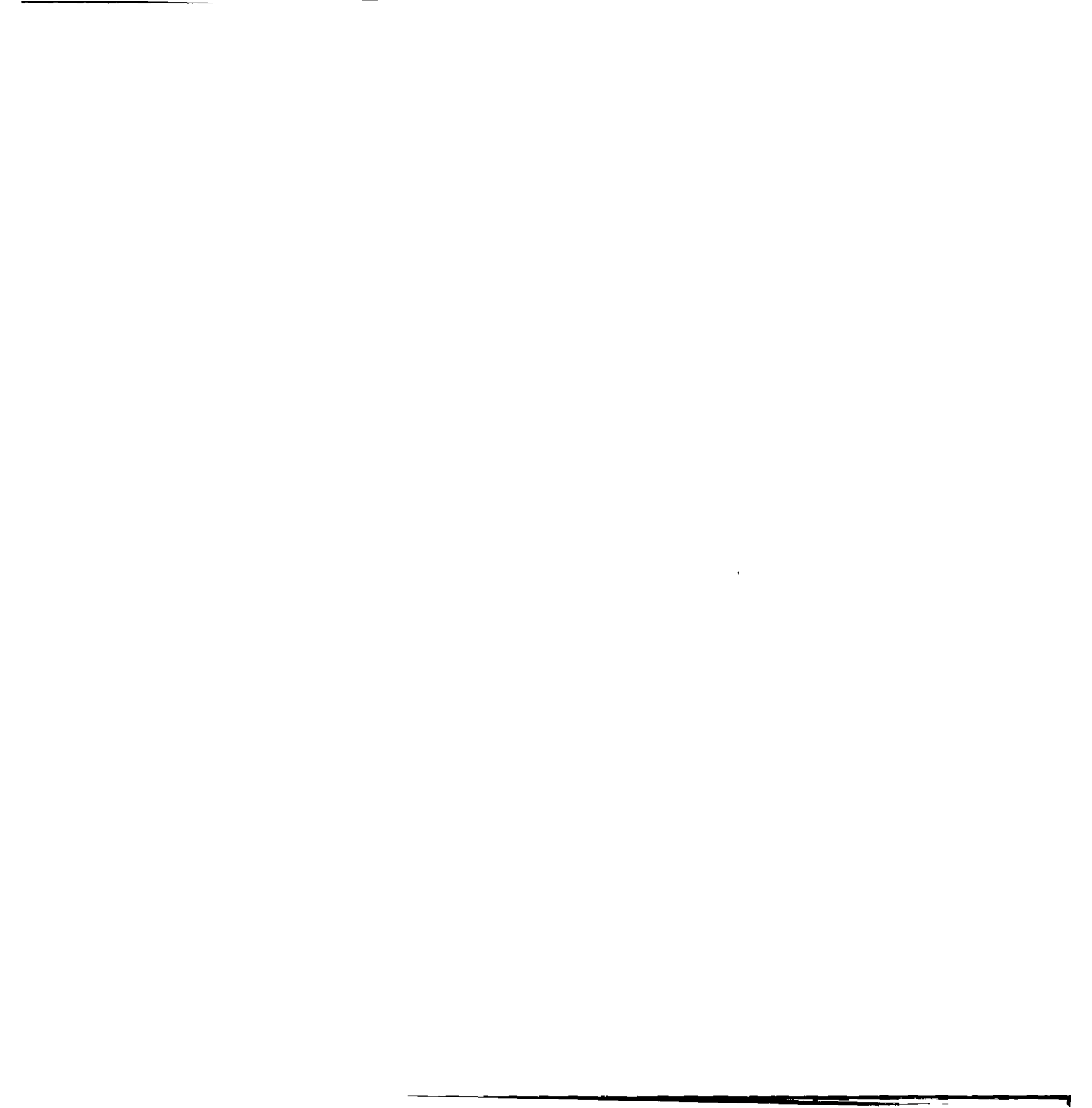
19 Delete "10"

20 Insert "11"

21

22 Page 9, line 23:

23 Delete "Sections 13 and 14"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

1 Page 7, following line 15:

2 Insert a new bill section to read:

3 **\*\* Sec. 9. AS 47.07.030 is amended by adding new subsections to read:**

4 (g) Notwithstanding (b) - (e) of this section, for individuals described under  
5 AS 47.07.020(b)(16), the department shall offer only mandatory services required  
6 under 42 U.S.C. 1396a(k) and federal regulations implementing that section.

7 (h) The department shall annually prepare a report describing state costs for  
8 each optional service provided under this section. The department shall deliver the  
9 report to the senate secretary and the clerk of the house of representatives and notify  
10 the legislature that the report is available."

11

12 Renumber the following bill sections accordingly.

13

14 Page 9, line 12:

15 Delete "sec. 10"

16 Insert "sec. 11"

17

18 Page 9, line 17:

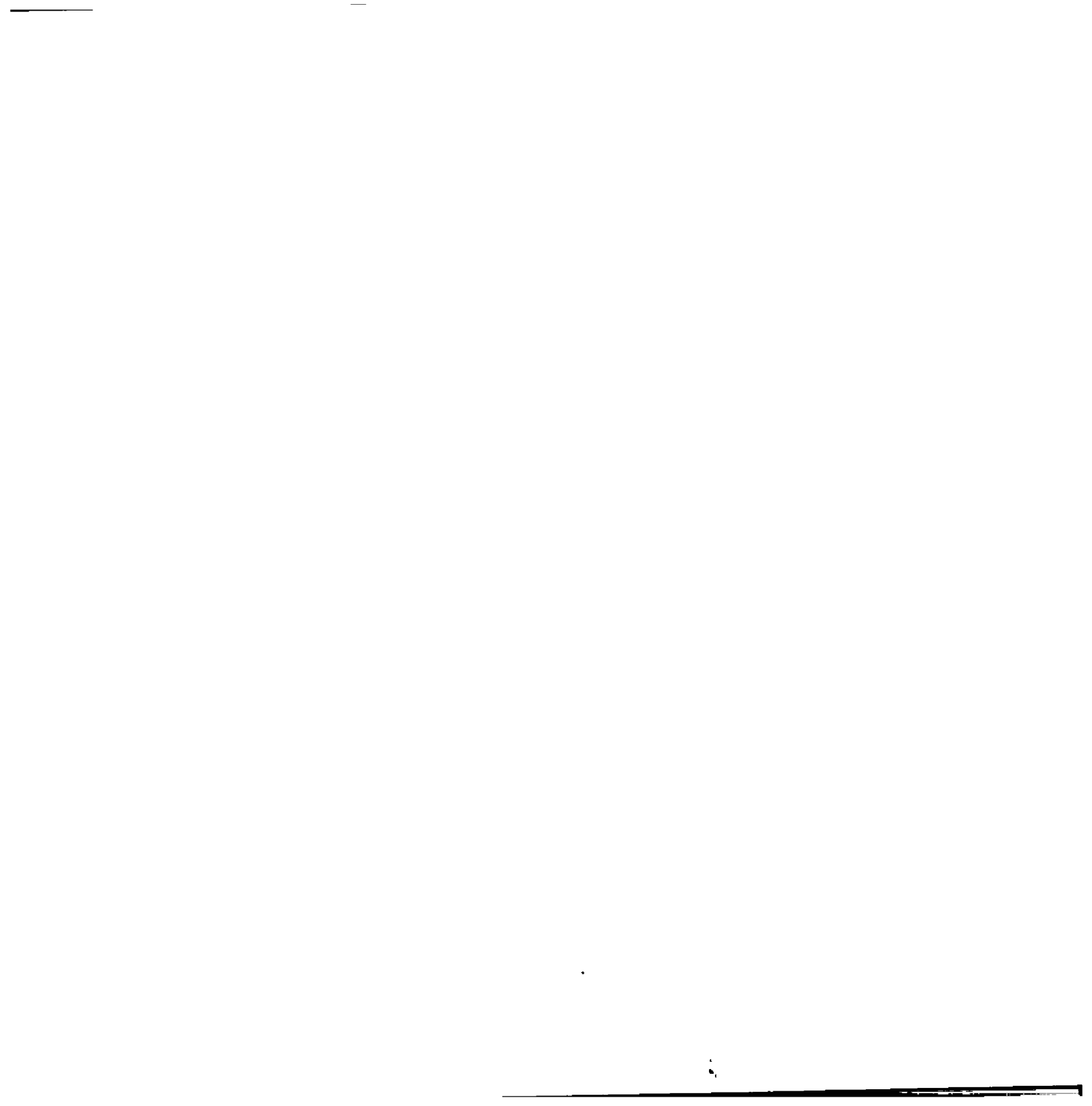
19 Delete "10"

20 Insert "11"

21

22 Page 9, line 23:

23 Delete "Sections 13 and 14"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

1 Page 7, line 9, following "regulations.":

2 Insert "The department may only consider information provided by a person  
3 claiming undue hardship that the department verifies through a source other than the  
4 person's own statement."

5

6 Page 7, following line 15:

7 Insert a new bill section to read:

8 **"\* Sec. 9. AS 47.07.020 is amended by adding a new subsection to read:**

9 (o) The department shall prepare a report that describes the total amount that  
10 has been recovered or saved by the ineligibility period imposed under (m) of this  
11 section and the total amount excluded for a transfer of assets below fair market value  
12 under a hardship waiver under (g) of this section for the previous calendar year. On or  
13 before January 1 of each year, the department shall deliver the report to the senate  
14 secretary and the chief clerk of the house of representatives and notify the legislature  
15 that the report is available."

16

17 Renumber the following bill sections accordingly.

18

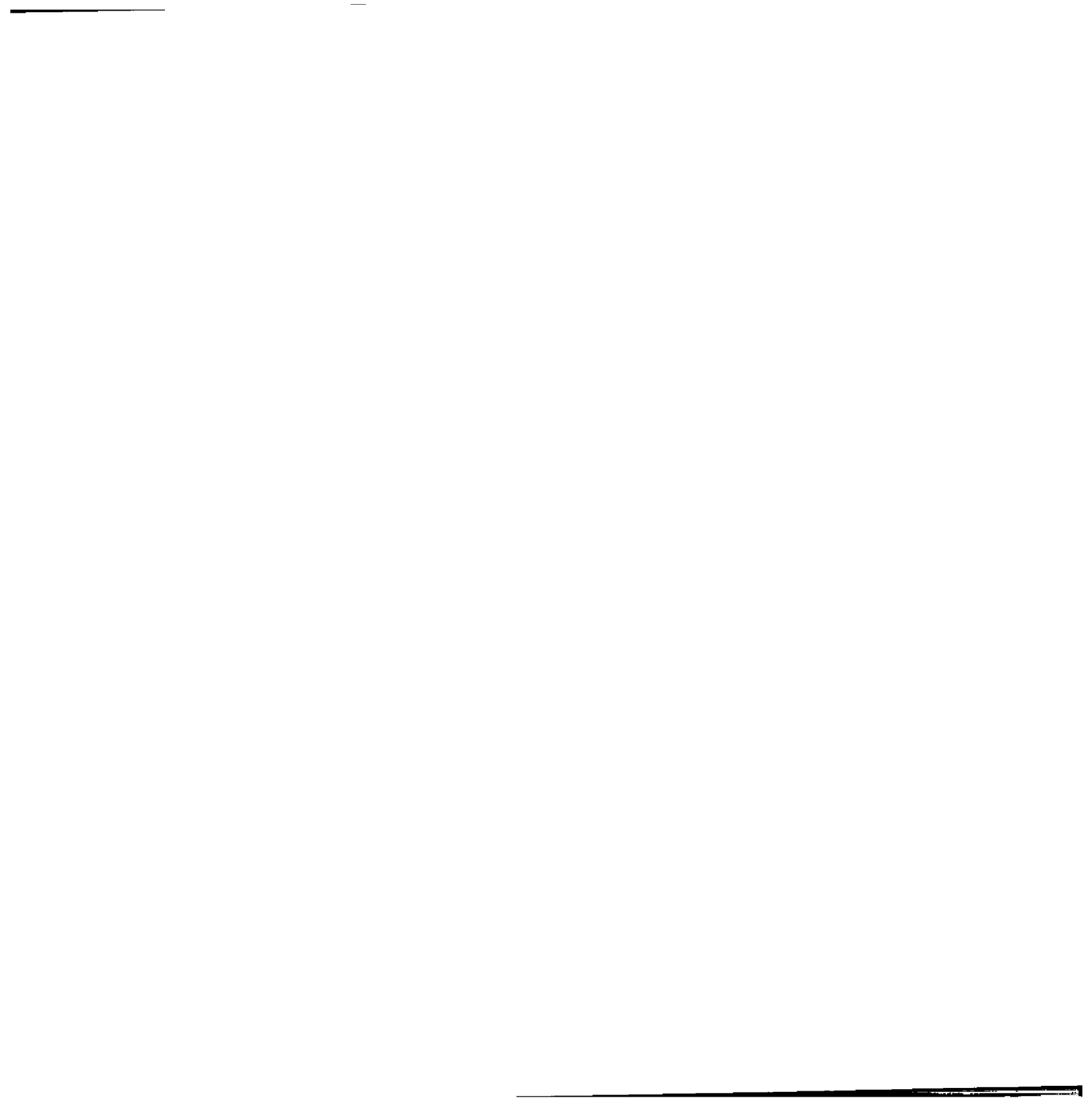
19 Page 9, line 12:

20 Delete "sec. 10"

21 Insert "sec. 11"

22

23 Page 9, line 17:



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TALERICO

TO: HB 148

1 Page 3, following line 6:

2 Insert a new bill section to read:

3 \*\* Sec. 4. AS 47.05.200(a), as amended by sec. 3 of this Act, is amended to read:

4 (a) The department shall annually contract for independent audits of a  
5 statewide sample of all medical assistance providers in order to identify overpayments  
6 and violations of criminal statutes. The audits conducted under this section may not be  
7 conducted by the department or employees of the department. The number of audits  
8 under this section [MAY NOT BE LESS THAN 50] each year, as a total for the  
9 medical assistance programs under AS 47.07 and AS 47.08, shall be 0.75 percent  
10 of all enrolled providers under the programs, adjusted annually on July 1, as  
11 determined by the department, except that the number of audits under this  
12 section may not be less than 75. The audits under this section must include both on-  
13 site audits and desk audits and must be of a variety of provider types. The department  
14 may not award a contract under this subsection to an organization that does not retain  
15 persons with a significant level of expertise and recent professional practice in the  
16 general areas of standard accounting principles and financial auditing and in the  
17 specific areas of medical records review, investigative research, and Alaska health  
18 care criminal law. The contractor, in consultation with the commissioner, shall select  
19 the providers to be audited and decide the ratio of desk audits and on-site audits to the  
20 total number selected. [IN IDENTIFYING PROVIDERS WHO ARE SUBJECT TO  
21 AN AUDIT UNDER THIS CHAPTER, THE DEPARTMENT SHALL ATTEMPT  
22 TO MINIMIZE CONCURRENT STATE OR FEDERAL AUDITS.]"

23



1 aid to families with dependent children program;

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

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

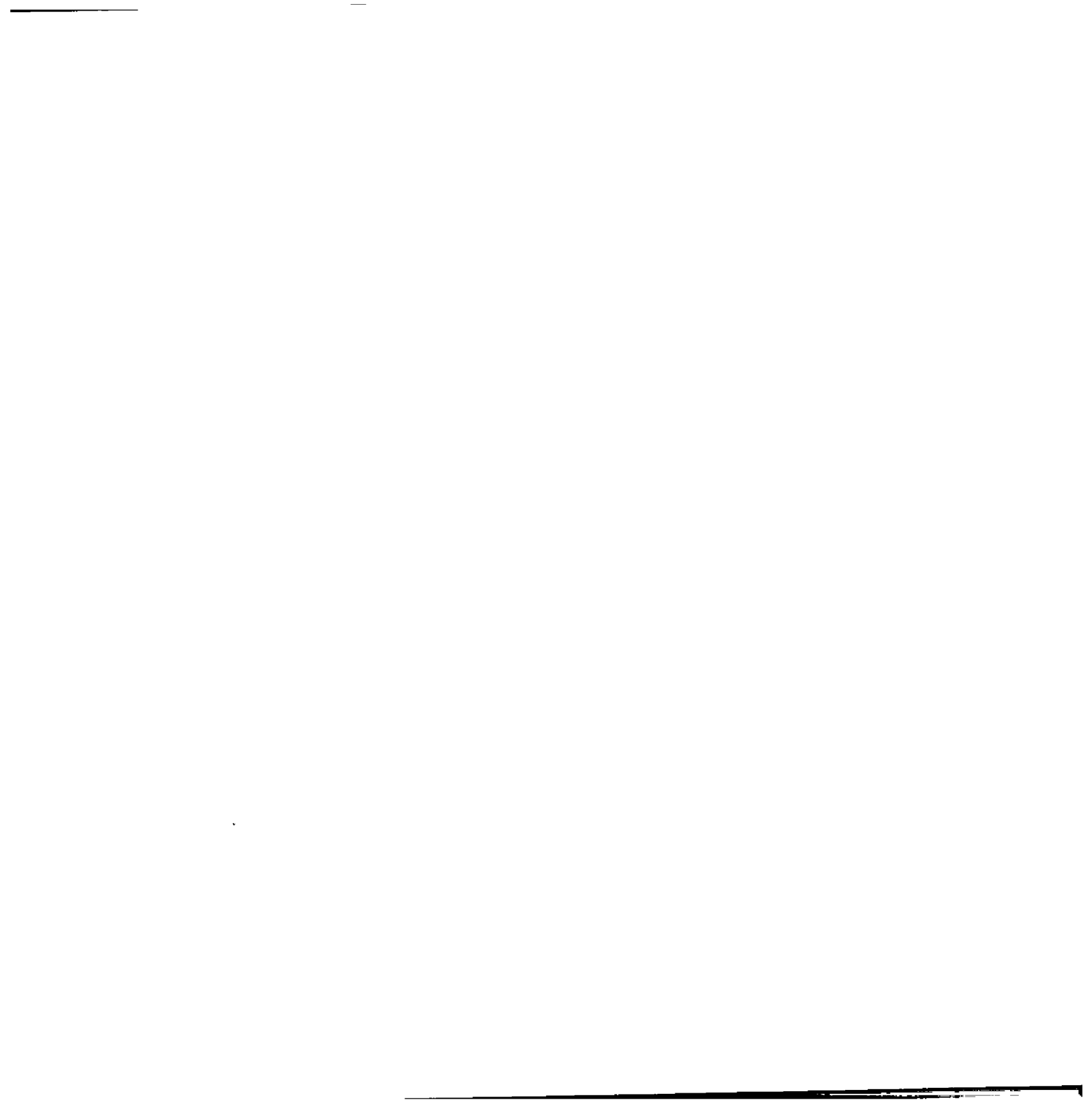
8 (4) aged, blind, or disabled persons, who, because they do not meet  
9 income and resources requirements, do not receive supplemental security income  
10 under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act), and who do not  
11 receive a mandatory state supplement, but who are eligible,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

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

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

24 (7) persons under 21 years of age who are receiving active treatment in  
25 a psychiatric hospital and who are financially eligible as determined by the standards  
26 of the federal program designated as the successor to the aid to families with  
27 dependent children program;

28 (8) persons under 21 years of age and not covered under (a) of this  
29 section, who would be eligible for benefits under the federal program designated as  
30 the successor to the aid to families with dependent children program, except that they  
31 have the care and support of both their natural and adoptive parents [DO NOT



1 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under  
2 applicable federal regulations or guidelines, is less than 250 percent of the official  
3 poverty line applicable to a family of that size according to the United States  
4 Department of Health and Human Services, and who, but for earnings in excess of the  
5 limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be  
6 individuals with respect to whom a supplemental security income is being paid under  
7 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is  
8 not eligible under another provision of this section shall pay a premium or other cost-  
9 sharing charges according to a sliding fee scale that is based on income as established  
10 by the department in regulations;

11 (13) persons under 19 years of age who are not covered under (a) of  
12 this section and whose household income does not exceed 175 [203] percent of the  
13 federal poverty line as defined by the United States Department of Health and Human  
14 Services and revised under 42 U.S.C. 9902(2);

15 (14) pregnant women who are not covered under (a) of this section and  
16 whose household income does not exceed 175 [200] percent of the federal poverty line  
17 as defined by the United States Department of Health and Human Services and revised  
18 under 42 U.S.C. 9902(2);

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

21 (16) PERSONS WHO ARE UNDER 65 YEARS OF AGE, WHO ARE  
22 NOT PREGNANT, WHOSE HOUSEHOLD INCOME DOES NOT EXCEED 138  
23 PERCENT OF THE FEDERAL POVERTY LINE, INCLUDING THE FIVE  
24 PERCENT INCOME DISREGARD, AS DEFINED BY THE UNITED STATES  
25 DEPARTMENT OF HEALTH AND HUMAN SERVICES AND REVISED UNDER  
26 42 U.S.C. 9902(2), AND WHO ARE ELIGIBLE UNDER 42 U.S.C.  
27 1396A(a)(10)(A)(i)(VIII), IF THE FEDERAL MEDICAL ASSISTANCE  
28 PERCENTAGE PAID TO THE STATE FOR THE COVERAGE IS NOT LESS  
29 THAN 90 PERCENT]."

30  
31 Remember the following bill sections accordingly.

\_\_\_\_\_

\_\_\_\_\_

.

.

\_\_\_\_\_

1 eligibility or the scope of services required or authorized under AS 47.07 020 and  
2 47.07.030 before implementing cost containment measures under (c) of this section  
3 that directly affect program eligibility or coverage of services. The cost containment  
4 measures taken under this subsection may include new utilization review procedures,  
5 changes in provider payment rates, [AND] precertification requirements for coverage  
6 of services, and agreements with federal officials under which the federal  
7 government will assume responsibility for coverage of some individuals or some  
8 services for some individuals through federal programs, including the Indian  
9 Health Service or Medicare."

10  
11 Renumber the following bill sections accordingly.

12  
13 Page 8, following line 26:

14 Insert a new bill section to read:

15 **\*\* Sec. 18. AS 47.07.900(4), as amended by sec. 17 of this Act, is amended to read:**

16 (4) "clinic services" means services provided by state-approved  
17 outpatient community mental health clinics that receive grants under AS 47.30.520 -  
18 47.30.620, state-operated community mental health clinics, outpatient surgical care  
19 centers, and physician clinics;"

20  
21 Renumber the following bill sections accordingly.

22  
23 Page 9, following line 3:

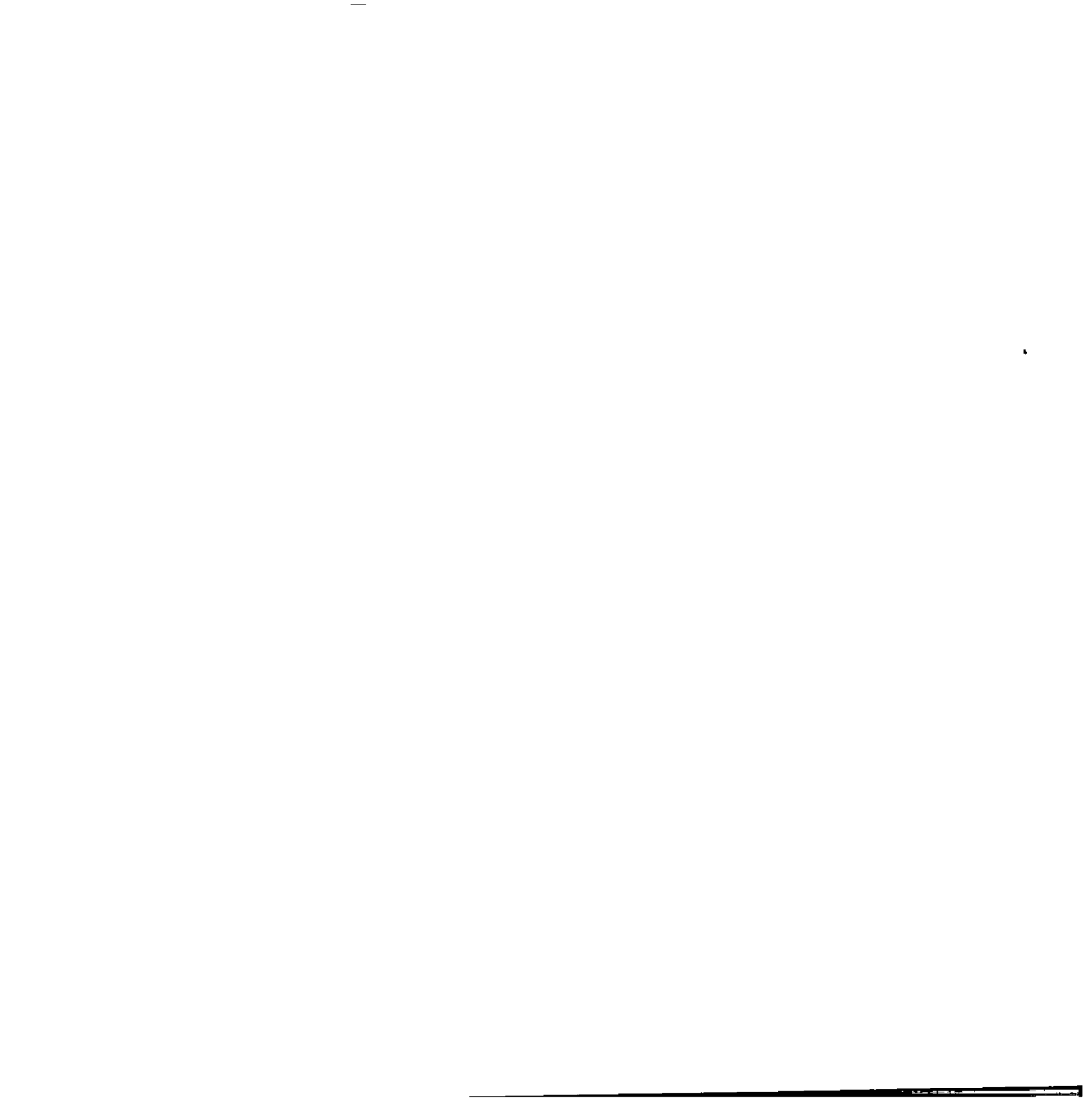
24 Insert new bill sections to read:

25 **\*\* Sec. 20. AS 47.07.900(17), as amended by sec. 19 of this Act, is amended to read:**

26 (17) "rehabilitative services" means services for substance abusers and  
27 emotionally disturbed or chronically mentally ill adults provided by

28 (A) a drug or alcohol treatment center that is funded with a  
29 grant under AS 47.30.475; or

30 (B) an outpatient community mental health clinic that has a  
31 contract to provide community mental health services under AS 47.30.520



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

1 Page 7, following line 15:

2 Insert a new bill section to read:

3 "\* Sec. 9. AS 47.07.030 is amended by adding a new subsection to read:

4 (g) The department shall annually prepare a report, separately describing state  
5 costs for optional and mandatory services provided under this section. On or before  
6 March 1 of each year, the department shall deliver the report to the senate secretary  
7 and the clerk of the house of representatives and notify the legislature that the report is  
8 available."

9

10 Renumber the following bill sections accordingly.

11

12 Page 9, line 12:

13 Delete "sec. 10"

14 Insert "sec. 11"

15

16 Page 9, line 17:

17 Delete "10"

18 Insert "11"

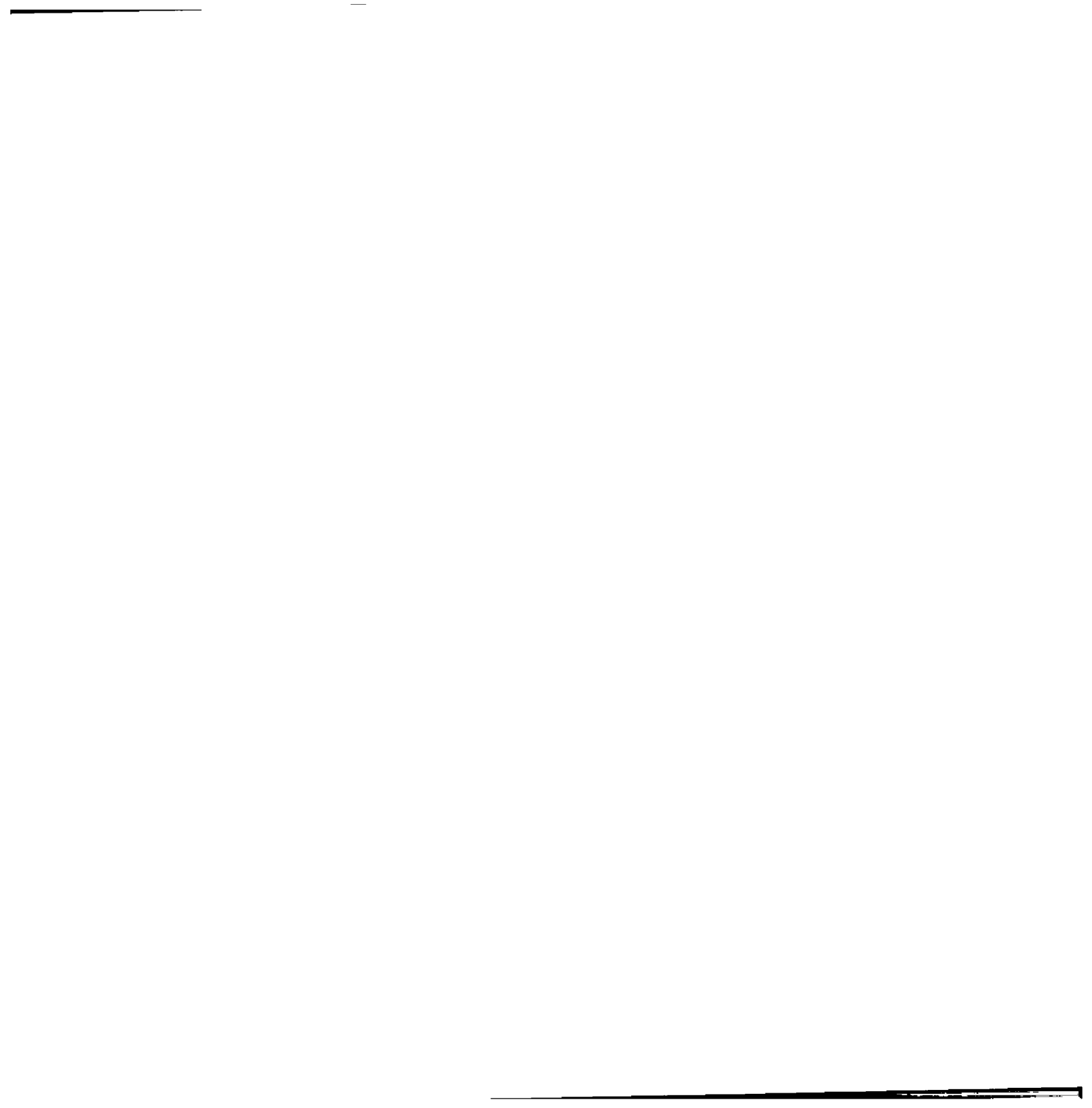
19

20 Page 9, line 23:

21 Delete "Sections 13 and 14"

22 Insert "Sections 14 and 15"

23



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

- 1 Page 8, lines 4 - 6:
- 2       Delete all material.
- 3
- 4 Renumber the following paragraphs accordingly.



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

- 1 Page 8, lines 7 - 9:
- 2       Delete all material.
- 3
- 4 Renumber the following paragraphs accordingly.



Additional proposed amendments to HB 148 # 2

*Received after 8:00 am March 30*

A.60 – Representative Seaton (replaces A.7)

A.26 – Representative Vazquez

A.57 – Representative Vazquez

A.58 – Representative Seaton (Replaces A.31)

A.50 – Representative Talerico

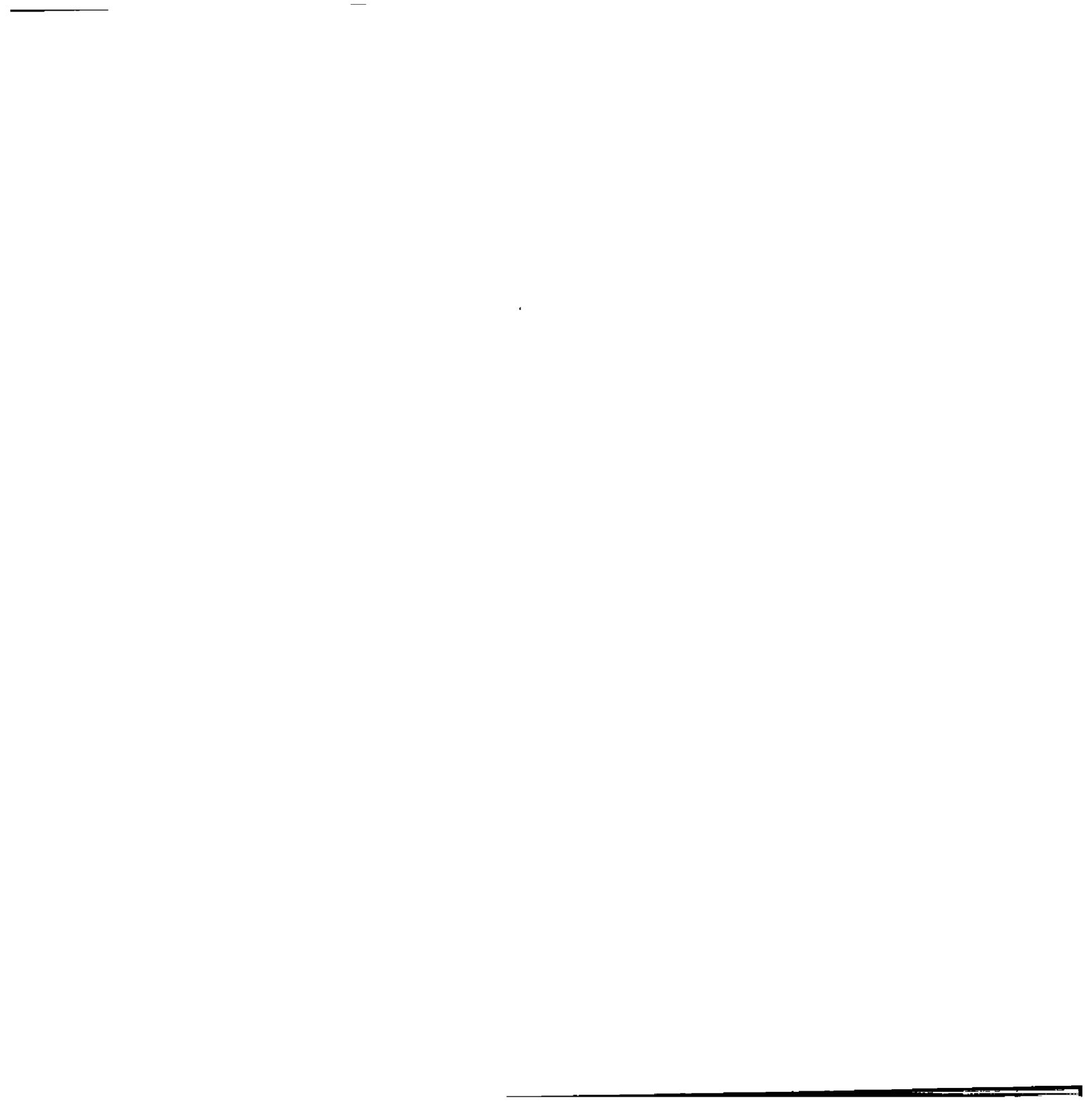
A.51 – Representative Talerico

A.53 - Representative Talerico

A.45 – Representative Vazquez

A.63 – Representative Seaton

A.52 - Representative Talerico



AMENDMENT

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE SEATON

1 Page 9, following line 3:

2 Insert a new bill section to read:

3 \*\* Sec. 13. The uncodified law of the State of Alaska is amended by adding a new section to  
4 read:

5 MEDICAID WAIVERS; REPORT TO LEGISLATURE. On or before February 1,  
6 2019, the Department of Health and Social Services shall complete a report informing the  
7 legislature of the results of the applications for waivers and options under AS 47.07.036(d)(1)  
8 - (3), enacted by sec. 10 of this Act, and shall deliver the report to the senate secretary and  
9 chief clerk of the house of representatives and notify the legislature that the report is  
10 available. The report must include

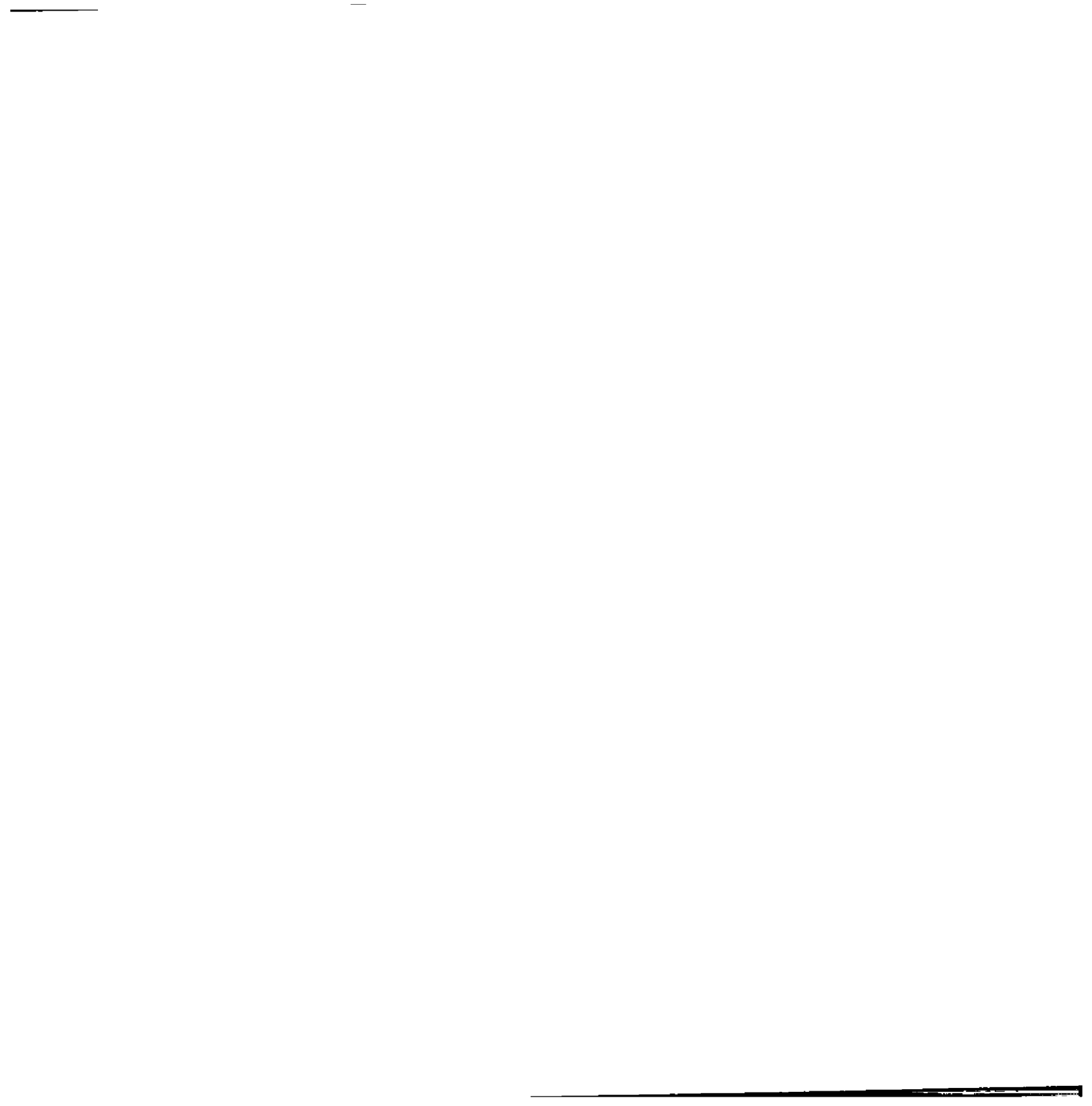
11 (1) information explaining whether the department's applications for a section  
12 1115 waiver under 42 U.S.C. 1315(a), a section 1915(i) option under 42 U.S.C. 1396n, and a  
13 section 1915(k) option under 42 U.S.C. 1396n were approved by the United States  
14 Department of Health and Human Services;

15 (2) a description of cost savings to the state resulting from the programs  
16 implemented under the waivers, including

17 (A) the extent to which the programs implemented under the section  
18 1115 waiver under 42 U.S.C. 1315(a) achieved the savings estimated by the  
19 department;

20 (B) the extent to which the programs implemented under the section  
21 1915(i) and (k) options under 42 U.S.C. 1396n achieved the savings estimated by the  
22 department."

23



2

3 Page 9, line 23:

4 Delete "Sections 13 and 14"

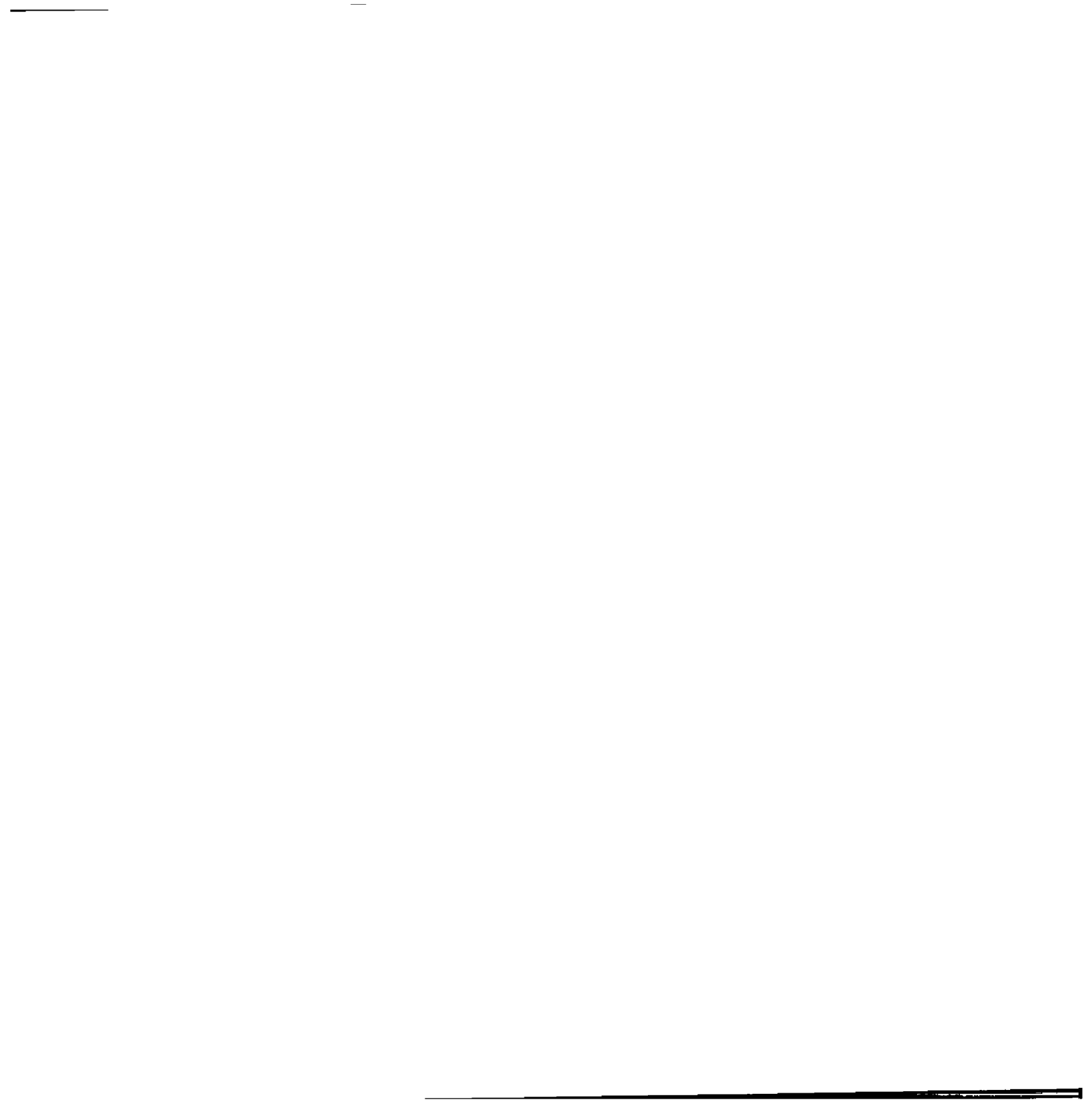
5 Insert "Sections 14 and 15"

6

7 Page 9, line 24:

8 Delete "by sec. 16"

9 Insert "in sec. 17"



AMENDMENT

OFFERED IN THE HOUSE

TO: HB 148

1 Page 1, line 1, following "measures;":

2 Insert "relating to verification of eligibility for public assistance programs  
3 administered by the Department of Health and Social Services;"

4

5 Page 2, following line 16:

6 Insert a new bill section to read:

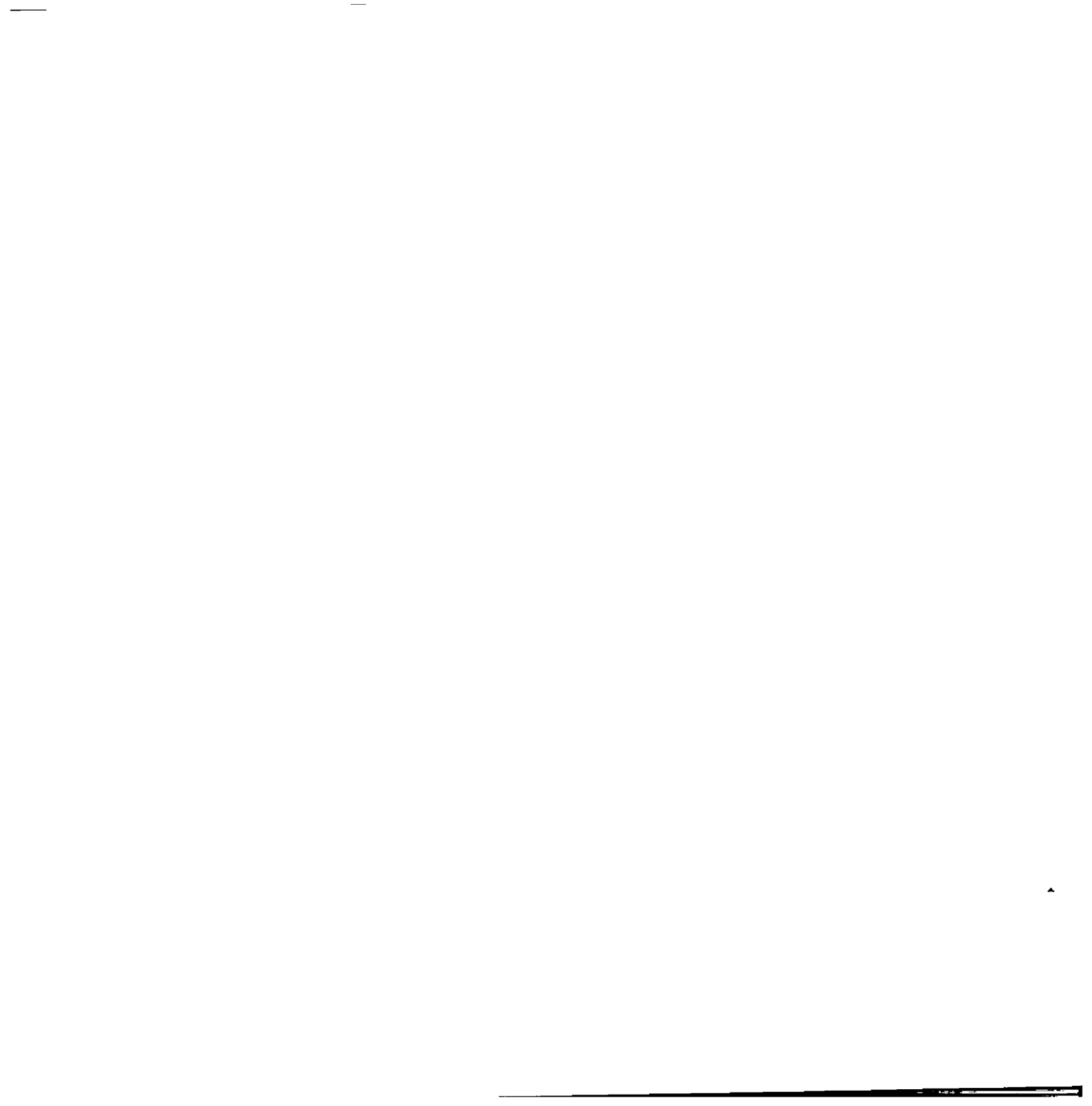
7 "\* Sec. 3. AS 47.05 is amended by adding new sections to article 1 to read:

8 Sec. 47.05.105. Computerized eligibility verification system. (a) The  
9 department shall establish a computerized income, asset, and identity eligibility  
10 verification system for the purposes of verifying eligibility, eliminating duplication of  
11 public assistance payments, and deterring waste and fraud in public assistance  
12 programs administered by the department under AS 47.05.010.

13 (b) The department shall enter into a competitively bid contract with a third-  
14 party vendor for the purpose of developing a system under this section for verifying an  
15 applicant's eligibility for public assistance before the payment of benefits and for  
16 periodically verifying eligibility between eligibility redeterminations and during  
17 eligibility redeterminations and reviews under AS 47.05.110 - 120. The department  
18 may also contract with a third-party vendor to provide information to facilitate reviews  
19 of recipient eligibility conducted by the department.

20 (c) A contract awarded under this section must

21 (1) require the vendor to ensure that annualized savings realized from  
22 implementation of the verification system exceed the total yearly cost to the state for  
23 implementing the verification system;



2 provide a performance bonus for achieving a rate of success in accurately identifying  
3 waste and fraud that is higher than a predetermined rate established by the department;

4 (3) require the vendor to include in its system the databases identified  
5 in AS 47.05.110.

6 (d) The third-party vendor selected under this section may not hold, bid on, or  
7 be awarded a contract to provide enrollment services to an agency of the state.

8 **Sec. 47.05.110. Income and asset eligibility verification.** (a) Before awarding  
9 public assistance and on a quarterly basis thereafter, to the extent permitted by federal  
10 or state law, and if the information is available to the department, the department shall  
11 compare the financial information of an applicant for and recipient of assistance with  
12 information from the following sources:

13 (1) earned and unearned income information maintained by the United  
14 States Internal Revenue Service;

15 (2) employer weekly, monthly, or quarterly reports of income and  
16 unemployment insurance payment information maintained by the Department of  
17 Labor and Workforce Development;

18 (3) earned income information maintained by the United States Social  
19 Security Administration;

20 (4) a nationwide public records data source of physical asset ownership  
21 such as real property, automobiles, watercraft, aircraft, and luxury vehicles, or any  
22 other vehicle owned by the applicant for or recipient of public assistance;

23 (5) national and local financial institutions;

24 (6) public housing and housing assistance payment information  
25 maintained by the United States Department of Housing and Urban Development;

26 (7) wage reporting and similar information maintained by states  
27 contiguous to this state;

28 (8) beneficiary records, earnings, and pension information maintained  
29 by the United States Social Security Administration;

30 (9) employment information maintained by the Department of Labor  
31 and Workforce Development;



2 Department of Health and Human Services, in coordination with the department and  
3 the Department of Military and Veterans' Affairs;

4 (11) child care services payment information maintained by the  
5 department;

6 (12) income, employment, and child support information maintained by  
7 the Department of Revenue under AS 25.27;

8 (13) income, employment, and child support information maintained by  
9 the United States Department of Health and Human Services under 42 U.S.C. 652 -  
10 669b;

11 (14) utility payment information maintained by the department for the  
12 Alaska affordable heating program under AS 47.25.621 - 47.25.626 or the federal low-  
13 income home energy assistance program under 42 U.S.C. 8621 - 8629;

14 (15) emergency utility payment information maintained by the state or  
15 a municipality;

16 (16) information maintained by the state concerning a license, permit,  
17 or certificate issued by a state agency if the cost of the license exceeds \$500;

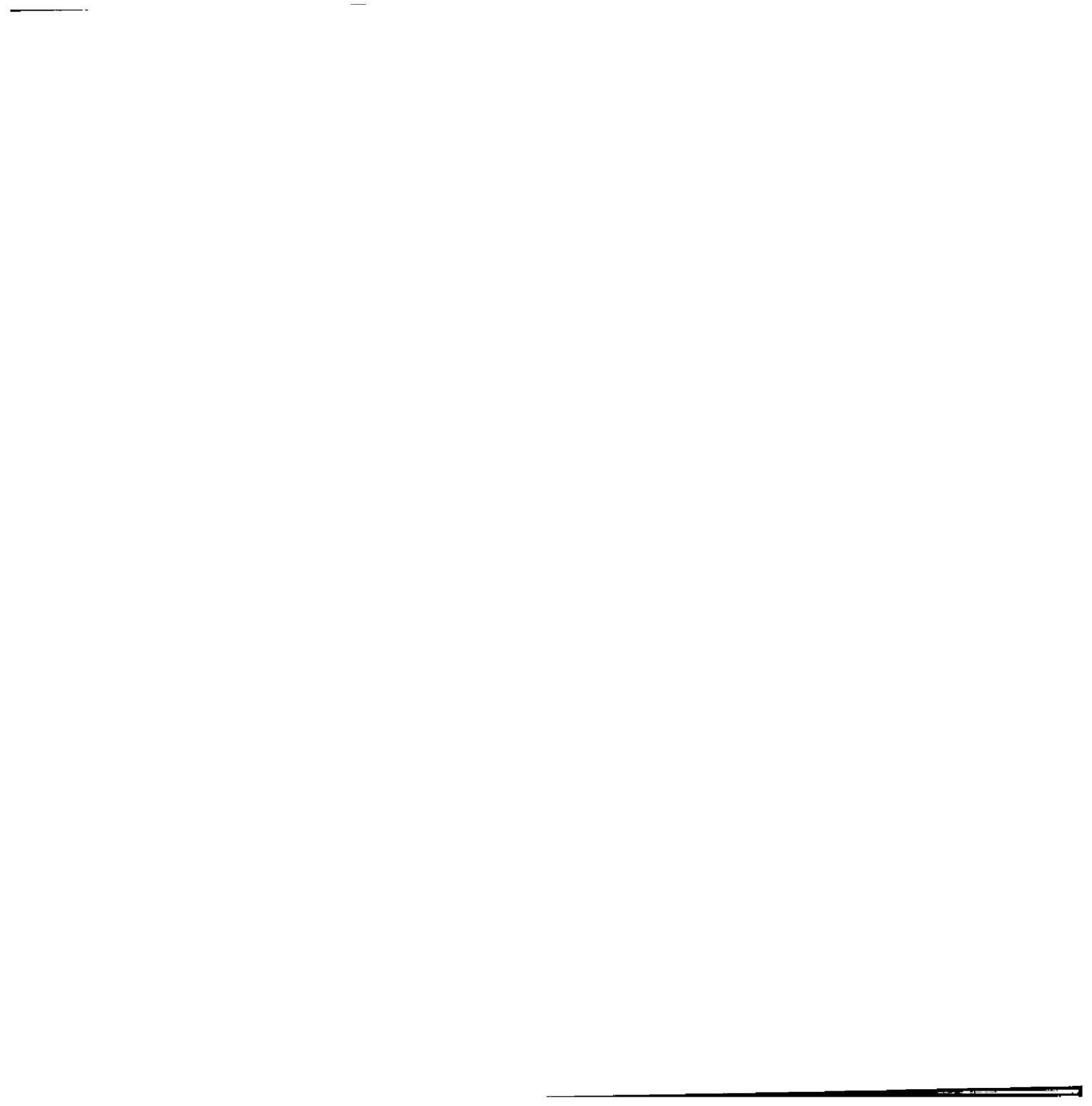
18 (17) information maintained by the Department of Administration  
19 concerning pension payments made under AS 14.25, AS 26.05.222 - 26.05.229,  
20 AS 39.35, and former AS 39.37;

21 (18) a database of individuals receiving public assistance or other  
22 benefits in another state;

23 (19) any other database or other source that provides current and  
24 accurate information concerning the income and assets of applicants for and recipients  
25 of public assistance.

26 (b) Notwithstanding the requirements of this section, an application for public  
27 assistance shall be processed before a deadline set by federal or state law or regulation.

28 **Sec. 47.05.115. Identity verification process.** (a) Before awarding public  
29 assistance, the department shall require an applicant for public assistance to prove the  
30 applicant's identity by requiring the applicant to answer a series of questions about the  
31 applicant's personal and financial information that the department can verify



2 an applicant without bank records or a credit history.

3 (b) The department shall permit an applicant to provide the answers to the  
4 questions posed under (a) of this section electronically, in person, or by telephone.

5 (c) Before awarding assistance, and on a quarterly basis, the department shall,  
6 to the extent permitted by federal or state law and if the information is available to the  
7 department, match identity information of an applicant for or recipient of public  
8 assistance against, at a minimum, the following public records:

9 (1) immigration status information maintained by the United States  
10 Department of Homeland Security, Citizenship and Immigration Services;

11 (2) death register information maintained by the United States Social  
12 Security Administration;

13 (3) prisoner information maintained by the United States Social  
14 Security Administration;

15 (4) national fleeing felon information maintained by the Federal Bureau  
16 of Investigation;

17 (5) a nationwide public records data source of incarcerated individuals;

18 (6) a nationwide best-address and driver's license data source to verify  
19 that individuals are residents of the state;

20 (7) a comprehensive public records database that identifies potential  
21 identity fraud or identity theft that can closely associate name, social security number,  
22 date of birth, telephone number, and address information;

23 (8) outstanding default or arrest warrant information maintained by the  
24 Department of Public Safety under AS 12.62; and

25 (9) any other database or other source that provides current and  
26 accurate information concerning the identification of individuals.

27 **Sec. 47.05.120. Discrepancies and case review.** (a) If there is a discrepancy  
28 between the information received from an applicant for or recipient of public  
29 assistance and the results of the review conducted under AS 47.05.110 and 47.05.115,  
30 the department shall

31 (1) take no further action if the discrepancy does not affect the



2 (2) undertake a further investigation under (b) - (e) of this section if the  
3 discrepancy indicates that an applicant or recipient is or has become ineligible for  
4 assistance.

5 (b) The department shall provide written notice to an applicant or recipient of a  
6 discrepancy under (a)(2) of this section. The notice must describe the discrepancy and  
7 set out the reasons the discrepancy requires a redetermination of eligibility, the manner  
8 in which the applicant or recipient may respond, and the consequences of failing to  
9 respond.

10 (c) The applicant or recipient shall respond to a notice under (b) of this section  
11 within 10 business days. The applicant or recipient shall respond in writing.

12 (d) After receiving the applicant's or recipient's response, the department

13 (1) may request that the applicant or recipient provide additional  
14 information;

15 (2) shall, if the applicant or recipient disputes the accuracy of the  
16 information in a database, disputes the effect of a discrepancy on eligibility for  
17 assistance, or provides an explanation for the discrepancy, reinvestigate the  
18 discrepancy and its effect on the applicant's or recipient's eligibility.

19 (e) In reviewing information under this section, the department shall  
20 independently verify information provided solely by the applicant or recipient.

21 (f) If the department finds that the report of a discrepancy is inaccurate, that the  
22 discrepancy has been satisfactorily explained, or that the discrepancy does not affect  
23 the eligibility of the applicant or recipient, the department shall approve or continue  
24 eligibility for the relevant public assistance program.

25 (g) If the department finds that the information provided by the applicant or  
26 recipient is inaccurate, and that the inaccurate information affects the applicant's or  
27 recipient's eligibility, it shall promptly redetermine eligibility. If the department  
28 determines that an applicant or recipient is not eligible for assistance, the department  
29 shall provide written notice of the determination to the applicant or recipient, along  
30 with notice of the applicant's or recipient's right to a fair hearing under AS 47.05.010.

31 (h) If the applicant or recipient does not respond to the notice, the department



2 may not be established or reestablished until the discrepancy or change has been  
3 resolved. The department shall provide written notice of the denial or discontinuation  
4 to the applicant or recipient, along with notice of the applicant's or recipient's right to a  
5 fair hearing under AS 47.05.010.

6 (i) The department shall adopt regulations to implement this section.

7 **Sec. 47.05.125. Referrals for fraud, misrepresentation, or inadequate**  
8 **documentation.** (a) The department shall refer suspected cases of fraud, including  
9 identity fraud, to the attorney general for criminal prosecution, recovery of improper  
10 payments, and collection of civil penalties.

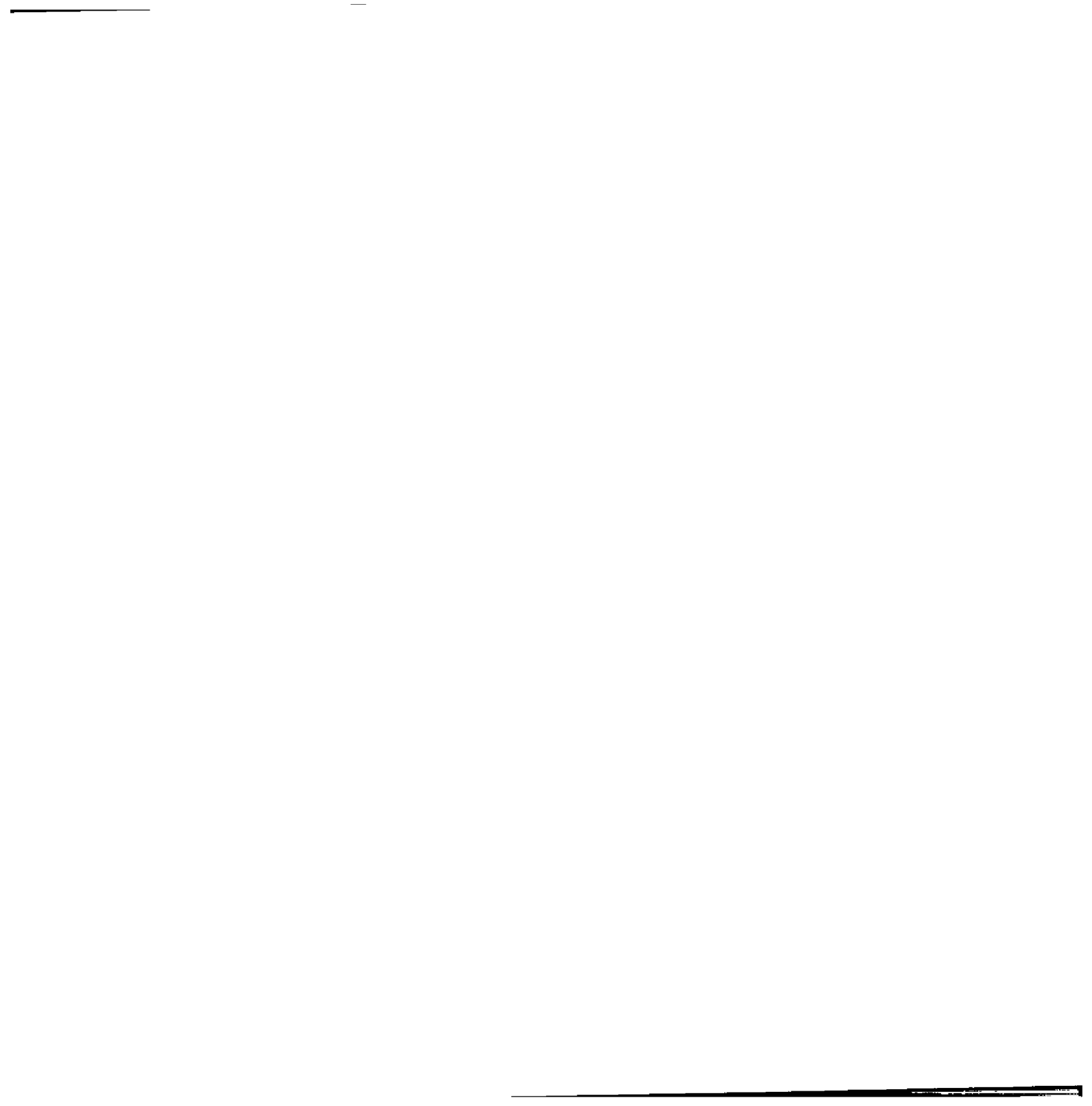
11 (b) The department shall refer suspected cases of fraud, misrepresentation, or  
12 inadequate documentation to other state agencies and programs for review.

13 **Sec. 47.05.130. Reporting.** The department shall, on a quarterly basis, deliver  
14 to the senate secretary and the chief clerk of the house of representatives and notify the  
15 legislature of the availability of a report detailing the effectiveness and general  
16 findings of the eligibility verification system, including the number of cases reviewed,  
17 the number of case closures, the number of referrals for criminal prosecution, the  
18 recovery of improper payment, the outcomes of cases referred to the attorney general,  
19 and the savings that have resulted from the system.

20 **Sec. 47.05.135. Provider payments.** (a) To the extent permitted by federal and  
21 state law, the department shall make available to the public an annual report of

22 (1) the names, office locations, and national provider identifier under  
23 42 U.S.C. 1396 - 1396p (Title XIX of the Social Security Act) of health care providers  
24 receiving payments under a public assistance program administered by the  
25 department; and

26 (2) for each health care provider, the number and types of services  
27 provided under a public assistance program, average submitted charges for each type  
28 of service, average allowed amount, average medical assistance payment, the common  
29 procedure coding system compiled by the United States Department of Health and  
30 Human Services for the services provided by the physician, and whether the services  
31 were performed in a facility or office setting.



2 information under this section if the information would disclose, directly or indirectly,  
3 the identity and medical condition of a patient of the health care provider, or could  
4 reasonably be expected to constitute an unwarranted invasion of the personal privacy  
5 of the patient.

6 **Sec. 47.05.150. Definitions.** In AS 47.05.105 - 47.05.150,

7 (1) "department" means the Department of Health and Social Services;

8 (2) "health care provider" means a person or facility approved by the  
9 department to provide health care services to a recipient of public assistance  
10 administered by the department;

11 (3) "identity information" includes the full name, aliases, date of birth,  
12 address, social security number, or other information identifying an applicant for or  
13 recipient of an assistance program administered by the department under  
14 AS 47.05.010."

15  
16 Renumber the following bill sections accordingly.

17  
18 Page 9, line 12, following the first occurrence of "Act,":

19 Insert "AS 47.05.105 - 47.05.150, enacted by sec. 3 of this Act,"

20 Delete "sec. 10"

21 Insert "sec. 11"

22  
23 Page 9, lines 16 - 17:

24 Delete "secs. 1 and 10"

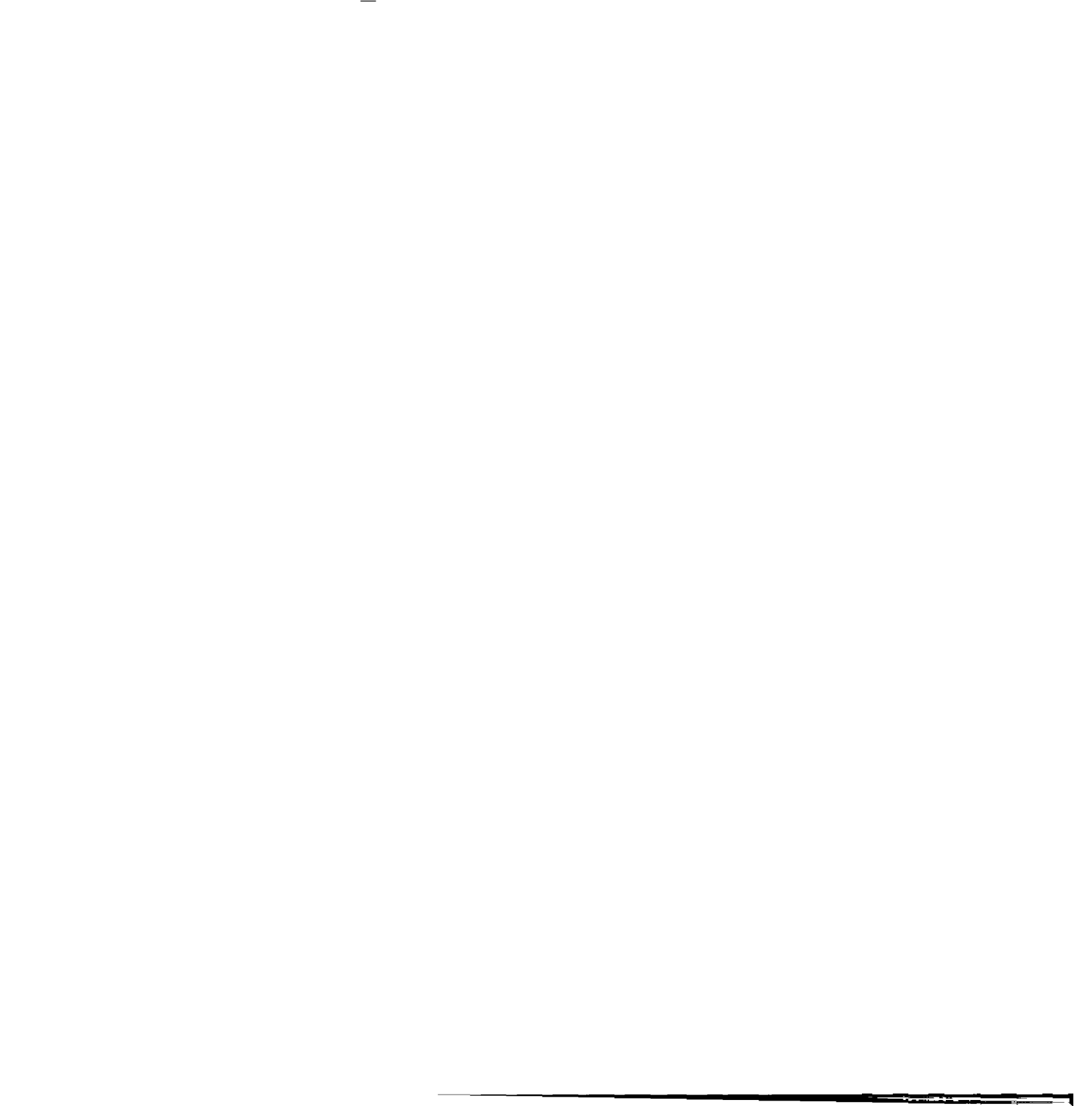
25 Insert "secs. 1, 3, and 11"

26  
27 Page 9, line 23:

28 Delete "Sections 13 and 14"

29 Insert "Sections 14 - 16"

30  
31 Page 9, following line 23:



2       \*\* Sec. 18. AS 47.05.130, enacted by sec. 3 of this Act, takes effect July 1, 2016.

3       \* Sec. 19. Except as provided in sec. 18 of this Act, sec. 3 of this Act takes effect January 1,  
4 2016."

5

6       Page 9, line 24:

7             Delete "by sec. 16"

8             Insert "in secs. 17 - 19"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

1 Page 7, following line 15:

2 Insert a new bill section to read:

3 **\*\* Sec. 9. AS 47.07.020 is amended by adding a new subsection to read:**

4 (o) Notwithstanding the eligibility provisions under (a) and (b) of this section,  
5 a provider may not receive reimbursement for services provided to a recipient of  
6 medical assistance under this section unless the provider requires the recipient first to  
7 enroll in the Medicare program under 42 U.S.C. 1395 and any other federally funded  
8 program providing medical assistance to the extent that the person is eligible to  
9 receive benefits and services under the program. The department shall adopt  
10 regulations establishing civil penalties for individuals who knowingly seek medical  
11 assistance payments in violation of this subsection. The department shall prepare an  
12 annual report that describes the types and amounts of penalties assessed under this  
13 subsection. By January 1 of each year, the department shall deliver the report to the  
14 senate secretary and the chief clerk of the house of representatives and notify the  
15 legislature that the report is available."

16

17 Renumber the following bill sections accordingly.

18

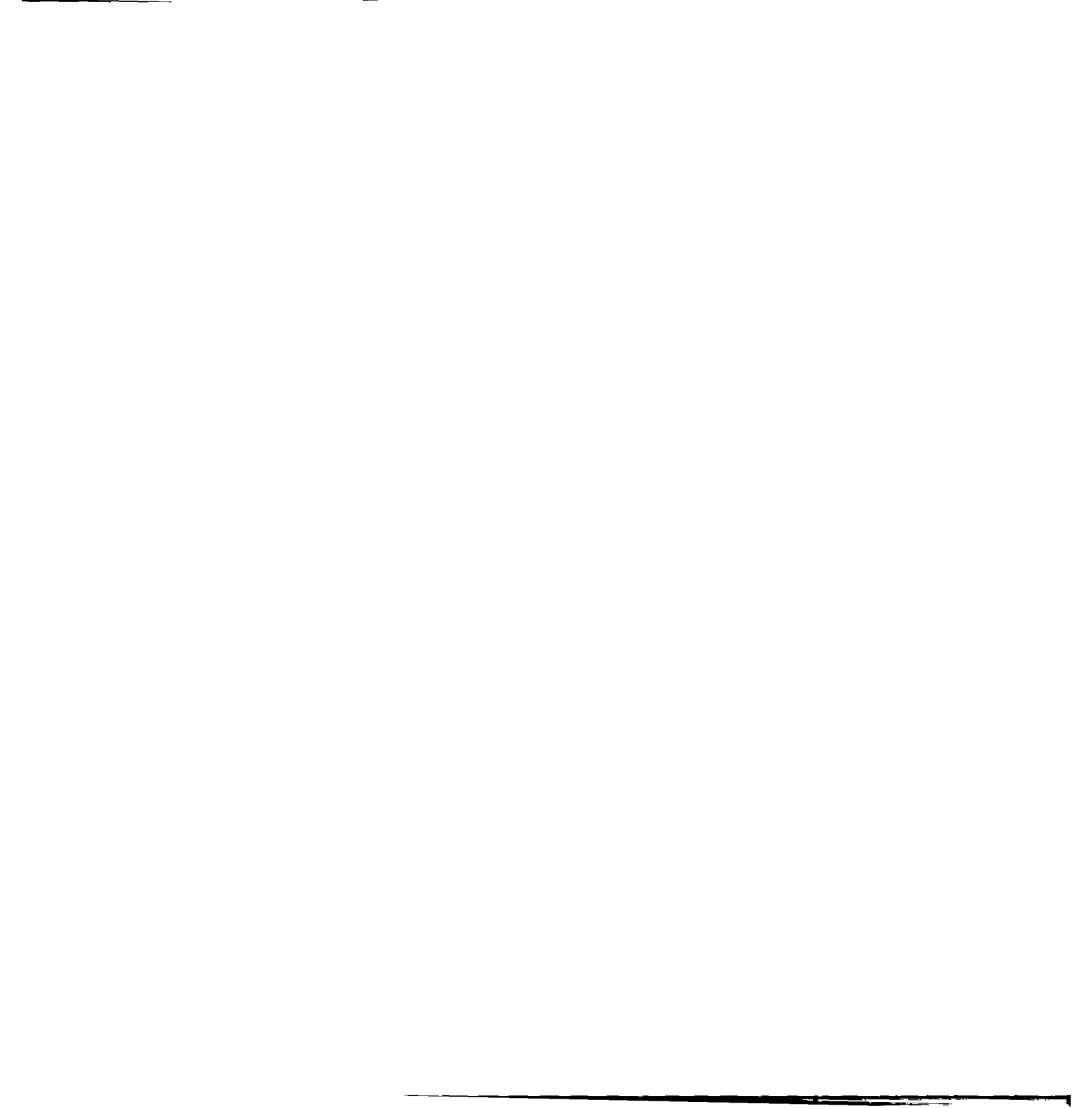
19 Page 9, line 12:

20 Delete "sec. 10"

21 Insert "sec. 11"

22

23 Page 9, line 17:



2 insert "11"

3

4 Page 9, line 23:

5 Delete "Sections 13 and 14"

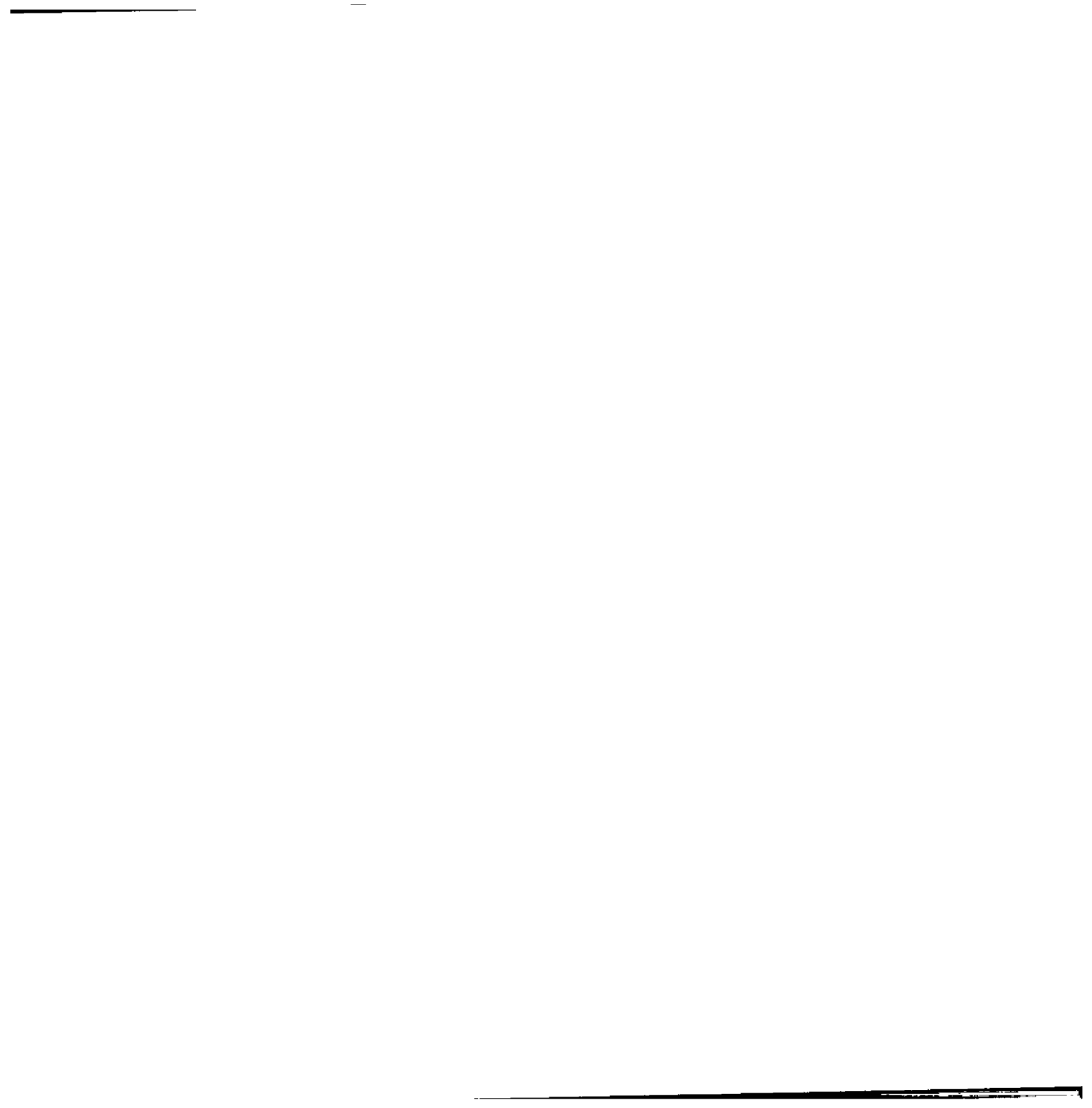
6 Insert "Sections 14 and 15"

7

8 Page 9, line 24:

9 Delete "by sec. 16"

10 Insert "in sec. 17"



AMENDMENT

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE SEATON

1 Page 8, following line 16:

2 Insert new subsections to read:

3 "(e) Notwithstanding (a) - (c) of this section and in addition to the projects and  
4 services described under (d) of this section, the department shall apply for a section  
5 1115 waiver under 42 U.S.C. 1315(a) to establish one or more demonstration projects  
6 focused on innovative payment models for one or more groups of medical assistance  
7 recipients in one or more specific geographic areas. The demonstration project or  
8 projects may include

9 (1) managed care organizations as described under 42 U.S.C. 1396u-2;

10 (2) community care organizations;

11 (3) patient-centered medical homes as described under 42 U.S.C. 256a-

12 1; or

13 (4) other innovative payment models that ensure access to health care  
14 without reducing the quality of care.

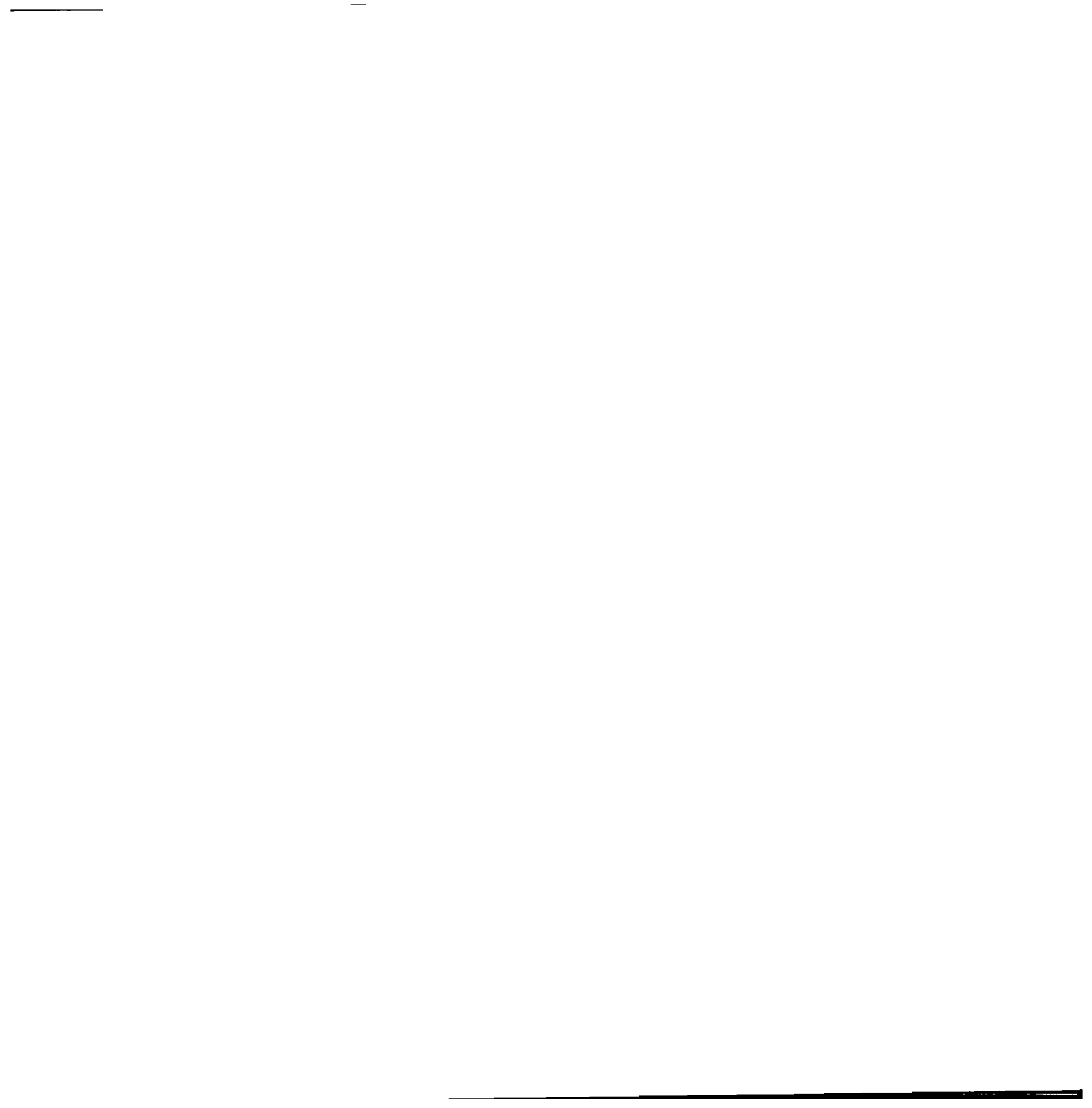
15 (f) The department shall design and implement at least one demonstration  
16 project under (e) of this section that is a coordinated care demonstration project using  
17 a global payment fee structure. The demonstration project must include a managed  
18 care system that operates within a fixed budget to reduce medical cost inflation,  
19 improves the quality of health care for recipients, and results in a healthier population.  
20 The department shall design the managed care system to reduce the growth in medical  
21 assistance expenditures with a goal of reducing the per capita growth rate for medical  
22 assistance expenditures by at least two percentage points. The managed care system  
23 must implement alternative payment methodologies and create a network of patient-



2 outcomes. The department shall prepare a report regarding the progress of this  
3 demonstration project and shall, on or before February 1, 2019, deliver the report to  
4 the senate secretary and the chief clerk of the house of representatives and notify the  
5 legislature that the report is available."

6

7 Reletter the following subsection accordingly.



AMENDMENT

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE TALERICO

1 Page 1, line 1, following "Act":

2 Insert "relating to certificates of need;"

3

4 Page 2, following line 13:

5 Insert a new bill section to read:

6 **\*\* Sec. 2. AS 18.07 is amended by adding a new section to read:**

7 **Sec. 18.07.103. Exemption.** Nothing in this chapter applies to an existing or  
8 proposed health care facility that is located or will be located in a municipality with a  
9 population of more than 5,000 according to the most recent United States census  
10 before initiation of the construction or alteration of, or addition to, the health care  
11 facility."

12

13 Renumber the following bill sections accordingly.

14

15 Page 9, following line 8:

16 Insert a new bill section to read:

17 **\*\* Sec. 15. The uncodified law of the State of Alaska is amended by adding a new section to**  
18 **read:**

19 **APPLICABILITY.** AS 18.07.103, enacted by sec. 2 of this Act, applies to the  
20 construction or alteration of, or addition to, a health care facility begun on or after the  
21 effective date of sec. 2 of this Act. For a health care facility that is located in a municipality  
22 with a population of more than 5,000 according to the most recent United States census and  
23 that has an existing certificate of need issued by the department under AS 18.07.031 or



2 may not take any action to enforce or modify the terms of the certificate."

3

4 Renumber the following bill sections accordingly.

5

6 Page 9, line 12:

7 Delete "sec. 10"

8 Insert "sec. 11"

9

10 Page 9, line 17:

11 Delete "10"

12 Insert "11"

13

14 Page 9, line 23:

15 Delete "Sections 13 and 14"

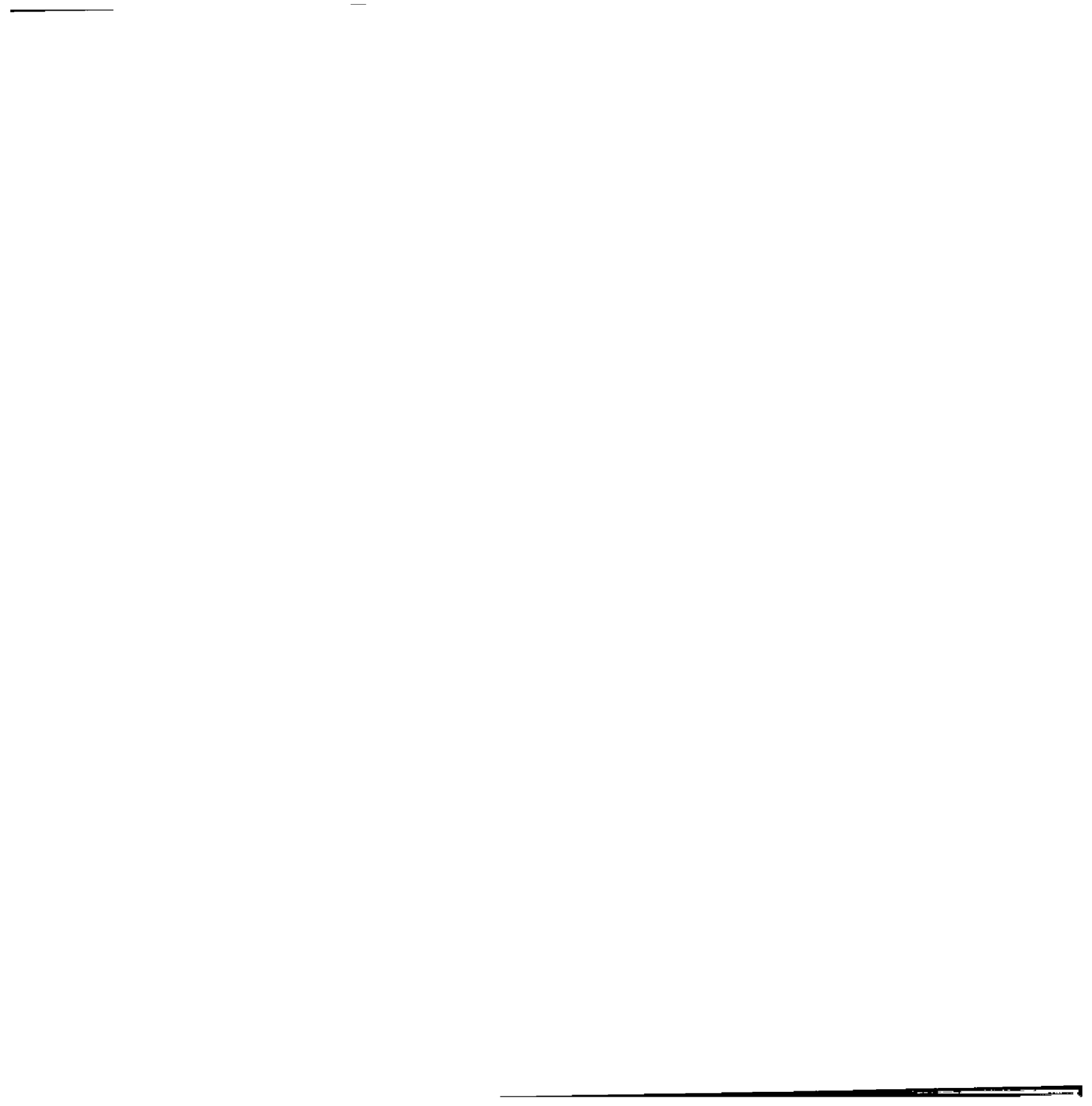
16 Insert "Sections 14 and 16"

17

18 Page 9, line 24:

19 Delete "by sec. 16"

20 Insert "in sec. 18"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TALERICO

TO: HB 148

1 Page 1, line 1, following "Act":

2 Insert "relating to certificates of need;"

3

4 Page 2, following line 13:

5 Insert a new bill section to read:

6 \*\* Sec. 2. AS 18.07.031(e) is amended to read:

7 (e) In (a) of this section, "expenditure" includes the purchase of [PROPERTY  
8 OCCUPIED BY OR THE] equipment required for the health care facility [AND THE  
9 NET PRESENT VALUE OF A LEASE FOR SPACE OCCUPIED BY OR THE  
10 EQUIPMENT REQUIRED FOR THE HEALTH CARE FACILITY]; "expenditure"  
11 does not include costs associated with routine maintenance and replacement of  
12 equipment at an existing health care facility, the purchase of property occupied by  
13 the facility, or the net present value of a lease for space occupied by or equipment  
14 required for the facility."

15

16 Renumber the following bill sections accordingly.

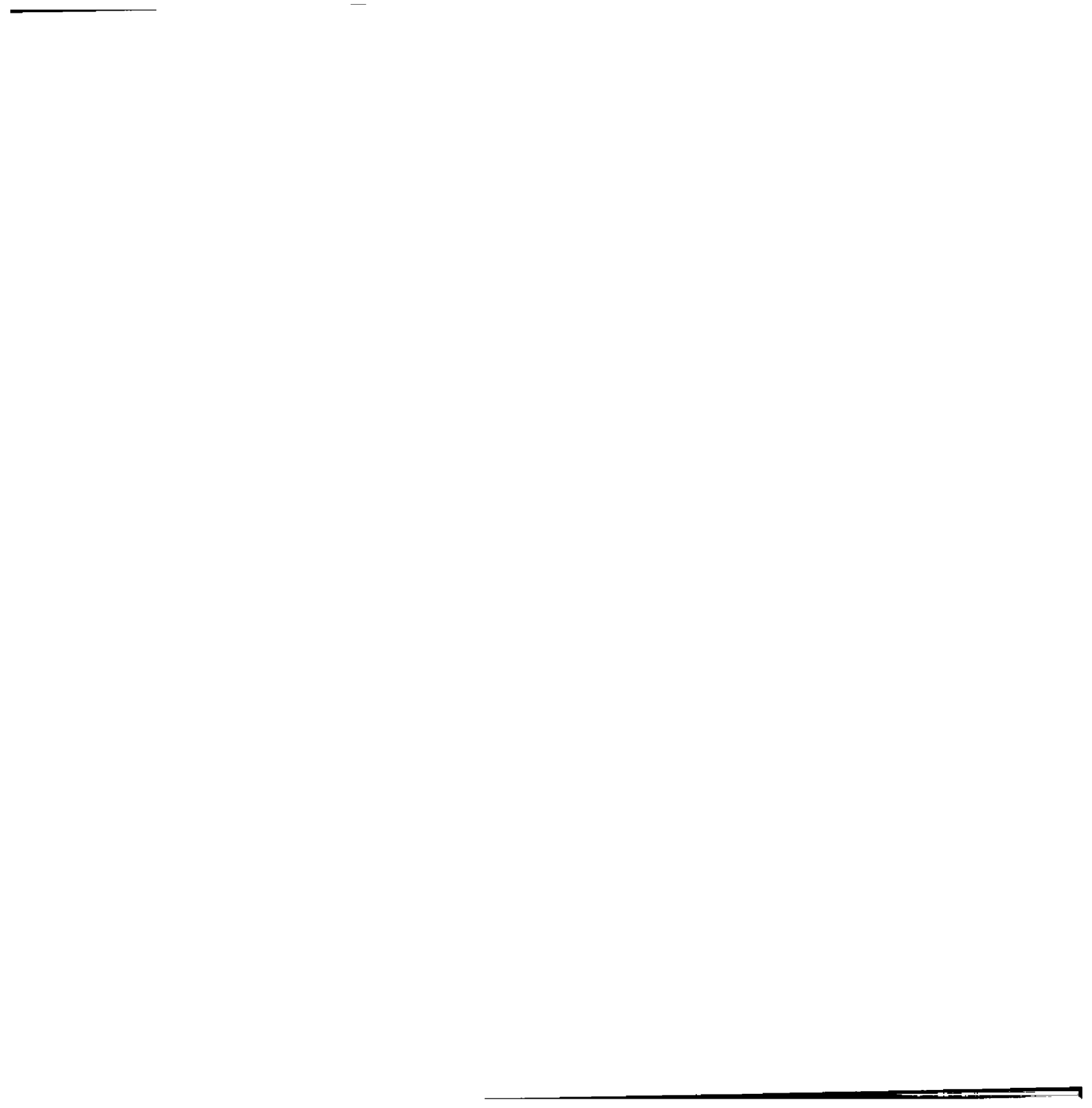
17

18 Page 9, following line 8:

19 Insert a new bill section to read:

20 \*\* Sec. 15. The uncodified law of the State of Alaska is amended by adding a new section to  
21 read:

22 APPLICABILITY. Section 2 of this Act applies to the construction or alteration of or  
23 an addition to a health care facility initiated on or after the effective date of sec. 2 of this Act



2

3 Renumber the following bill sections accordingly.

4

5 Page 9, line 12:

6 Delete "sec. 10"

7 Insert "sec. 11"

8

9 Page 9, line 17:

10 Delete "10"

11 Insert "11"

12

13 Page 9, line 23:

14 Delete "Sections 13 and 14"

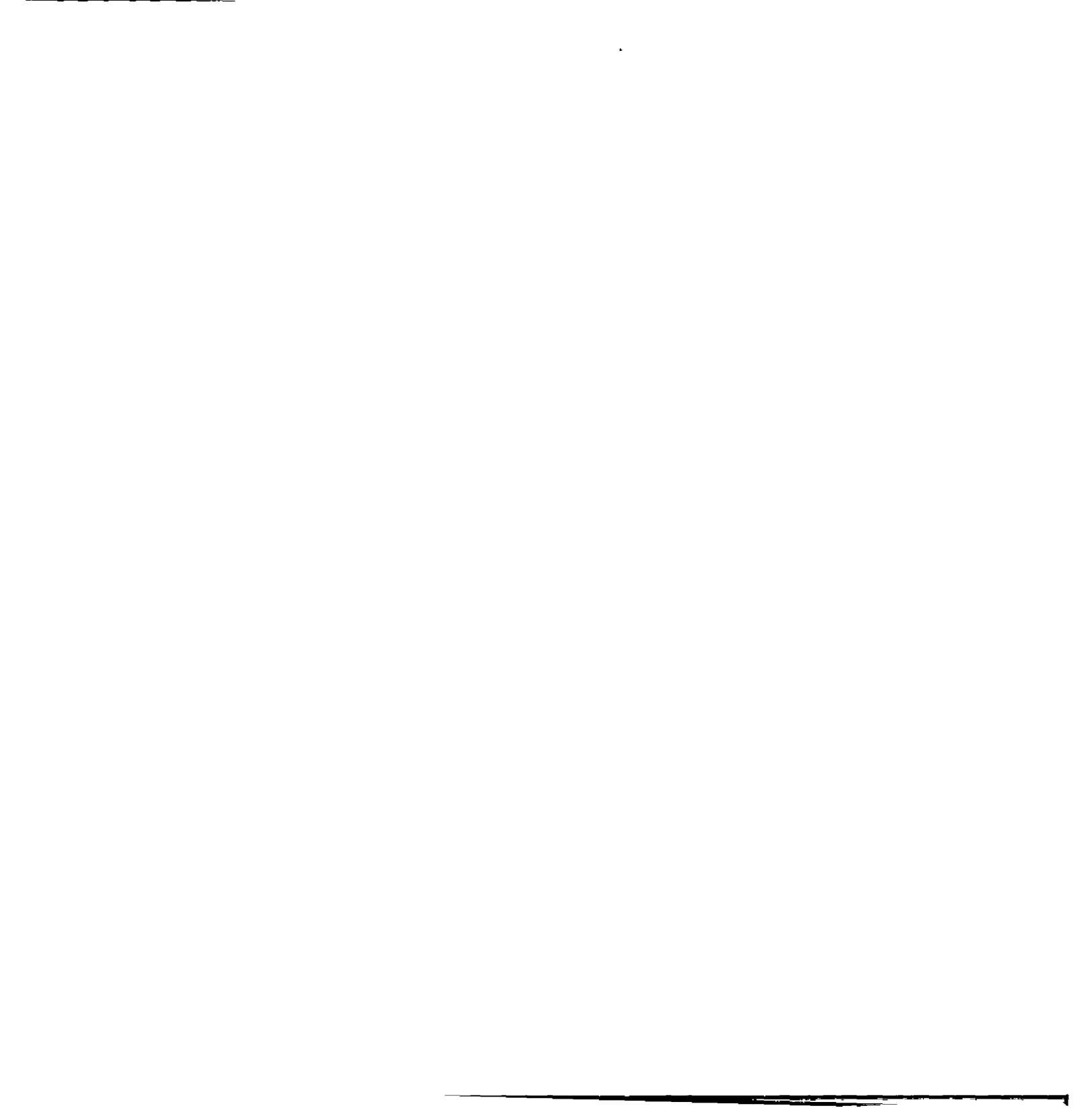
15 Insert "Sections 14 and 16"

16

17 Page 9, line 24:

18 Delete "by sec. 16"

19 Insert "in sec. 18"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TALERICO

TO: HB 148

1 Page 9, lines 9 - 17:

2 Delete all material.

3

4 Renumber the following bill sections accordingly.

5

6 Page 9, line 23:

7 Delete "Sections 13 and 14 of this Act take"

8 Insert "Section 13 of this Act takes"

9

10 Page 9, line 24:

11 Delete "by sec. 16"

12 Insert "in sec. 15"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE VAZQUEZ

TO: HB 148

1 Page 2, following line 16:

2 Insert a new bill section to read:

3 **\*\* Sec. 3. AS 47.05 is amended by adding a new section to article 2 to read:**

4 **Sec. 47.05.190. Centralized system for fraud prevention and quality**  
5 **control. (a) The department shall consolidate quality control and fraud prevention**  
6 **functions in a centralized system. The system must include procedures for**

7 (1) coordinating efforts among divisions within the department;

8 (2) coordinating efforts with other departments, through  
9 memorandums of understanding if necessary, to improve fraud detection and avoid  
10 redundancies;

11 (3) preventing, detecting, and investigating medical assistance fraud  
12 and abuse;

13 (4) referring cases of medical assistance fraud to the attorney general  
14 for prosecution;

15 (5) recovering overpayments under AS 47.05.200(b);

16 (6) ensuring the efficiency of the medical assistance program;

17 (7) requiring a certification of cognitive ability by a qualified medical  
18 professional before authorizing medical assistance services for a recipient of home and  
19 community based services for whom a guardian, conservator, or power of attorney has  
20 been appointed because of the recipient's mental illness or disability; and

21 (8) coordinating investigations of reports of fraud under AS 47.24.010  
22 and 47.24.011.

23 (b) The department shall prepare an annual report summarizing quality control



2 secretary and the clerk of the house of representatives on or before January 1 of each  
3 year and notify the legislature that the report is available.

4 (c) An employee of the department has a duty to report to the department any  
5 relationship that could create a conflict of interest in the course of the employee's  
6 employment or duties. The department shall, on a regular basis, notify employees of  
7 the duty under this subsection.

8 (d) In this section, "mental illness" has the meaning given in AS 47.30.915."  
9

10 Renumber the following bill sections accordingly.

11  
12 Page 2, line 22:

13 Delete "50"

14 Insert "150"  
15

16 Page 3, following line 20:

17 Insert new bill sections to read:

18 **\*\* Sec. 6. AS 47.05.200 is amended by adding a new subsection to read:**

19 (f) At least half of the audits required under this section must be targeted audits  
20 of medical assistance providers in which an employee of the department, or an  
21 immediate family member of an employee of the department, has a pecuniary interest.  
22 In this subsection, "immediate family member" means a spouse, child, or parent.

23 **\* Sec. 7. AS 47.05 is amended by adding a new section to read:**

24 **Sec. 47.05.211. Persons required to report fraud. (a) A state employee who**  
25 **has knowledge that a person has committed medical assistance fraud under**  
26 **AS 47.05.210 shall immediately report the actions that constitute medical assistance**  
27 **fraud to the department.**

28 (b) A state employee who fails to comply with (a) of this section and who  
29 knew or should have known that the circumstances gave rise to the need for a report is  
30 guilty of a class A misdemeanor.

31 (c) A person who knowingly hinders or prevents a report of medical assistance



2

3 Page 9, following line 3:

4 Insert a new bill section to read:

5 "\*\* Sec. 16. AS 47.07.074(b) is repealed."

6

7 Renumber the following bill sections accordingly.

8

9 Page 9, line 12:

10 Delete "sec. 10"

11 Insert "sec. 13"

12

13 Page 9, line 17:

14 Delete "10"

15 Insert "13"

16

17 Page 9, line 23:

18 Delete "13 and 14"

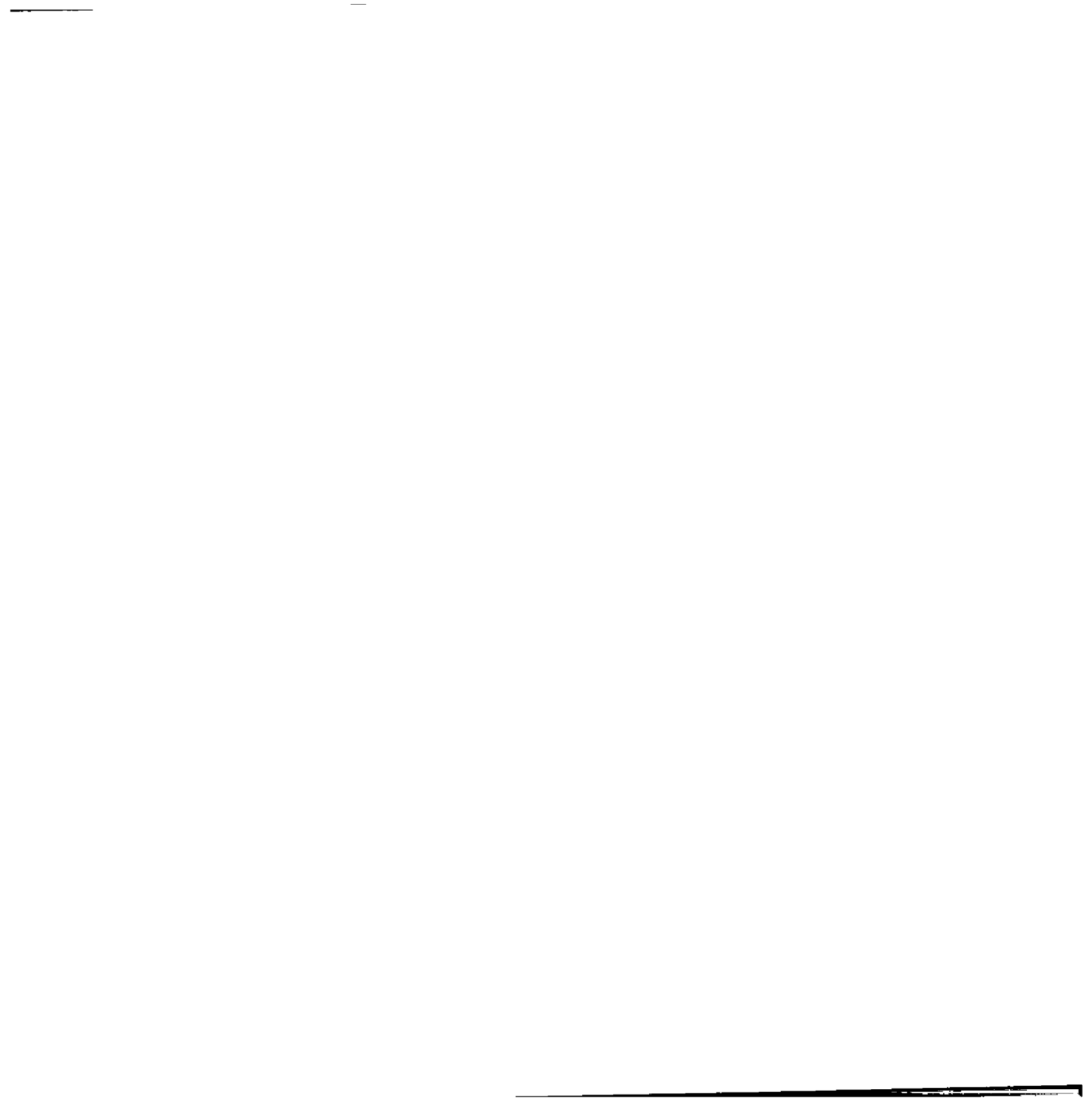
19 Insert "17 and 18"

20

21 Page 9, line 24:

22 Delete "by sec. 16"

23 Insert "in sec. 20"



AMENDMENT

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE SEATON

1 Page 9, following line 3:

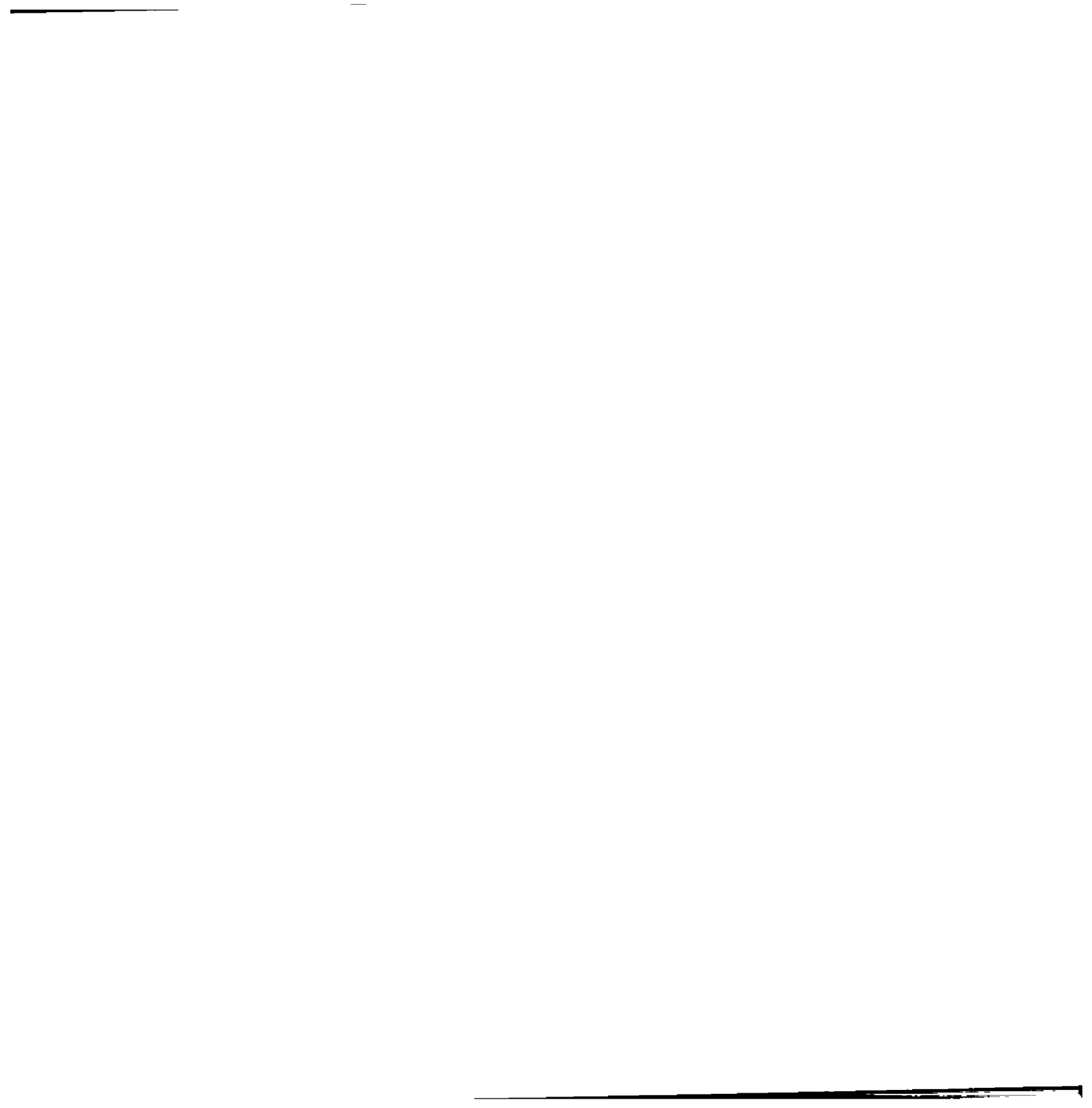
2 Insert a new bill section to read:

3 \*\* Sec. 13. The uncodified law of the State of Alaska is amended by adding a new section to  
4 read:

5 DEMONSTRATION PROJECT: REDUCING PRE-TERM BIRTHS. The  
6 Department of Health and Social Services shall design and implement a demonstration project  
7 for the purpose of reducing pre-term birth rates in the state from the current rate of 10.3  
8 percent. The demonstration project shall provide for the voluntary enrollment of  
9 approximately 500 recipients who are eligible for medical assistance under  
10 AS 47.07.020(b)(14). The Department of Health and Social Services shall offer pregnancy  
11 counselling, nutritional counselling, and, as necessary, vitamin D supplementation to maintain  
12 levels of 40 ng/ml vitamin D during pregnancy for participants in the demonstration project.  
13 The demonstration project may be modeled after the Protect Our Children NOW! project  
14 implemented as a cooperative project of the South Carolina Department of Health and Human  
15 Services and private health organizations. The goal of the demonstration project is to achieve  
16 a 50 percent reduction in pre-term births in the state, consistent with the results of the  
17 following published studies: Wagner, C. L., et al., "A Randomized Trial of Vitamin D  
18 Supplementation in Two Community Health Center Networks in South Carolina," American  
19 Journal of Obstetrics and Gynecology 208 (February 2013); Bodnar, L. M., et al., "Maternal  
20 25-Hydroxyvitamin D and Preterm Birth in Twin Gestations," Obstetrics and Gynecology 122  
21 (July 2013)."

22

23 Renumber the following bill sections accordingly.



2 Page 9, line 23:

3 Delete "Sections 13 and 14"

4 Insert "Sections 14 and 15"

5

6 Page 9, line 24:

7 Delete "by sec. 16"

8 Insert "in sec. 17"



AMENDMENT

OFFERED IN THE HOUSE  
TO: HB 148

BY REPRESENTATIVE TALERICO

1 Page 7, following line 1:

2 Insert a new bill section to read:

3 \*\* Sec. 7. AS 47.07.020(b), as amended by sec. 6 of this Act, is amended to read:

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

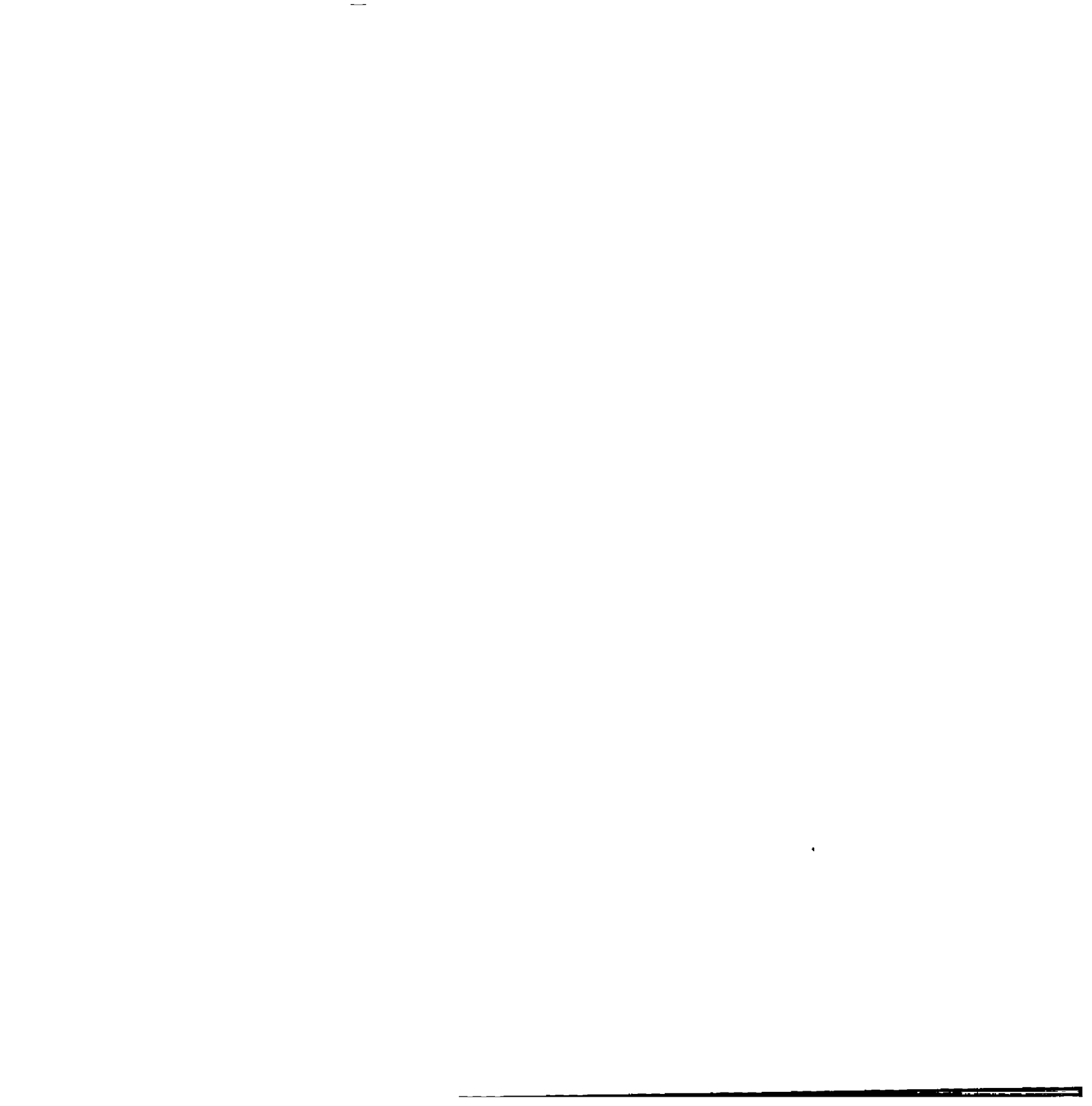
7 (1) persons eligible for but not receiving assistance under any plan of  
8 the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act,  
9 Supplemental Security Income) or a federal program designated as the successor to the  
10 aid to families with dependent children program;

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

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

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

23 (5) persons under 21 years of age who are in an institution designated



2 disabilities and who are financially eligible as determined by the standards of the  
3 federal program designated as the successor to the aid to families with dependent  
4 children program;

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

10 (7) persons under 21 years of age who are receiving active treatment in  
11 a psychiatric hospital and who are financially eligible as determined by the standards  
12 of the federal program designated as the successor to the aid to families with  
13 dependent children program;

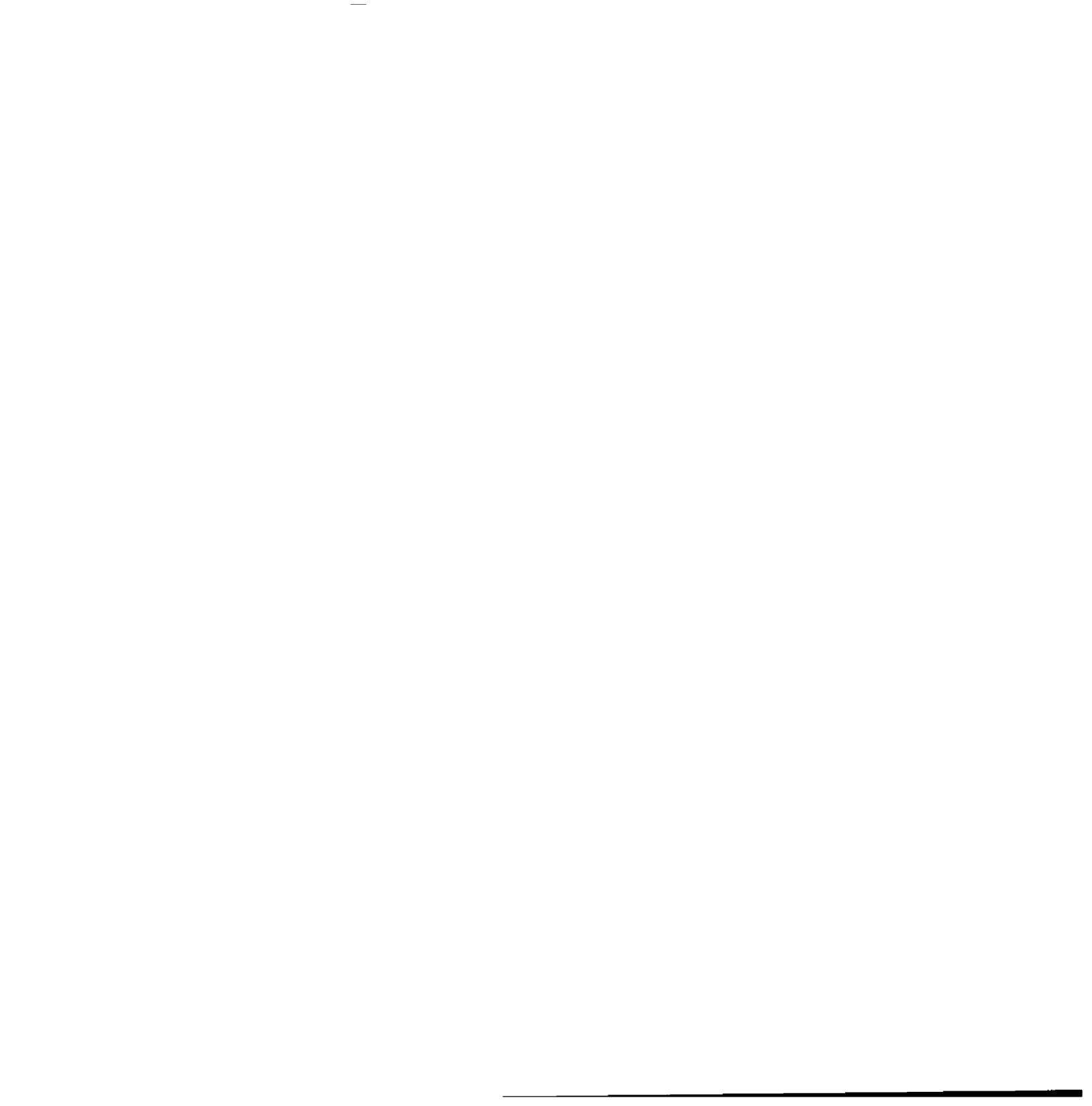
14 (8) persons under 21 years of age and not covered under (a) of this  
15 section, who would be eligible for benefits under the federal program designated as  
16 the successor to the aid to families with dependent children program, except that they  
17 do not meet the deprivation criteria under 42 U.S.C. 1396u-1(b)(1)(a)(ii);

18 (9) pregnant women not covered under (a) of this section and who meet  
19 the income and resource requirements of the federal program designated as the  
20 successor to the aid to families with dependent children program;

21 (10) persons under 21 years of age not covered under (a) of this section  
22 who the department has determined cannot be placed for adoption without medical  
23 assistance because of a special need for medical or rehabilitative care and who the  
24 department has determined are hard-to-place children eligible for subsidy under  
25 AS 25.23.190 - 25.23.210;

26 (11) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title  
27 XIX, Social Security Act, Medical Assistance) to be individuals with respect to whom  
28 a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title  
29 XVI, Social Security Act) because they meet all of the following criteria:

30 (A) they are 18 years of age or younger and qualify as disabled  
31 individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);



2 (i) they require a level of care provided in a hospital,  
3 nursing facility, or intermediate care facility for persons with  
4 intellectual and developmental disabilities;

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

7 (iii) the estimated amount that would be spent for  
8 medical assistance for their individual care outside an institution is not  
9 greater than the estimated amount that would otherwise be expended  
10 individually for medical assistance within an appropriate institution;

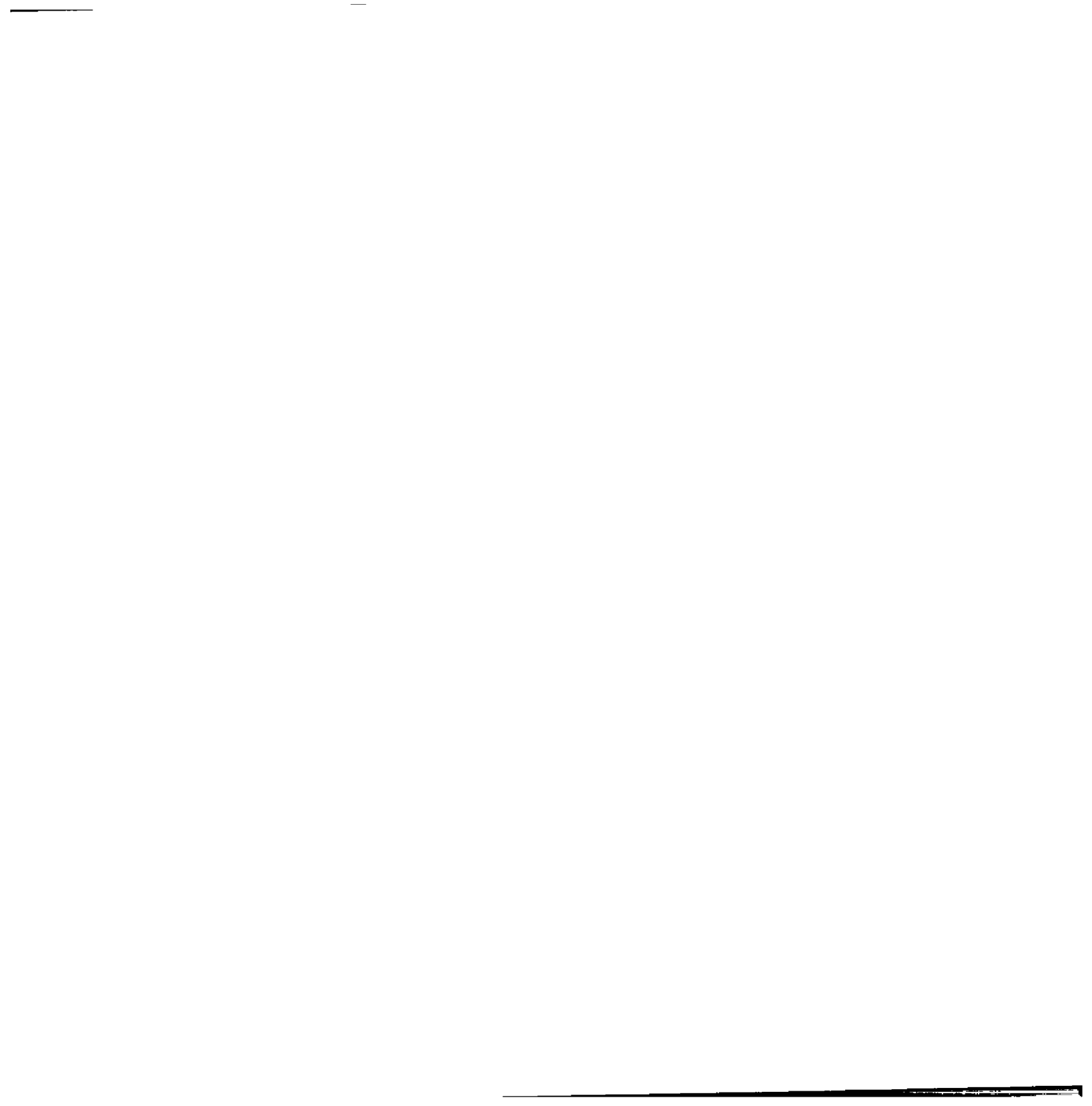
11 (C) if they were in a medical institution, they would be eligible  
12 for medical assistance under other provisions of this chapter; and

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

16 (12) disabled persons, as described in 42 U.S.C.  
17 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under  
18 applicable federal regulations or guidelines, is less than 250 percent of the official  
19 poverty line applicable to a family of that size according to the United States  
20 Department of Health and Human Services, and who, but for earnings in excess of the  
21 limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be  
22 individuals with respect to whom a supplemental security income is being paid under  
23 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is  
24 not eligible under another provision of this section shall pay a premium or other cost-  
25 sharing charges according to a sliding fee scale that is based on income as established  
26 by the department in regulations;

27 (13) persons under 19 years of age who are not covered under (a) of  
28 this section and whose household income does not exceed 203 percent of the federal  
29 poverty line as defined by the United States Department of Health and Human  
30 Services and revised under 42 U.S.C. 9902(2);

31 (14) pregnant women who are not covered under (a) of this section and



2 defined by the United States Department of Health and Human Services and revised  
3 under 42 U.S.C. 9902(2);

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

6 (16) PERSONS WHO ARE UNDER 65 YEARS OF AGE, WHO ARE  
7 NOT PREGNANT, WHOSE HOUSEHOLD INCOME DOES NOT EXCEED 138  
8 PERCENT OF THE FEDERAL POVERTY LINE, INCLUDING THE FIVE  
9 PERCENT INCOME DISREGARD, AS DEFINED BY THE UNITED STATES  
10 DEPARTMENT OF HEALTH AND HUMAN SERVICES AND REVISED UNDER  
11 42 U.S.C. 9902(2), AND WHO ARE ELIGIBLE UNDER 42 U.S.C.  
12 1396A(a)(10)(A)(i)(VIII), IF THE FEDERAL MEDICAL ASSISTANCE  
13 PERCENTAGE PAID TO THE STATE FOR THE COVERAGE IS NOT LESS  
14 THAN 90 PERCENT]."

15  
16 Renumber the following bill sections accordingly.

17  
18 Page 9, following line 3:

19 Insert a new bill section to read:

20 "\* Sec. 14. AS 43.23.075(d) is repealed July 1, 2018."  
21

22 Renumber the following bill sections accordingly.  
23

24 Page 9, line 12:

25 Delete "sec. 10"

26 Insert "sec. 11"  
27

28 Page 9, line 17:

29 Delete "10"

30 Insert "11"  
31



2 Delete "Sections 13 and 14"

3 Insert "Sections 15 - 17"

4

5 Page 9, following line 23:

6 Insert a new bill section to read:

7 "\* Sec. 19. Section 7 of this Act takes effect July 1, 2018."

8

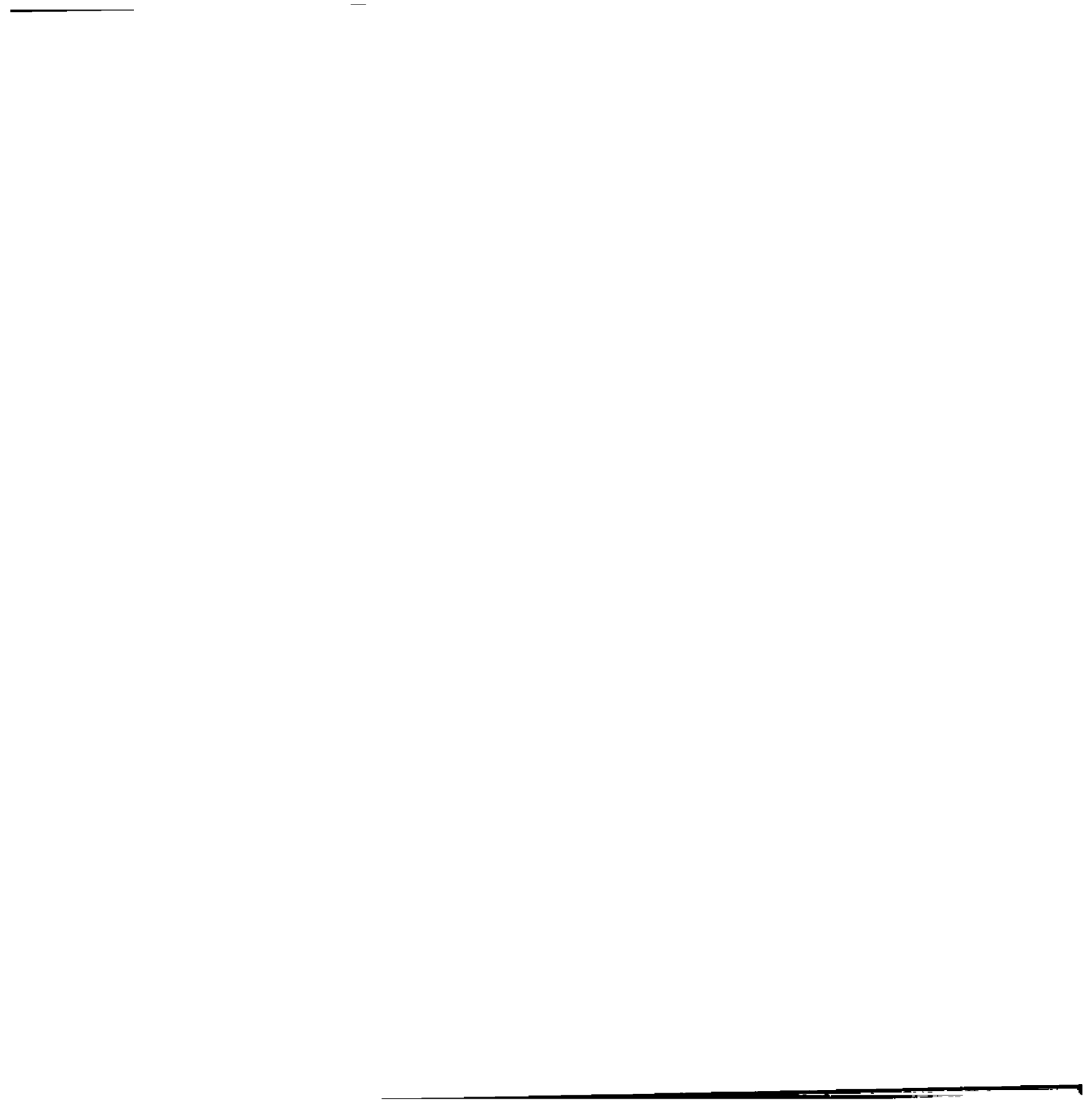
9 Renumber the following bill section accordingly.

10

11 Page 9, line 24:

12 Delete "by sec. 16"

13 Insert "in secs. 18 and 19"



AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: HB 148

1 Page 9, following line 3:

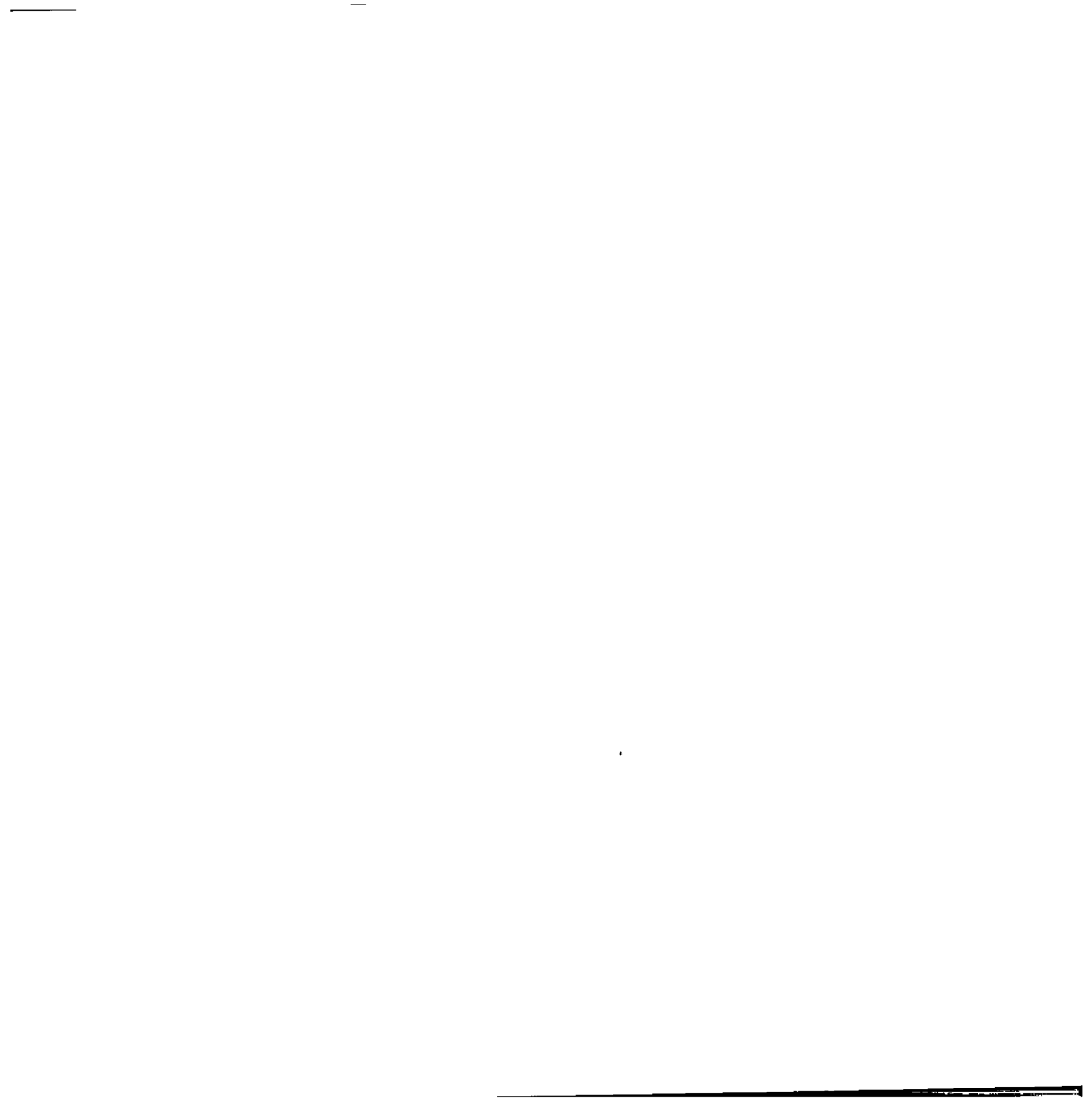
2 Insert a new bill section to read:

3 **\*\* Sec. 13.** The uncodified law of the State of Alaska is amended by adding a new section to  
4 read:

5 **DEMONSTRATION PROJECT: REDUCING PRE-TERM BIRTHS.** Before  
6 January 1, 2018, the Department of Health and Social Services shall investigate and design a  
7 demonstration project for the purpose of reducing pre-term birth rates in the state from the  
8 current rate of 10.3 percent. The demonstration project shall provide for the voluntary  
9 enrollment of approximately 500 recipients who are eligible for medical assistance under  
10 AS 47.07.020(b)(14). The Department of Health and Social Services shall offer pregnancy  
11 counselling, nutritional counselling, and, as necessary, vitamin D supplementation to maintain  
12 levels of 40 ng/ml vitamin D during pregnancy for participants in the demonstration project.  
13 The demonstration project may be modeled after the Protect Our Children NOW! project  
14 implemented as a cooperative project of the South Carolina Department of Health and Human  
15 Services and private health organizations. The goal of the demonstration project is to achieve  
16 a reduction in pre-term births in the state, consistent with the results of the following  
17 published studies: Wagner, C. L., et al., "A Randomized Trial of Vitamin D Supplementation  
18 in Two Community Health Center Networks in South Carolina," American Journal of  
19 Obstetrics and Gynecology 208 (February 2013); Bodnar, L. M., et al., "Maternal 25-  
20 Hydroxyvitamin D and Preterm Birth in Twin Gestations," Obstetrics and Gynecology 122  
21 (July 2013)."

22

23 Renumber the following bill sections accordingly.



3 Delete "Sections 13 and 14"

4 Insert "Sections 14 and 15"

5

6 Page 9, line 24:

7 Delete "by sec. 16"

8 Insert "in sec. 17"



## March 5, 2015 Meeting – Follow-up Questions

This is a consolidated list of the reforms discussed at the March 5<sup>th</sup> committee meeting. The reform efforts listed below correspond with the associated slide number in the PowerPoint presentation.

- Building on Reform Underway (Slide 16)
- Recently Identified Reform (Slide 17)
- Building Blocks to Achieve Reform (Slide 19)
- Reform Strategies (Slide 20)

### **Care Management:**

Building on Reform Underway: Control overutilization of emergency room services

- Target: \$7M savings (reduce by 25%)

Recently Identified Reform: Expanding program to reduce overutilization of emergency room services

- Target: \$2.5M savings

Building Blocks to Achieve Reform: Certain recipients that over-utilize services are assigned a designated provider who coordinates services.

Reform Strategies: Choice restrictions and services to direct patients to the appropriate level of care

Reform Strategies: Increased access to preventive services

Reform Strategies: Incentives for healthy behaviors

Building Blocks to Achieve Reform: Strengthened Primary Care. Work with providers to find more efficiencies and more effective ways of delivering services

### **Increased fraud, waste and abuse prevention and control efforts:**

Building on Reform Underway: Cost avoidance is result of providers not submitting future claims based on another provider being found fraudulent

- Target: \$15 million in annual avoided costs

### **Home and community-based service improvements:**

Building on Reform Underway: 1915(i) Option will replace services currently provided with 100% state general funds with federally matched Medicaid services.

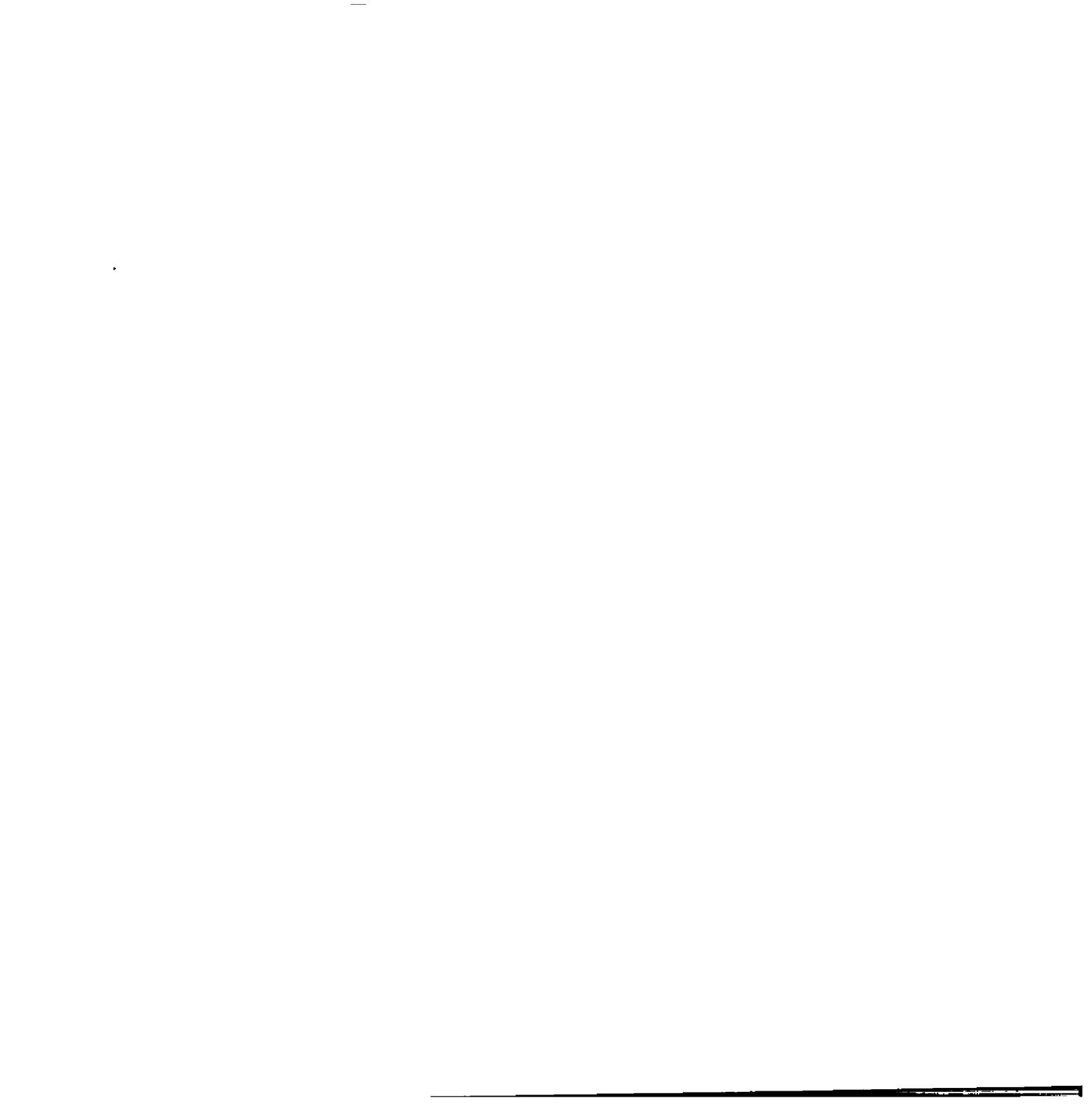
Building on Reform Underway: 1915(k) Option would allow DHSS to replace existing Medicaid home and community-based waiver services matched at 50% federal with 1915k services matched at 56% federal

- Target: \$24M annual savings upon full implementation

### **Patient-centered Medicaid Home Initiatives:**

Building on Reform Underway: Provide coordinated primary care services that help people with chronic health issues to receive appropriate care that will reduce hospitalizations and emergency department use

- Target: \$78,000 - \$165,000 annual savings per 1,000 enrollees



### **Coordination with the Alaska tribal health system:**

Building on Reform Underway: Work with tribal health partners to increase the number of IHS beneficiaries who received services from tribal providers for 100% federal match

- Target: \$15M savings

Recently Identified Reform: Savings from new Tribal health system new facilities, expanded dental services, 36 new long term care beds, increased utilization of telehealth services in the tribal system, increased utilization of community health aides/practitioners and dental health aide therapists.

- Target: \$10M savings

### **Investigating waiver options:**

Building on Reform Underway: Behavioral Health and Senior & Disability Services are investigating potential opportunities to redesign the way we provide and pay for a number of services

- Both for the expansion and general Medicaid populations

Building on Reform Underway: Opportunities for various tribal waivers

Building Blocks to Achieve Reform: Maximizing federal matching fund opportunities. Partnerships with the tribal health system to identify additional opportunities to receive 100% federal reimbursement for Medicaid services

- Longer term target of \$100M Savings

### **Change eligibility for Personal Care Assistance (PCA) services:**

Recently Identified Reform: Change threshold to qualify for Personal Care Attendant services from one to two activities of daily living (ADL) or more and possibly other eligibility changes

- Target: \$2.5M savings

### **Durable Medical Equipment, Vision, and Audiology:**

Recently Identified Reform: Provide more comparable supplies to other states, re-solicit vision contract, audiology fee schedule adjustments

- Target: \$1M savings

### **Dental:**

Recently Identified Reform: Adopt new fee scale for all services, implement the recommendations on use of panoramic films and full mouth films, denture guidelines, implement guidelines for oral hygiene requirements before beginning orthodontia (except for the cleft palate cases where timing is important for satisfactory treatment).

- Target: \$1M savings

### **Transportation:**

Recently Identified Reform: Review current travel polices, adopt a fee schedule instead of paying billed prices for ground transportation, consolidation of family travel needs

- Target: \$1M savings



### **Implement Utilization Control for Behavioral Health Services:**

Recently Identified Reform: Development of clearer program standards and stronger admission criteria and thorough review for residential psychiatric treatment centers, behavioral rehabilitation services, and acute psychiatric service settings. Revise requirements for Recipient Support Services.

- Target: \$2M savings

### **Payment Reform:**

Building Blocks to Achieve Reform: Reimbursement methodologies from fee-for-service payment structures to alternative payment mechanisms that can drive improved value

### **Workforce Innovation:**

Building Blocks to Achieve Reform: Design of new provider types that can work as members of health care teams and allow clinicians to work at the top of their licenses and function more efficiently

### **Maximizing federal matching fund opportunities:**

Building Blocks to Achieve Reform: Working with other state agencies and with systems such as the statewide community health centers to leverage federal financing

### **Expansion of Telehealth Services:**

Building Blocks to Achieve Reform: Improve access, address health care system capacity, and reduce travel requirements

### **Cost-sharing Options:**

Reform Strategies: Cost sharing requirements, charging premiums and higher cost sharing requirements for non-emergency use of hospital emergency rooms.

### **Health Savings Accounts (HSAs):**

Reform Strategies: Explore the idea of higher income recipients being encouraged to establish a health savings account that can be used to pay co-pays and deductibles.

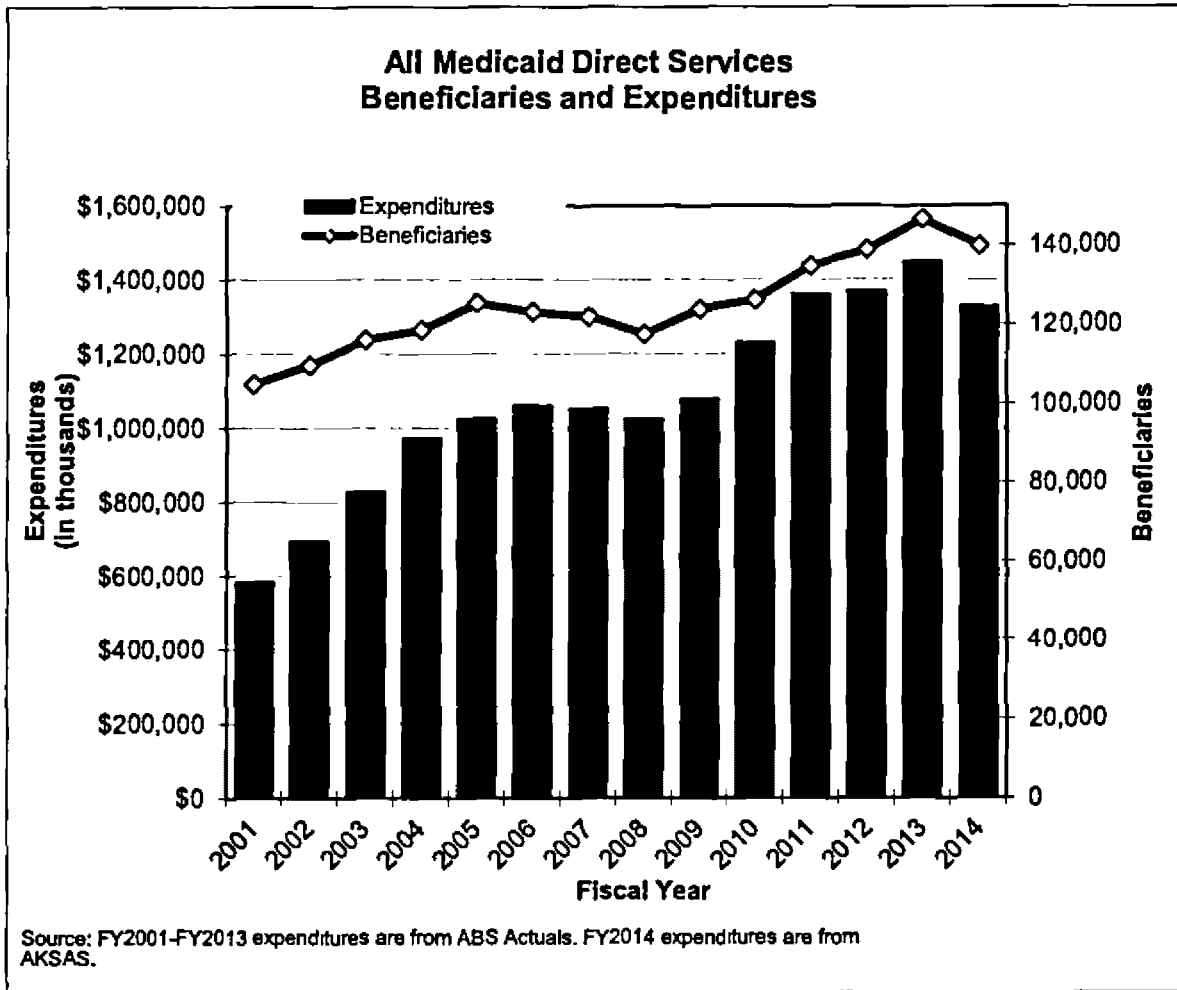
### **Work assistance:**

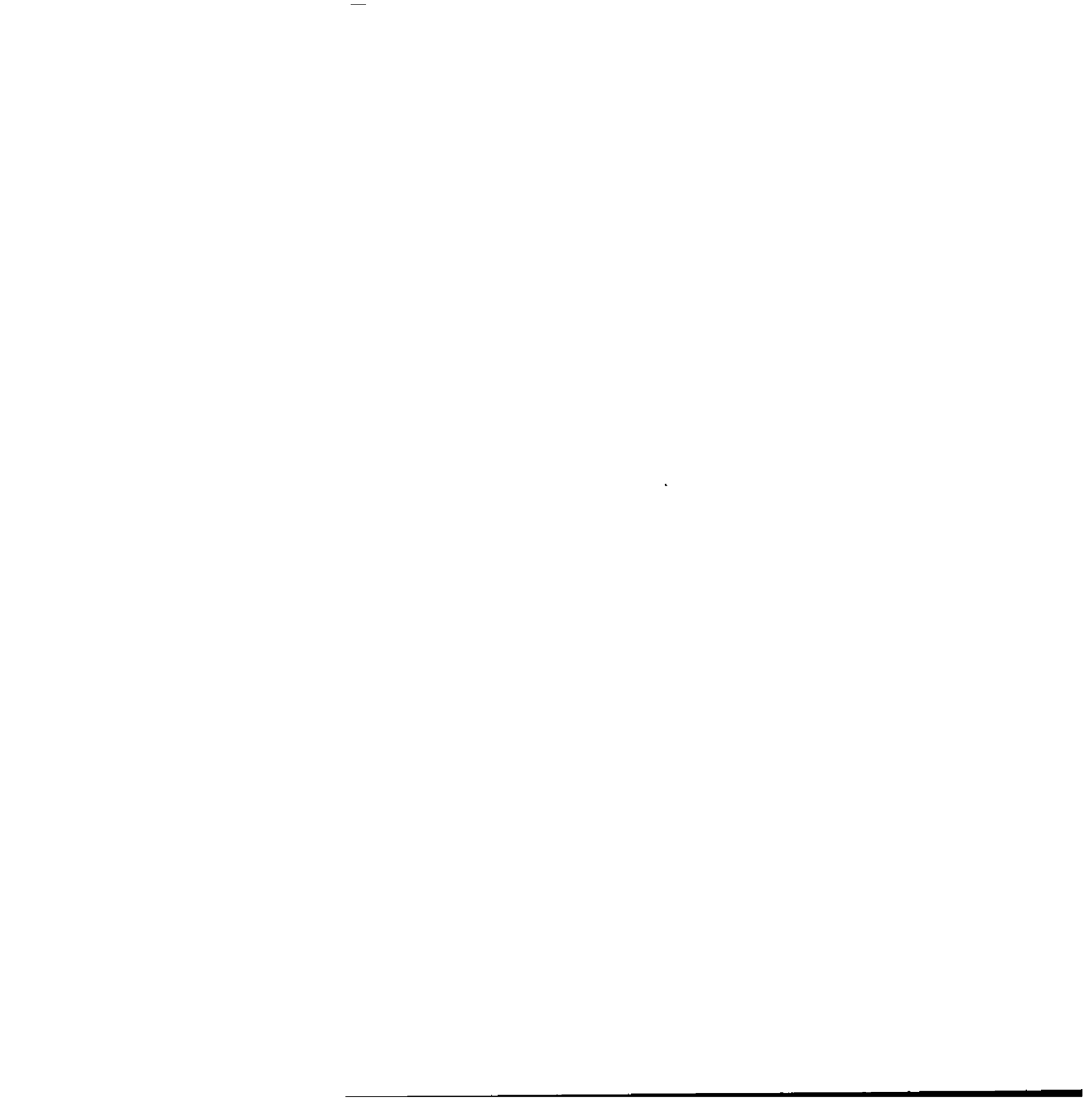
Reform Strategies: Access to job search websites, resume assistance, job training, vocational rehabilitation and other work supports

Note: Reforms without reference to a targeted savings are being examined further to determine approval process and potential savings.



1. Please provide a graph of the past 10 years of Medicaid enrollees and Medicaid expenditures.





(dollars in thousands)

Fiscal Year	Beneficiaries*	Unrestricted General Funds	Designated General Funds	Federal Funds	Other Funds	Total Funds
2001	104,717	\$152,427	\$364	\$387,432	\$43,671	\$583,894
2002	109,541	\$192,558	\$364	\$461,847	\$38,911	\$693,680
2003	115,987	\$211,075	\$1,427	\$558,581	\$57,034	\$828,117
2004	118,453	\$230,119	\$4,512	\$658,741	\$78,119	\$971,491
2005	125,309	\$276,089	\$1,533	\$685,474	\$61,822	\$1,024,918
2006	122,975	\$348,648	\$1,500	\$664,722	\$45,007	\$1,059,877
2007	121,865	\$374,492	\$52	\$651,908	\$26,924	\$1,053,376
2008	117,472	\$408,250	\$1,558	\$604,348	\$9,632	\$1,023,788
2009	123,791	\$389,170	\$74	\$682,270	\$6,774	\$1,078,288
2010	126,127	\$400,284	\$87	\$822,907	\$6,982	\$1,230,260
2011	134,768	\$466,585	\$192	\$888,944	\$4,527	\$1,360,248
2012	138,755	\$566,267	\$195	\$798,346	\$4,825	\$1,369,633
2013	146,613	\$613,951	\$455	\$827,695	\$6,692	\$1,448,793
2014	139,755	\$562,553	\$205	\$758,061	\$5,684	\$1,326,503

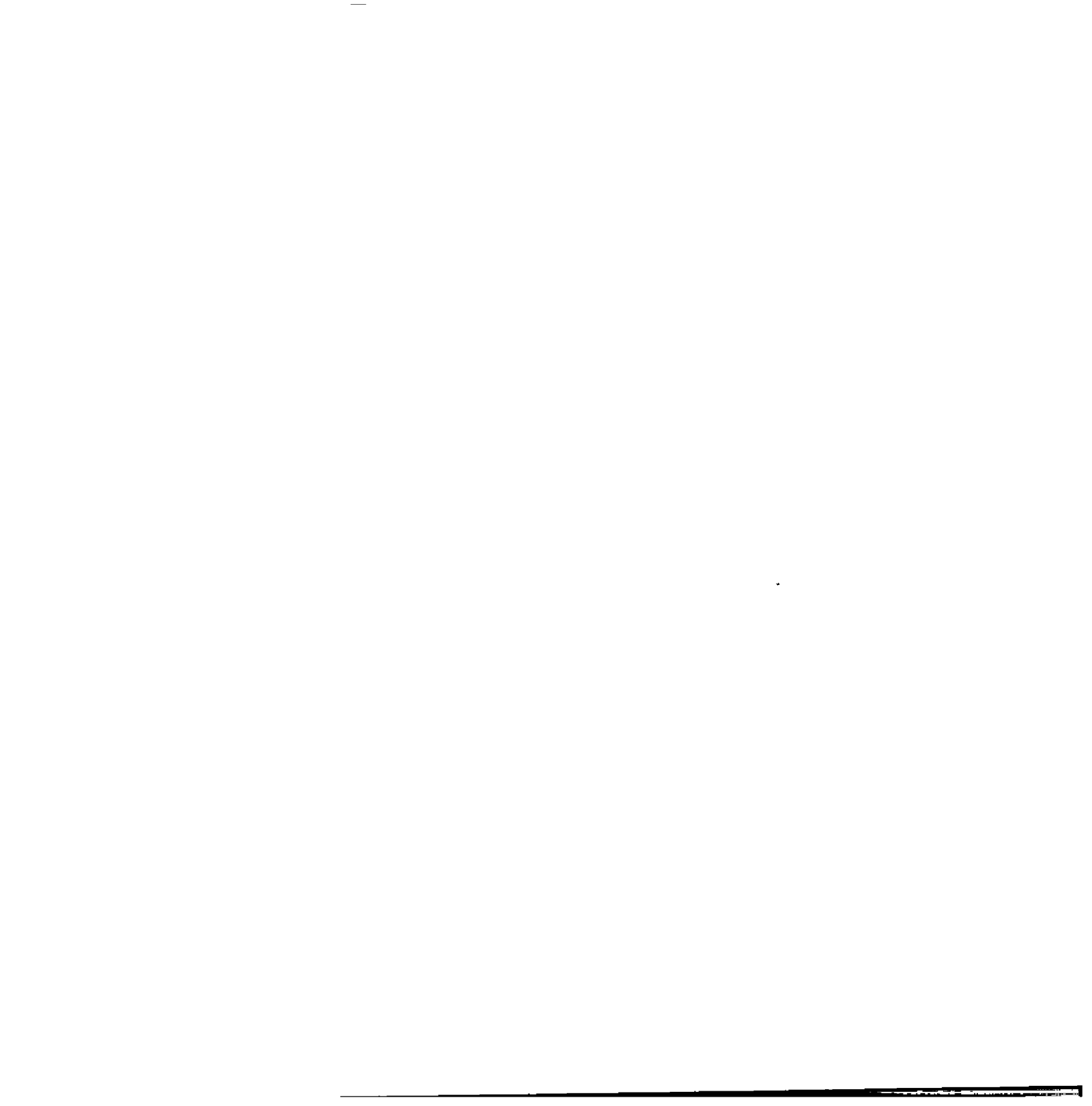
Source: Medicaid Budget Group using Alaska Budget System data. AKSAS for FY2014.

**2. Please provide the numbers for Medicaid expansion at full enrollment.**

If, on July 1, 2015, all Alaskans newly eligible for Medicaid expansion services enroll, we would expect the following in FY2016:

Newly Eligible Adults	41,910
Spending Per Enrollee	\$7,248
Federal Participation Rate	100%
Federal Spending	\$303,763,680
State Spending*	\$1,460,650
Offsets to State Spending from CAMA, Department of Corrections, and Behavioral Health Grants	(\$6,100,000)
Savings to State	(\$4,639,350)

\*State spending for full Medicaid expansion enrollment is initially estimated at \$6,041,300 (\$5,008,800 from the Division of Public Assistance, \$1,032,500 from the Division of Health Care Services). 50% of these costs will be



- ... .., leaving \$270,000 to be picked up by the state.
3. **Please provide the incomes of the hospitals that reported the \$90 million in uncompensated care.**

Please see attachment, "Hospital Reported Total Net Incomes."

4. **Please provide a written list of the expected savings for various reforms.**

See attachment, "H-HSS Reply to Question on Reforms."

5. **In response to Rep. Tarr's question, please provide information on how Medicaid and Medicaid expansion might help with behavioral health medicine compliance issues.**

- Medicaid expansion allows access to primary and behavioral health care, prescription medication, and case management services. Individuals who currently do not seek care or fill prescriptions for financial or accessibility reasons will now be able to do so.
- Continuity of behavioral health medication prescriptions would be enhanced through Medicaid expansion, particularly for individuals transitioning from hospital care or releases from correctional facilities, because individuals leaving these facilities will not only have prescriptions in hand for their medications but also the coverage to pay for them as long as they are medically necessary.

6. **To clarify Chair Seaton's question earlier: Rep. Seaton would like to hear our opinion on whether expansion legislation could include reform requirements with a delayed implementation timeline to provide a level of accountability and assurance to the legislature.**

Yes. The Department will readily work with the legislature on potential timelines for reform implementation. We don't believe any further delay on Medicaid expansion is warranted.





GOVERNOR BILL WALKER

OFFICE OF THE COMMISSIONER

Anchorage  
3601 C Street, Suite 902  
Anchorage, Alaska 99503-5923  
Main: 907.269.7800  
Fax: 907.269.0060

Juneau  
350 Main Street, Suite 404  
Juneau, Alaska 99801-1149  
Main: 907.465.3030  
Fax: 907.465.3068

March 26, 2015

Representative Paul Seaton  
Chair, House Health & Social Services Committee  
Capitol Room 102  
Juneau, AK 99801

Dear Representative Seaton:

Below please find responses to the questions that were asked at the House Health & Social Services Committee meeting on Tuesday, March 24, 2015, during discussion on House Bill 148.

- 1. Has the Department considered removing food stamp recipients from the "hold harmless" provisions that enable their Permanent Fund Dividends to not be counted towards income?*

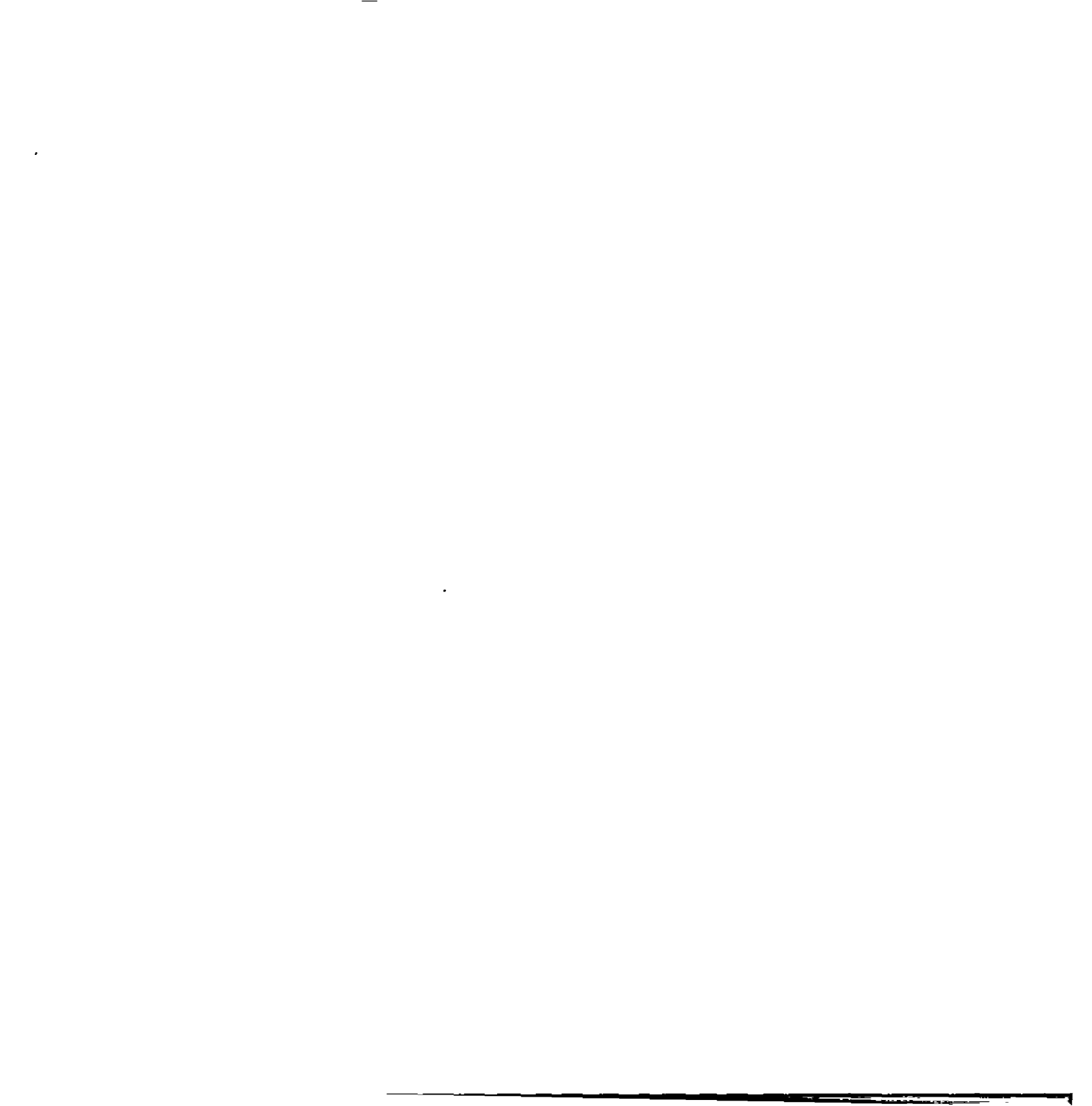
No.

- 2. Please provide an example of the "typical transition language" for stepping back from participation in a 1115 waiver project, as mentioned in Secretary Burwell's letter.*

The reference in the March 6<sup>th</sup> letter from Secretary Burwell to Governor Walker is to the Medicaid waiver special term and condition relating to phase-out of coverage. Here is language from Indiana's waiver approval document:

**9. Demonstration Phase Out.** The state may only suspend or terminate this demonstration in whole, or in part, consistent with the following requirements.

**a. Notification of Suspension or Termination.** The state must promptly notify CMS in writing of the reason(s) for the suspension or termination, together with the effective date and a transition and phase-out plan. The state must submit a notification letter and a draft plan to CMS. The state must submit the notification letter and a draft plan to CMS no less than six (6) months before the effective date of the demonstration's suspension or termination. Prior to submitting the draft plan to CMS, the state must publish on its website the draft transition and phase-out plan for a 30-day public comment period. In addition, the state must conduct tribal



received, the state's response to the comment and the extent to which the state incorporated the received comment into the revised plan. The state must obtain CMS approval of the transition and phase-out plan prior to the implementation of the phase-out activities. Implementation of activities must be no sooner than 14 days after CMS approval of the plan.

**b. Transition and Phase-out Plan Requirements.** The state must include, at a minimum, in its plan the process by which it will notify affected beneficiaries, the content of said notices (including information on the beneficiary's appeal rights, if any), the process by which the state will conduct administrative reviews of Medicaid eligibility prior to the termination of the program for the affected beneficiaries, and ensure ongoing coverage for those beneficiaries determined eligible, as well as any community outreach activities including community resources that are available.

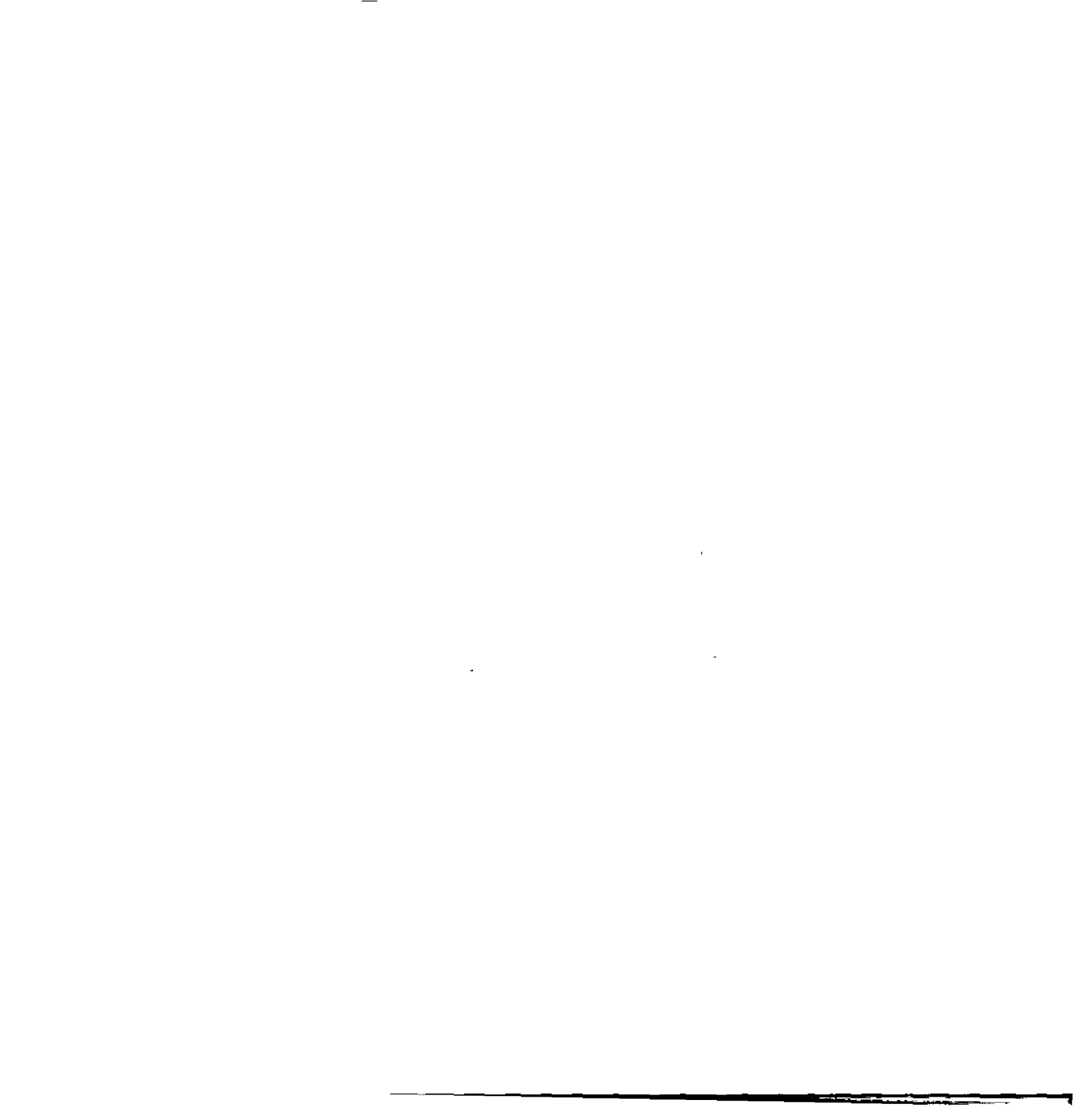
**c. Phase-out Procedures.** The state must comply with all applicable notice requirements found in 42 CFR §431.206, §431.210, and §431.213. In addition, the state must assure all applicable appeal and hearing rights afforded to demonstration participants as outlined in 42 CFR §431.220 and §431.221. If a demonstration participant is entitled to and requests a hearing before the date of action, the state must maintain benefits as required in 42 CFR §431.230. In addition, the state must conduct administrative renewals for all affected beneficiaries in order to determine if they qualify for Medicaid eligibility under a different eligibility category. 42 CFR §435.916.

**d. Exemption from Public Notice Procedures 42.CFR §431.416(g).** CMS may expedite the federal and state public notice requirements in the event it determines that the objectives of title XIX and XXI would be served or under circumstances described in 42 CFR §431.416(g).

**e. Federal Financial Participation (FFP).** If the project is terminated or any relevant waivers suspended by the state, FFP shall be limited to normal closeout costs associated with terminating the demonstration including services, continued benefits as a result of beneficiaries' appeals and administrative costs of disenrolling beneficiaries

This language can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-ca.pdf>. We note that Arkansas's waiver approval document contains the same language. Also, HB 148 does not require use of an 1115 waiver for Medicaid expansion. This phase-out language only pertains to 1115 waivers.

- 3. Please define which statutory rate for post-judgment interest is to be used under Section 4 of HB 148.**



Federal Reserve District discount rate. The 2015 rate is .75, plus 3, or 3.75. The rate is set on January 2nd of each calendar year.

- 4. Please re-examine Section 5 and consider language specifically excepting portions of AS 47.05 that deal with criminal fraud to avoid the inference that civil fines can be used to replace criminal findings and restitution.*

The department discussed this question with the Department of Law and our shared belief is that the language in the bill is appropriate.

Following the hearing we also received these questions from your office:

- 1. Is there a real difference between the current treatment of behavioral health versus physical health and the parity between them under Medicaid expansion? In other words are there additional requirements that come with expansion for Medicaid and the requirement that the states treat mental and physical health with parity, or was the parity issue tied to more general changes in the Affordable Care Act?*

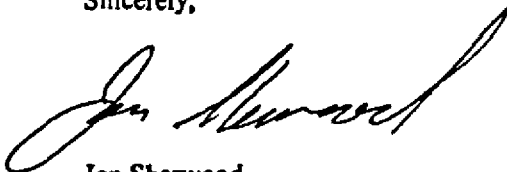
Medicaid expansion brings no additional requirements regarding parity between behavioral and physical health services.

- 2. We would like to clarify something in regards to the 1915(i) option. On Saturday, Jon Sherwood said that the expected level of payment to providers would be similar to what it is currently. Does that mean that, for persons that do not necessarily qualify for nursing home level of care but do qualify for the (i) waiver, payments will be similar to those received under the current waiver? Or will they be similar to the payment received through general relief?*

For most services, we expect that rates would be similar to 1915(c) waiver rates. For assisted living home services, we anticipate that rates under the 1915(i) option will be reflective of the level of care required by the patient. For clients with a low level of care, rates would be similar to those received through general relief; rates will be higher for clients with more intensive needs and therefore a higher level of care.

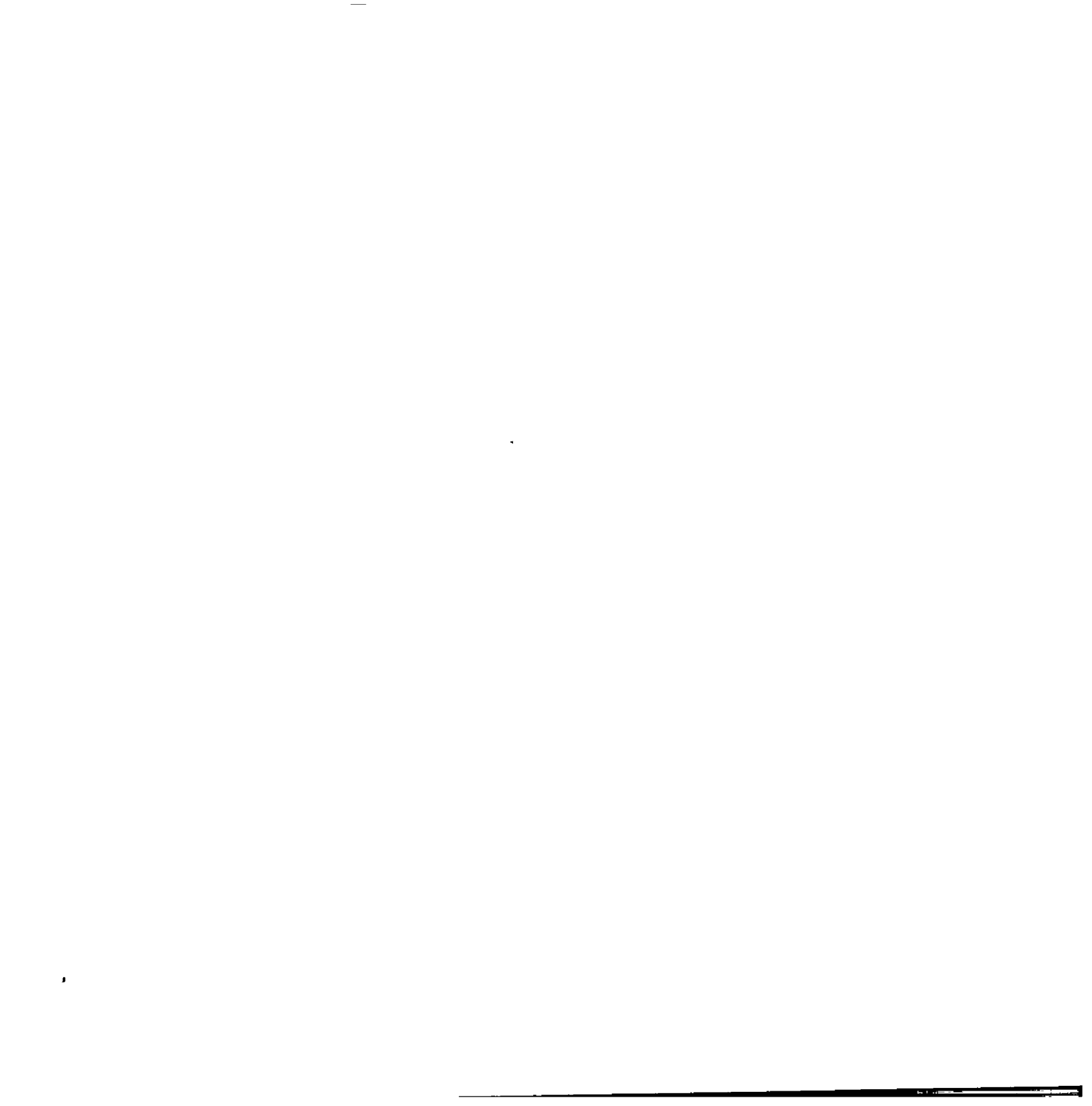
Thank you for the questions.

Sincerely,

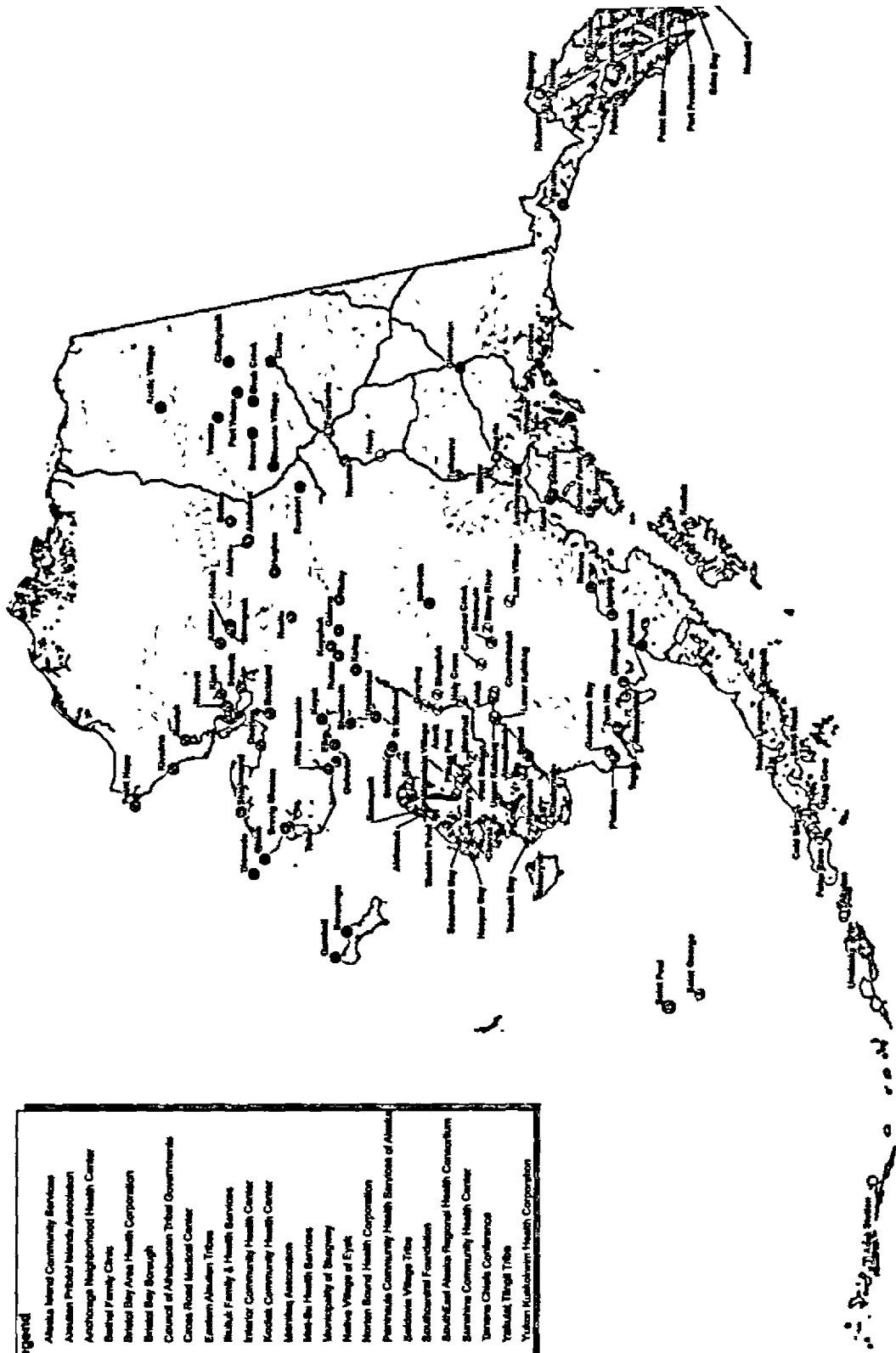


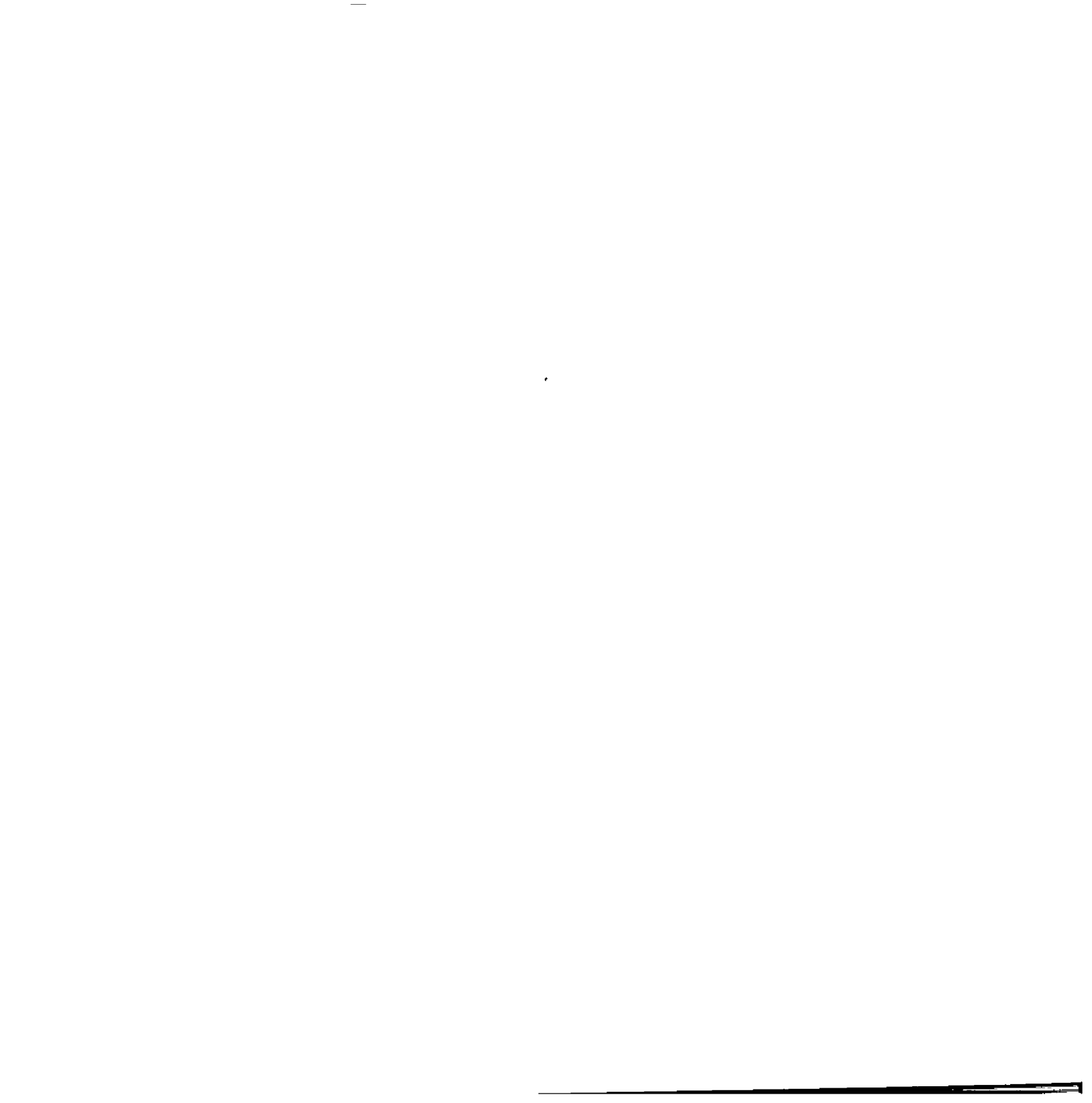
Jon Sherwood  
Deputy Commissioner

Cc: Valerie Davidson, Commissioner, DHSS  
Darwin Peterson, Legislative Director, Governor's Office  
Stacie Kunkel, Chief of Staff, Governor's Office



- Legend**
- Alaska Inland Community Services
  - Aleutian Pribilof Islands Association
  - Anchorage Neighborhood Health Center
  - Barter Family Clinic
  - Bristol Bay Area Health Corporation
  - Bristol Bay Borough
  - Council of Alaskan Tribal Governments
  - Cross Road Medical Center
  - Eastern Aleutian Tribes
  - Hubal Family & Health Services
  - Interior Community Health Center
  - Kodiak Community Health Center
  - Marketing Association
  - MetLife Health Services
  - Municipality of Sitka
  - Native Village of Eyak
  - Northern Inland Health Corporation
  - Peninsula Community Health Services of Alaska
  - Selkirk Village Tribe
  - Southeastern Foundation
  - SouthEast Alaska Regional Health Consortium
  - Sitka Community Health Center
  - Tanana Chiefs Conference
  - Yakutat Tribal Tribe
  - 2. Yukon-Kuskokwim Health Corporation





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- Anchorage Human and Social Services Executive Directors
  - Bristol Bay Native Corporation
  - Catholic Social Services
  - Doyon, Limited
  - Juneau Tlingit & Haida Community Council
  - Juneau Jewish Community, Sukkat Shalom
  - Kenai Peninsula Borough
  - National Education Association – Alaska
  - Nondalton Tribal Council
  - Sitka
  - Statewide Independent Living Council of Alaska
  - The Association of Village Council Presidents
  - Tangirnaq Native Villiage
  - United Way of Anchorage
  - Bering Straits Native Corporation
  - City and Borough of Juneau
  - Aleutian Housing Authority

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# **Resolution in Support of Medicaid Expansion**

by Anchorage Human and Social Services Executive Directors

February, 2015

Whereas, the health and wellness of Alaskans is a Constitutional priority and is vital to each individual, family, community and our entire State;

Whereas, Alaskans have identified 25 Leading Health Priorities providing a science-based framework to guide efforts toward improving health and ensuring health equity for all Alaskans which includes access to health care;

Whereas, an estimated 40,000 of the most vulnerable Alaskans are uninsured and potentially eligible for Medicaid (*Source: Alaska Native Tribal Health Consortium. Healthier Alaskans Create a Healthier State Economy. Anchorage, AK, 2013.*);

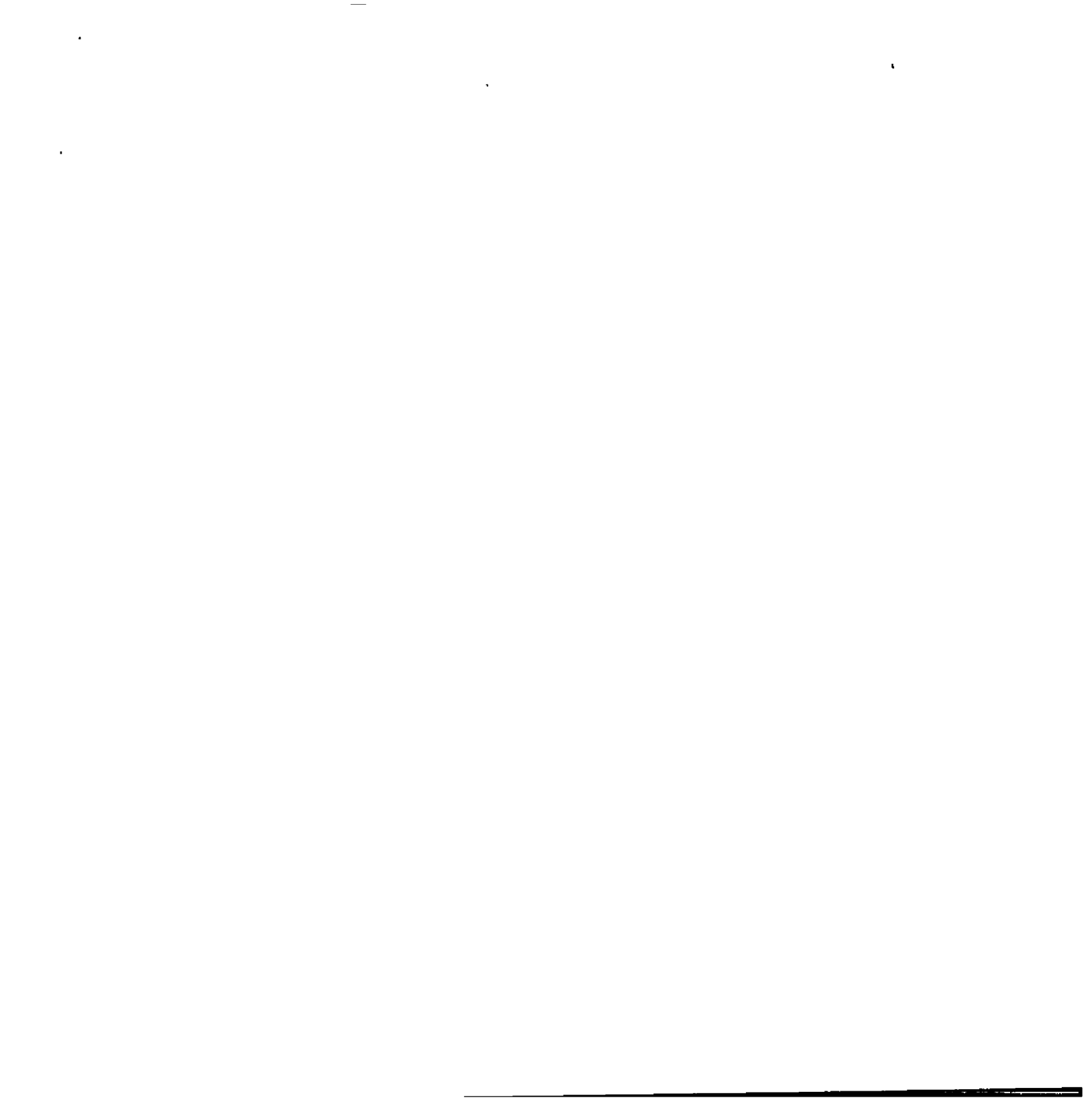
Whereas, the State of Alaska budget deficit, due to significantly lower oil prices and declining oil production, calls for all Alaskans to work together to achieve consensus on priorities, long term financial sustainability, program performance and leveraging revenue sources;

Whereas, routine preventive care contributes to life time good health; early treatment of illness and injury make it more likely for an individual to regain their health; and, treatment in an Emergency Room is most expensive;

Whereas, access to primary care and medication is particularly significant for individuals with chronic disease such as cancer, diabetes and cardiovascular disease; and Medicaid patients are 15% more likely to be tested than uninsured. Medicaid beneficiaries with heart disease are twice as likely to take their medication appropriately, compared to those who are uninsured, and are also more likely to have their blood pressure controlled and to have been checked for high cholesterol compared to the uninsured. (*Cancer Action Network, American Diabetes Association, American Heart Association, American Stroke Association, Medicaid: An Important Source of Health Care Coverage for Patients with Chronic Disease.*);

Whereas, lack of health insurance contributes to family stress and financial instability including 154,900 Alaskans served annually by the Food Bank of Alaska network of over 300 partners:

- 56% making choices between medications/meals
- 26% of households report at least one member with diabetes
- 47% of households report at least one member with high blood pressure
- 34% have no health insurance of any kind, including Medicaid
- 56% of households report having unpaid medical bills
- 53% of clients served have incomes that are at or below the federal poverty level (\$15,510 or less for household of two)
- 27% have incomes between \$1-\$10,000 annually; 29% have incomes of \$10,001-\$20,000 annually



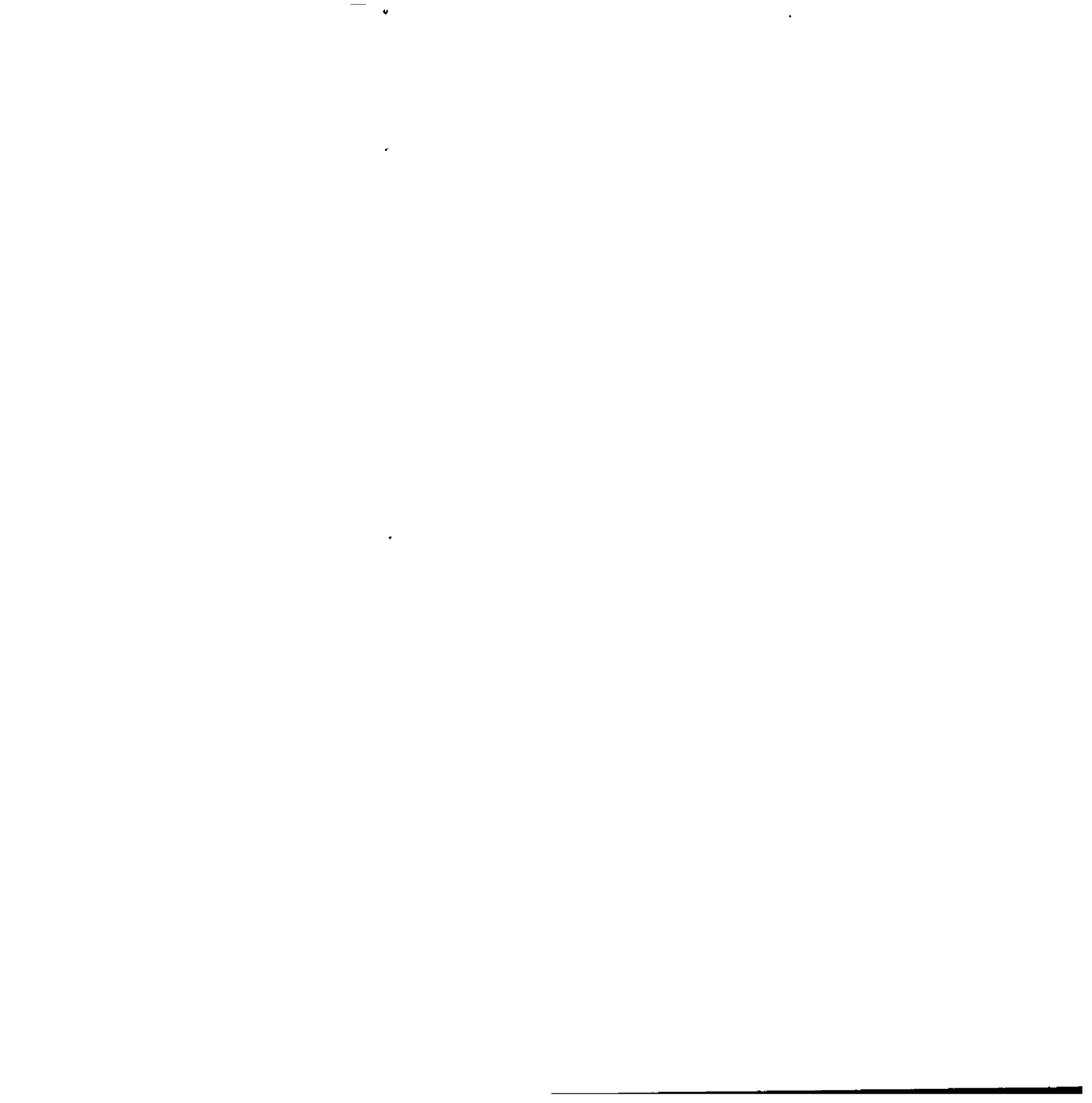
adults getting and keeping a job; and, in healthy, competitive communities;

Whereas, the State of Alaska has an opportunity now to develop an Alaska Medicaid Expansion Program which meets the needs of vulnerable Alaskans, communities and Alaska as well as being an effective component of the Alaska health care system and is funded by the Federal government at least at 90% and has the potential to provide additional offsets to program expansion administration;

Whereas, Medicaid Expansion would provide a revenue stream covering a portion of the health care costs of vulnerable Alaskans and in doing so support financial stability and organization sustainability of the Alaska health safety net: community health centers, community mental health centers, tribal clinics, rural hospitals, urban hospitals;

Whereas, in FY2014, as partners in caring for vulnerable Alaskans, coalition members contributed directly to customer health or provided supports to increase the likelihood of short term and lifelong health and wellness. We

- provided 18,805 customers health care services 26,529 customers health screenings; 68,841 customers health education; \$17,690,505 donated logistical or financial assistance; 14,848 with a patient centered medical home; and, 31,793 or 84% of customers surveyed demonstrated/reported healthy behaviors and 8,073 or 84% met the terms of their health treatment plan; and,
- Served 994,312 meals/snacks/ box lunches; sheltered 17,103 homeless individuals/families; provided 24,695 households prevention services and/or income boosts; distributed 540,037 pounds of food; and 1,484 or 64% of participating customers demonstrating improved coping skills, better ability to return to daily life, *ability to return to work and/or home after completing crime or violence prevention and/or stabilization programs and 1,532 or 70% of participating customers had increased self-sufficiency levels after exiting a program operating in the community; and,*
- 1,037 children 0-5 screenings; 1,684 children provided with quality care and education services; 109,165 free books distributed to children 0-5; and, 2,167 or 89% of participating parents/families had increased knowledge of parenting and child development
- 20,948 of youth participating in activities that promote youth development; 196 or 67% participating youth decreasing substance use; 6,000 or 69% youth more engaged with education, learning and school; and, 10,860 or 74% youth with conflict resolution skills (*Note: the information above is a sample based on data provided is based on annual reporting by partner agencies to United Way of Anchorage.*); and,
- We, our partners, business people, teachers, students and parents have been working together to increase the Anchorage School District graduation to 90% by the year 2020, and have together increased graduation rates from 59% in 2005 to 74% in 2014 which contributes as a positive determinant in lifelong health.



- Approve Medicaid Expansion
- Fix and clear backlogs for
  - the State of Alaska Medicaid eligibility determination system, Alaska's Resource for Integrated Eligibility Services (ARIES), and;
  - the payment system, Medicaid Management Information System (MMIS) prior to Medicaid Expansion
- Accept federal money for Medicaid Expansion
- Approve supplemental funding for Medicaid Expansion administration

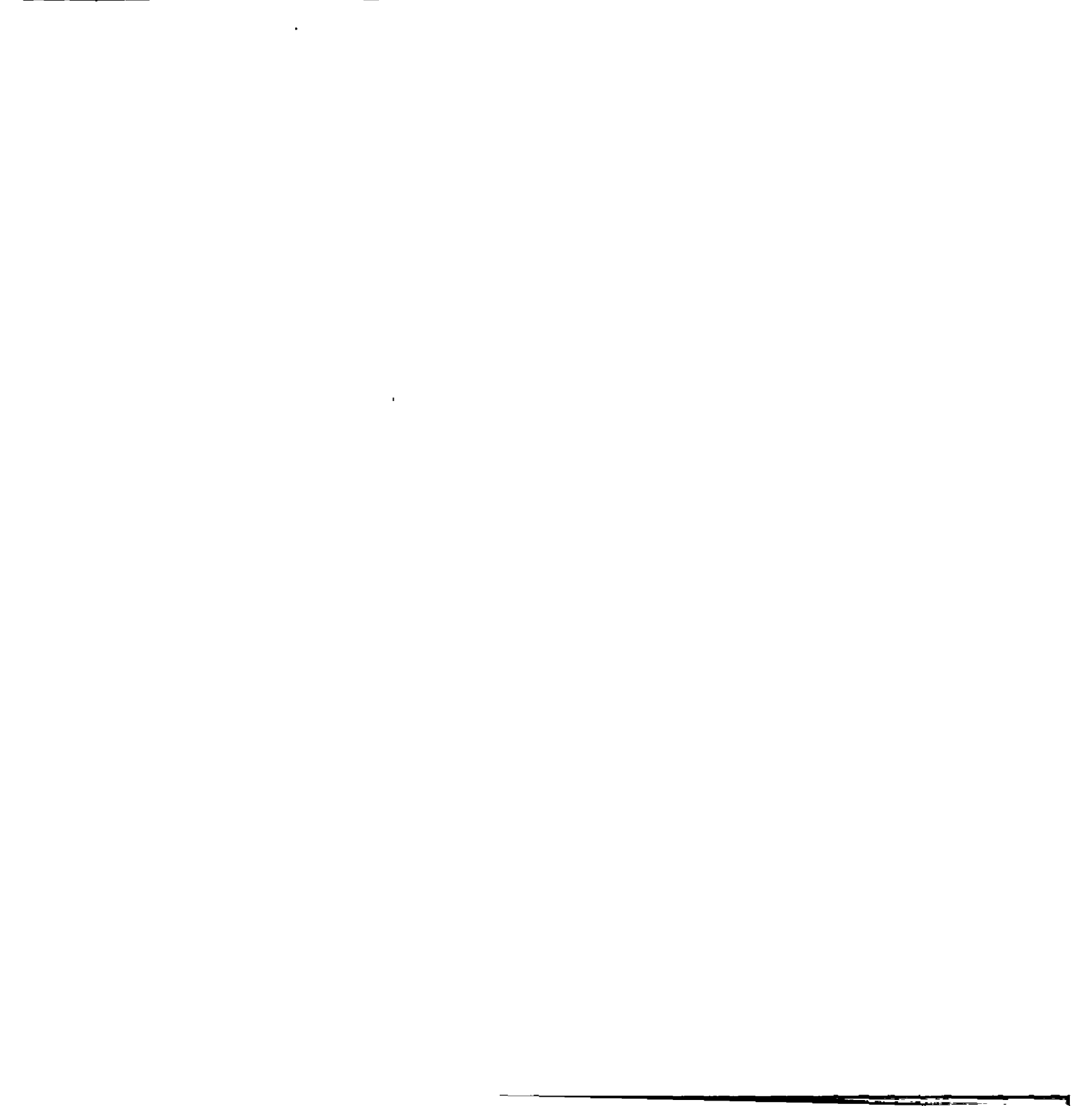
And;

Commit to being partners in this effort by continuing to care for vulnerable Alaskans and by working with the Governor, State of Alaska Legislature, the State of Alaska Department of Health and Social Services, the business community and other stakeholders to develop a sustainable Alaska Medicaid Expansion Program.

Hilary A. Morgan, Co-Chair

CEO, YWCA Alaska

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**Abused Women's Aid in Crisis, Inc. (AWAIC)**

**AK Child & Family**

**Alaska Injury Prevention Center**

**Alison Kear, Chief Executive Officer, Covenant House Alaska**

**American Diabetes Association**

**Anchorage Neighborhood Health Center**

**Anchorage Youth Development Coalition (AYDC)**

**Barbara Dubovich, Chief Executive Officer, Camp Fire USA Alaska Council**

**CCS Early Learning**

**Food Bank of Alaska**

**Jerry A. Jenkins, Chief Executive Officer, Anchorage Community Mental Health Services (and Fairbanks Community Mental Health Services)**

**Lisa Aquino, Executive Director, Catholic Social Services**

**Francine Harbor, NAMI**

**Nine Star Education and Employment Services**

**Pauline P. Smith, Executive Director, Alaska Literacy Program**

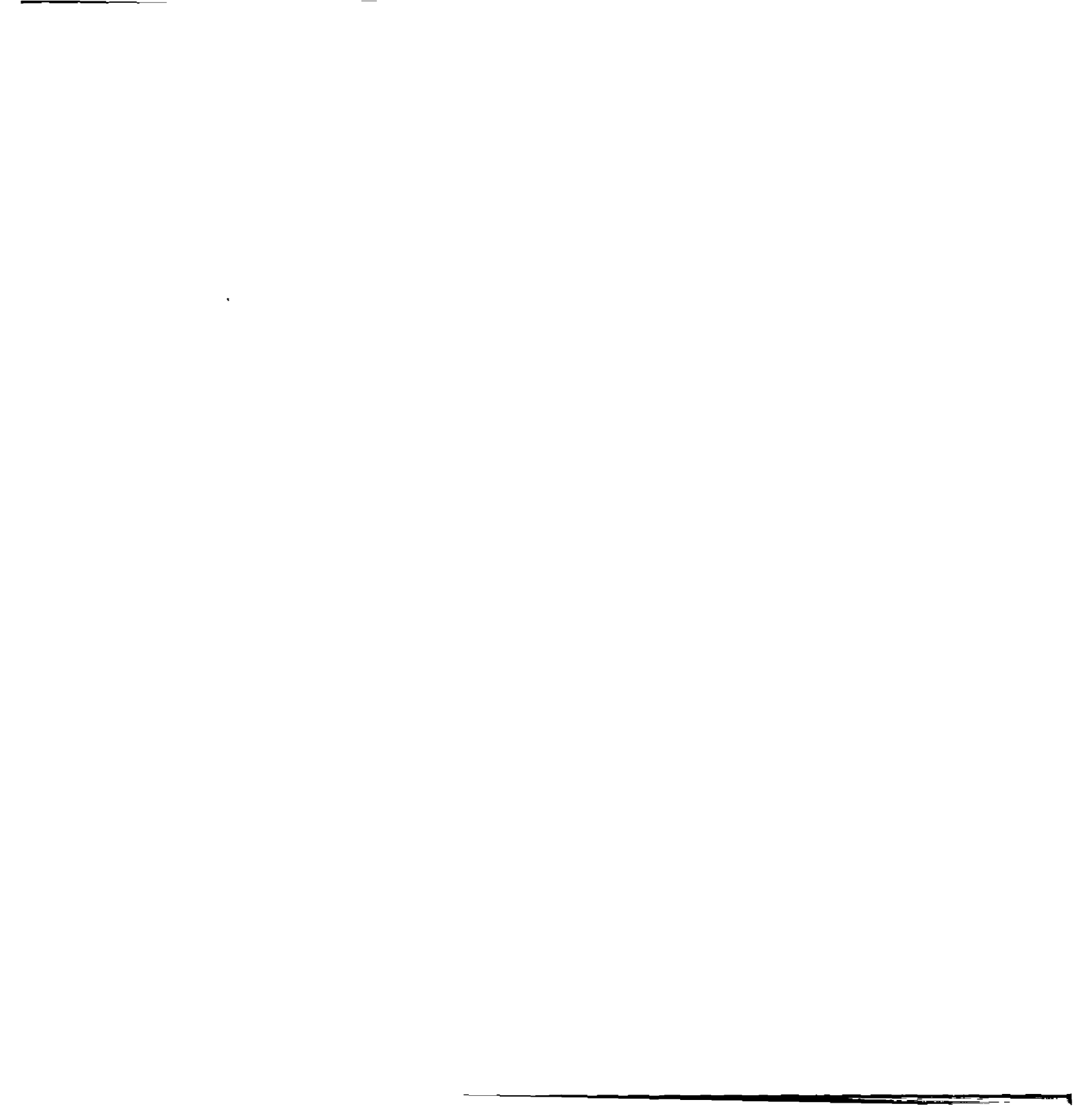
**RurAL CAP**

**Stephanie Berglund, CEO, thread**

**Volunteers of America Alaska**

**YWCA Alaska**

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February 24, 2015

Governor Bill Walker  
Alaska State Capitol Building  
P.O. Box 110001  
Juneau, AK 99811-0001

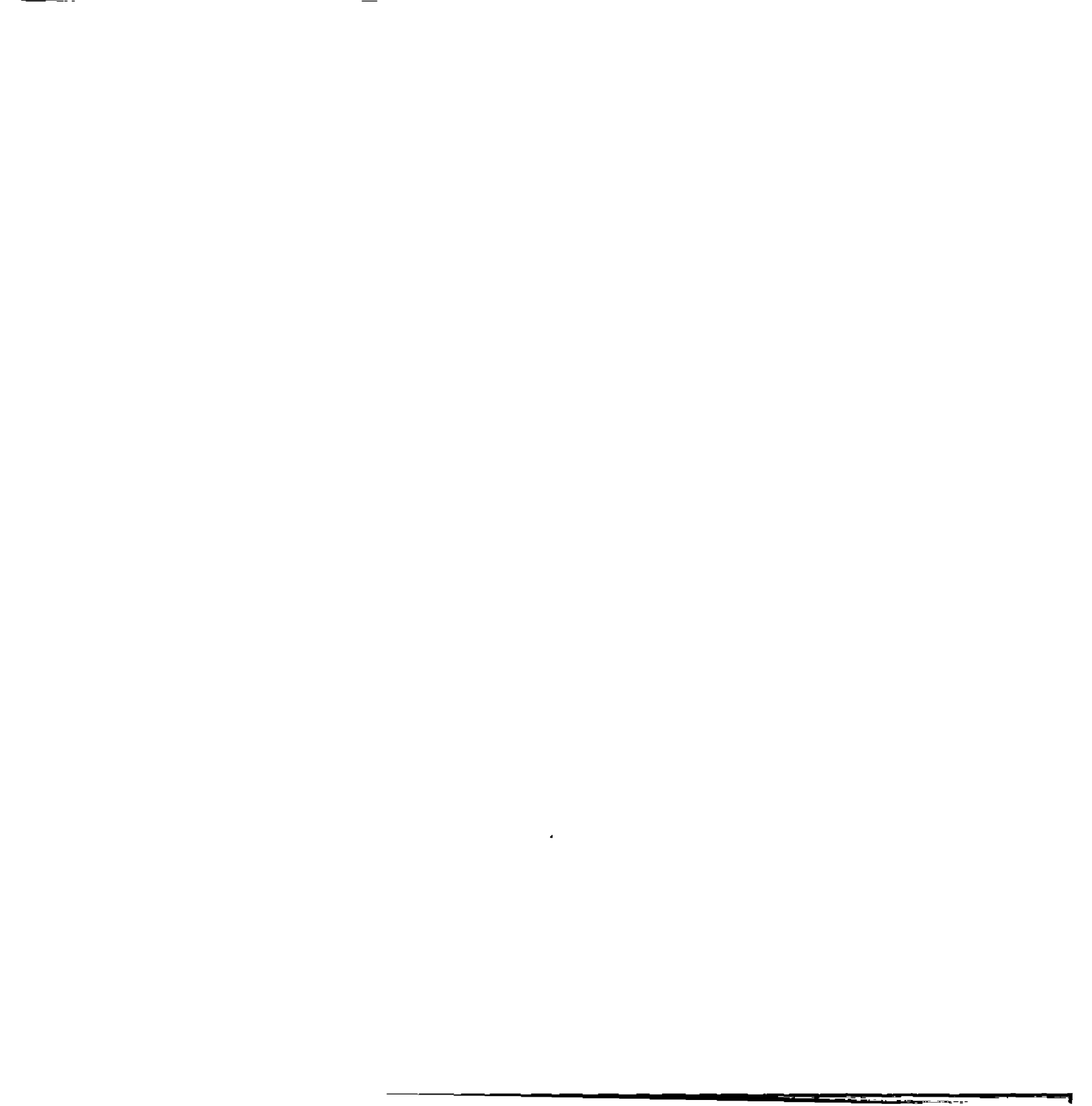
Dear Governor Walker:

Bristol Bay Native Corporation (BBNC) supports Medicaid expansion. Medicaid expansion is critical to improving access to health care for thousands of Alaskans. Expansion will also bring the state close to a billion dollars in new federal spending over the short-term and will support programmatic reforms that will save the state additional Medicaid dollars over the long-term. Accordingly, BBNC encourages you to expand the Medicaid program.

Studies suggest that expanding Medicaid will greatly reduce the number of uninsured Alaskans and will save lives - by some estimates 30 lives a year. Without insurance many individuals are forced to ignore health issues until they become unbearable and they are forced to seek care in an emergency room. Medicaid expansion will allow these individuals to seek medical attention much earlier and in a primary care setting.

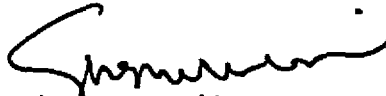
Expansion will also increase the level of substance abuse treatment and care available to many Alaskans. A disproportionate number of Alaska Natives are incarcerated for offenses that are more often than not either directly or indirectly related to alcohol and substance abuse. While incarcerated individuals can often receive substance abuse treatment while they are in state custody, there is no continuing treatment available once these individuals are released. Medicaid expansion will increase the amount of drug and alcohol counseling available outside of incarceration and should reduce recidivism rates. This is of critical importance to rural Alaska.

Medicaid expansion also makes sense from a finance perspective. In 2011, Alaska hospitals provided 90 million dollars in uncompensated emergency room care. These are costs that the state's health care system had to absorb and spread to other patients (and their insurers) through higher health care rates. Other states that have expanded Medicaid have seen their uncompensated hospital costs fall by as much as 30%. Should Alaska hospitals see a similar reduction in uninsured costs, more than 10 million dollars per year in uninsured costs could be avoided.

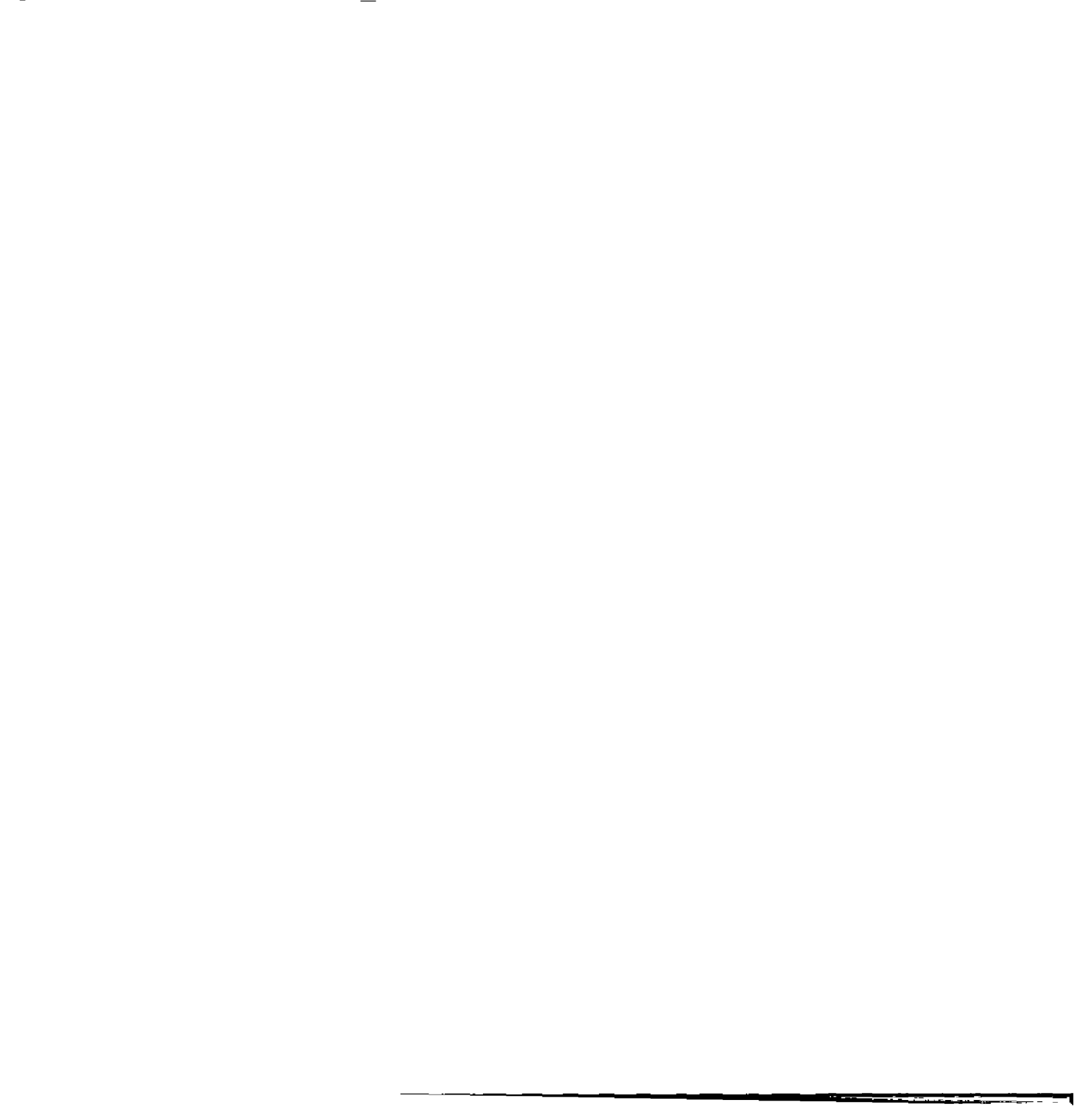


Alaska currently faces numerous social and fiscal challenges. Medicaid expansion offers a rare opportunity to address one of the social challenges while also bringing new federal funding to the state. From this perspective, the decision to expand the state's Medicaid program should be any easy one. We encourage your administration to work with the legislature to get this important task completed. Alaska and Alaskans stand to benefit greatly.

Regards,

A handwritten signature in black ink, appearing to read 'Jason Metrokin', with a stylized flourish at the end.

Jason Metrokin  
President & CEO



3-9-15

Brother Francis Shelter

Charlie Elder House

Clare House

Family Disability Services

Homeless Family Services

Pregnancy Support &  
Adoption Services

Refugee Assistance &  
Immigration Services

St. Francis House

Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

Catholic Social Services supports efforts to expand Medicaid in July 2015 for the benefit of Alaskans, in particular for the vulnerable Alaskans who we serve.


Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which is expected to bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years.

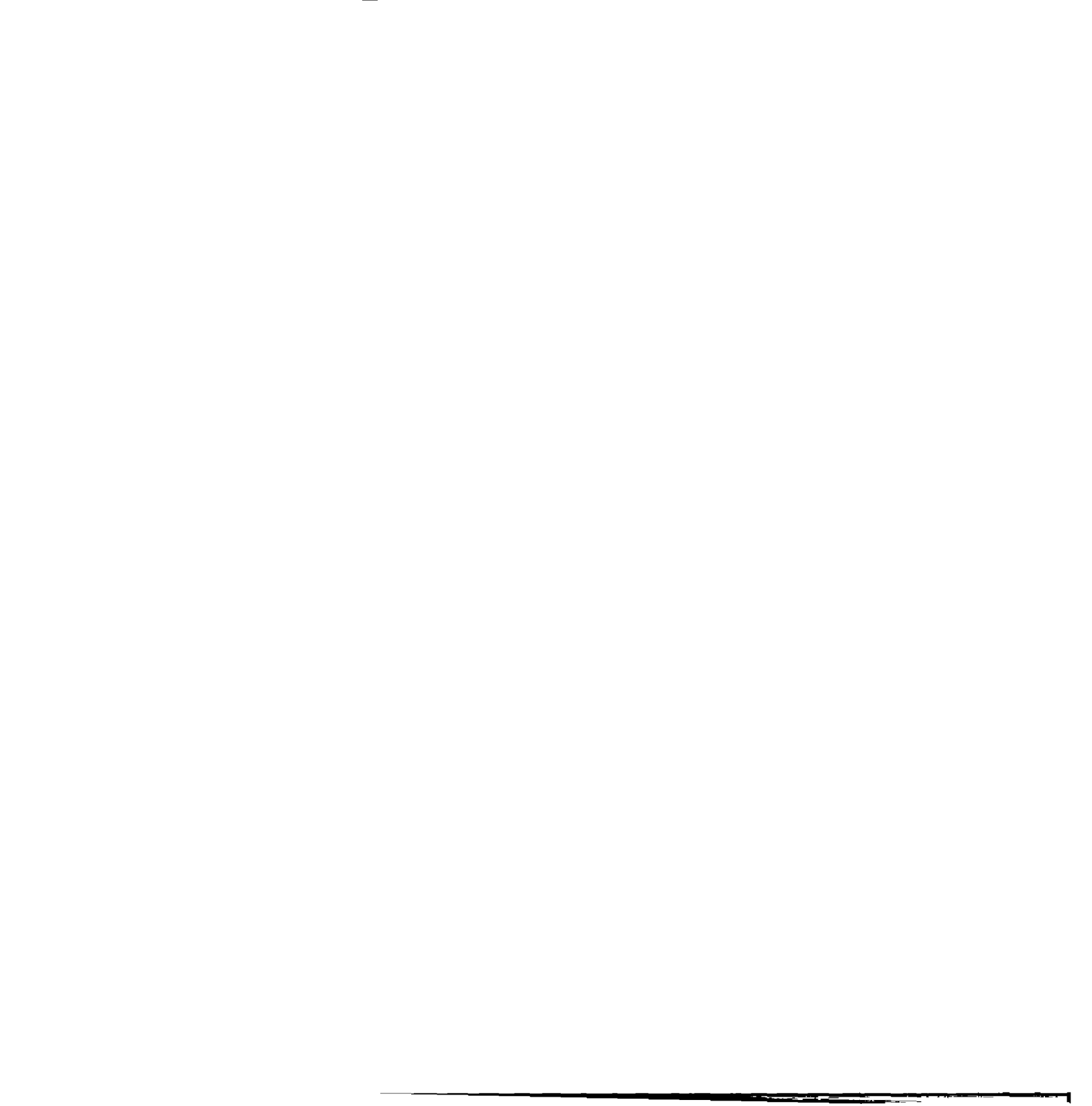
Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. Medicaid expansion will serve as a catalyst for meaningful Medicaid reform.

Thank you for your thoughtful consideration on this issue. The mission of Catholic Social Services is to compassionately serve the poor and those in need; strengthen individuals and families; and advocate for social justice. We believe our support of Medicaid expansion speaks to every element of our mission.

Sincerely,



Lisa D.H. Aquino, MHS  
Executive Director





March 6, 2015

Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

This letter is written on behalf of Doyon, Limited as a statement of support for your efforts to expand Medicaid for the benefit of Alaskans and the Alaska economy.

Doyon's mission is to continually enhance its position as a financially strong Native corporation in order to promote the economic and social well-being of its shareholders and future shareholders, to strengthen its Native way of life, and to protect and enhance its land and resources.

Through Medicaid Expansion, over 40,000 of our fellow Alaskans will be eligible for health coverage. This improves health outcomes by reducing the number of uninsured, improves preventative and primary care access, and provides substance abuse treatment and mental health counseling.

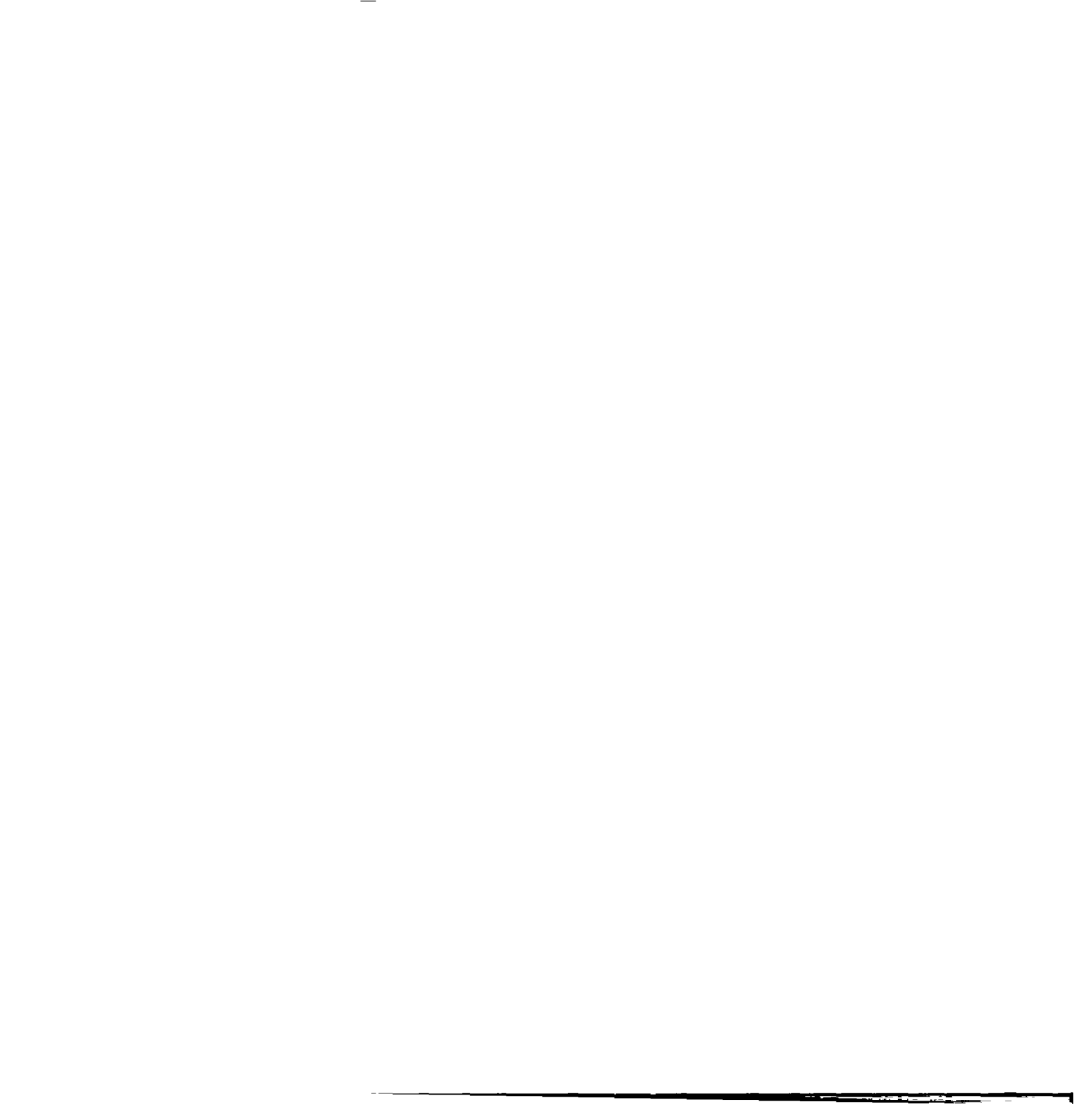
Medicaid expansion also provides significant associated economic benefits, including but not limited to more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years.

Doyon, Limited endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy. Again, thank you for the work you are doing on behalf of all Alaskans. If you have any questions regarding this letter, please do not hesitate to contact me at (907) 459-2000.

Sincerely,

A handwritten signature in black ink, appearing to read "ASCH", is written over a horizontal line.

Aaron M. Schutt  
President and CEO





**Resolution 02-2015**

**A RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID  
COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE  
ALASKAN ECONOMY**

**WHEREAS, Central Council Tlingit & Haida Indian Tribes of Alaska (Central Council) is a federally recognized tribe of more than 28,000 tribal citizens; and**

**WHEREAS, the Juneau Tlingit & Haida Community Council (JTHCC) is a federally recognized tribal political subdivision and subordinate entity of Central Council Tlingit & Haida Indian Tribes of Alaska. The JTHCC tribal member enrollment as of January 2015 is 6,746;**

**WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and**

**WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and**

**WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and**

**WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and**

**WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,**

**WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and**

**WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and**



uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

WHEREAS, Medicaid reform and expansion will provide for underserved tribal members: children in need of aid, pregnancies and birthing, people in prisons, mentally ill persons and veterans; and

NOW THEREFORE BE IT RESOLVED, that Juneau Tlingit & Haida Community Council endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

BE IT FURTHER RESOLVED that Juneau Tlingit & Haida Community Council strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

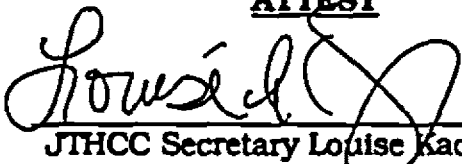
Passed and approved this \_\_12th\_\_ day of March 2015, at Juneau, Alaska.

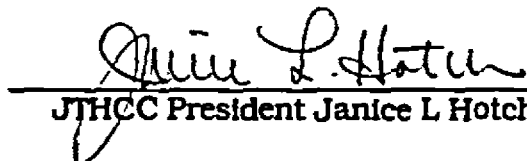
APPROVED       DISAPPROVED       TABLED

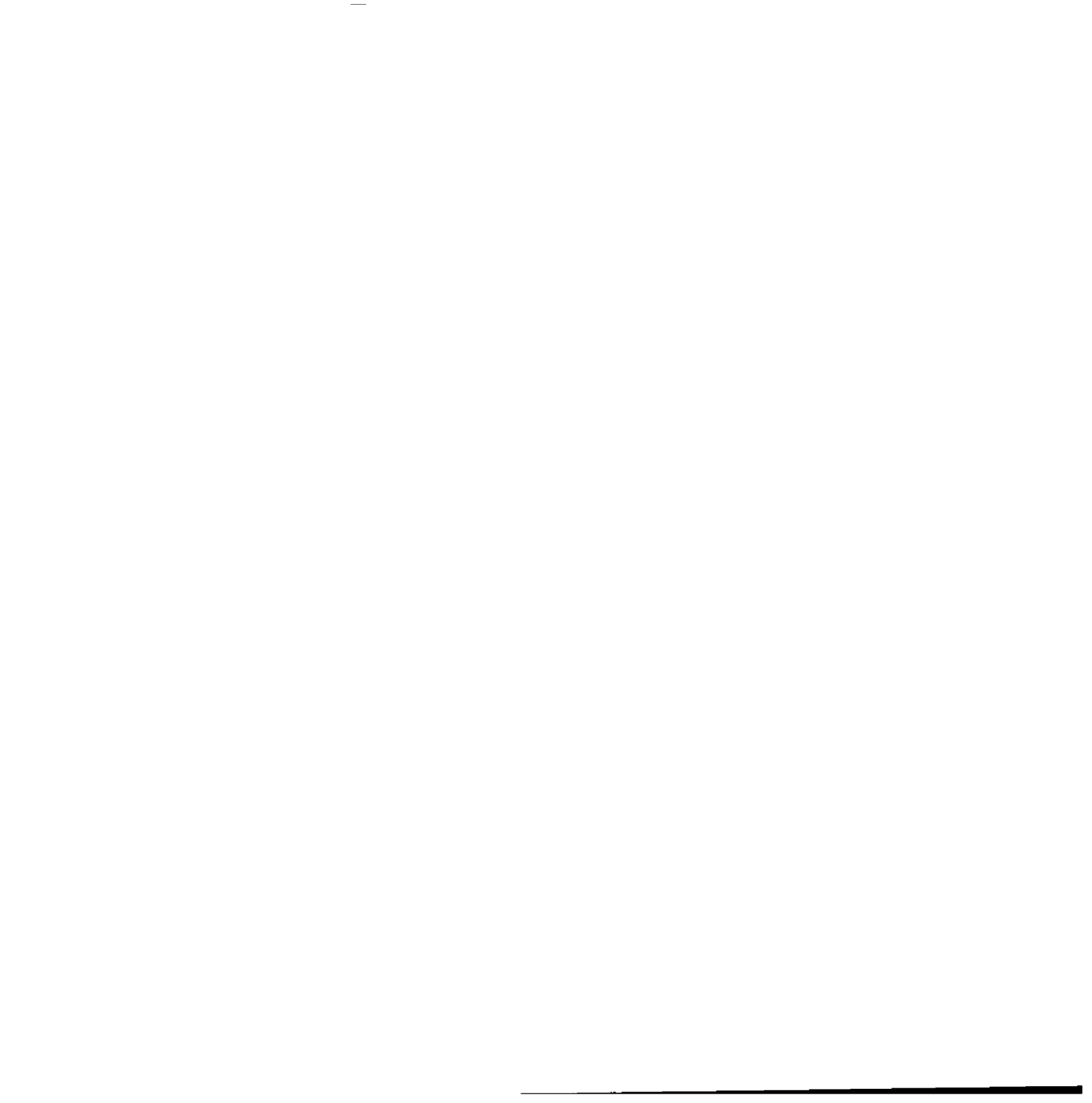
26 AYES             NAYS      19 ABSENT


**CERTIFY**

**ATTEST**

  
\_\_\_\_\_  
JTHCC Secretary Louise Kadinger

  
\_\_\_\_\_  
JTHCC President Janice L Hotch





## **Congregation Sukkat Shalom "Shelter of Peace"**

**A RESOLUTION URGING THE ALASKA LEGISLATURE TO IMPROVE THE HEALTH AND WELL BEING OF ALASKANS, ALLOWING THEM BENEFITS SHARED BY OUR MEMBERSHIP AND THE MEMBERSHIP OF THE ALASKA LEGISLATURE BY EXPANDING MEDICAID**

**WHEREAS the Jewish virtue of "tikkun olam", repairing our world, calls upon us to fix the injustice of inequality and suffering; and**

**WHEREAS, the Jewish tradition of "tzedakah", giving to others less fortunate, is not considered charity but "the right thing to do"; and**

**WHEREAS, the majority of the membership of our congregation and the entire membership of our State Legislature are blessed with the benefit of insurance coverage so that we have access to preventive and healing health care for our families and our children; and**

**WHEREAS, we have knowledge that tens of thousands of Alaskans do not share our same access to health care; and**

**WHEREAS, nearly 42,000 other Alaskans would have the opportunity to gain health care coverage under Medicaid expansion; and**

**WHEREAS, Medicaid expansion will improve health outcomes by reducing the numbers of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and**

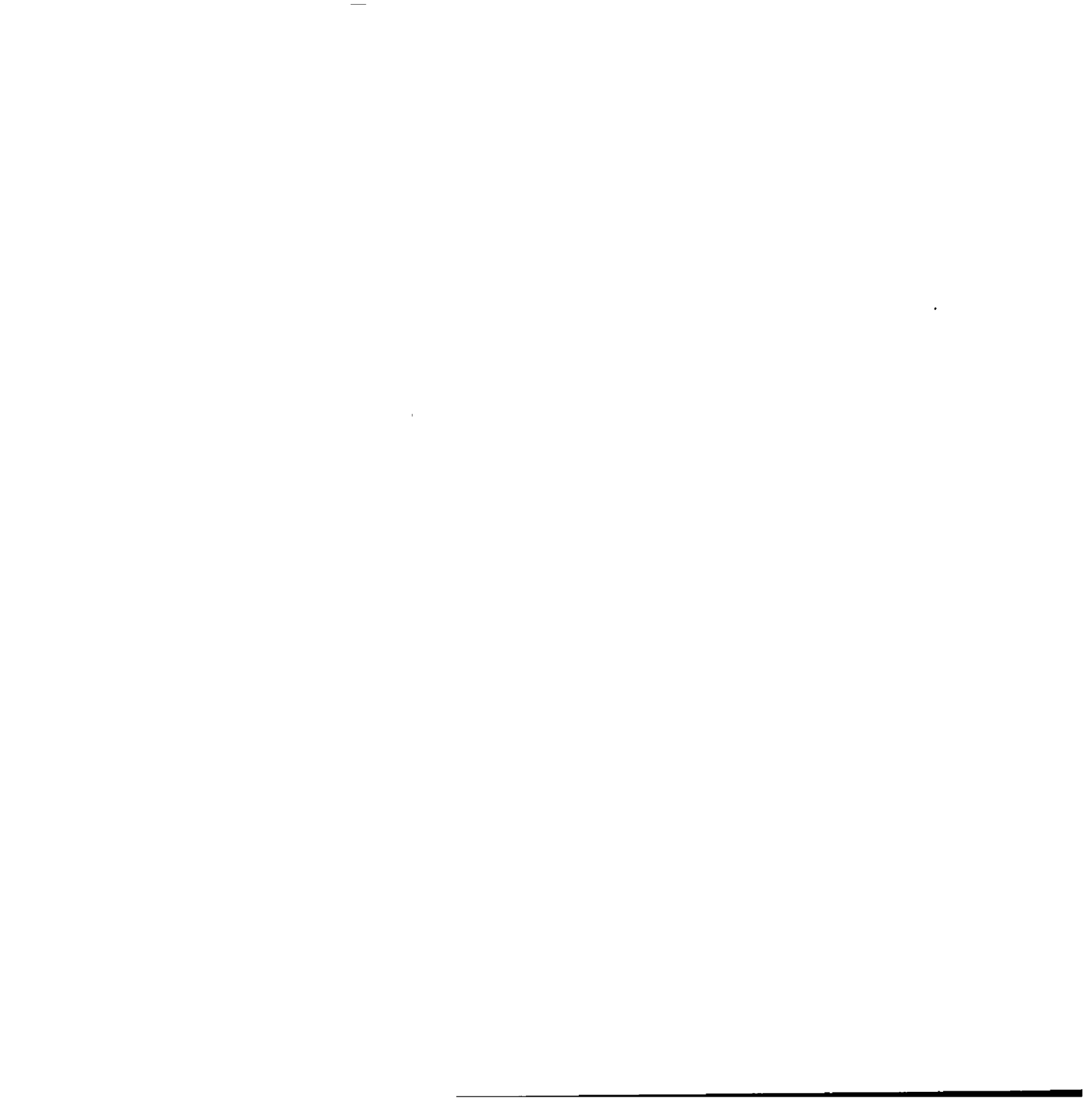
**WHEREAS, Medicaid expansion would help Alaska economically by bringing in over \$1 billion in new federal revenue over the first five years; and**

**WHEREAS, the State would save \$6.1 million in 2016 by using federal funds to pay for health services currently paid for with state general funds; and**

**WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond;**

**THEREFORE BE IT RESOLVED, as an act of "tikkun olam", healing the world, Congregation Sukkat Shalom urges Medicaid expansion in Alaska and deems it imperative that the Alaska Legislature expands Medicaid to take effect in July, 2015.**

**3/16/15**



Introduced by: Smith, Mayor  
Date: 02/05/13  
Action: Adopted  
Vote: 8 Yes, 0 No, 1 Absent

**KENAI PENINSULA BOROUGH  
RESOLUTION 2013-014**

**A RESOLUTION REQUESTING THE STATE OF ALASKA ADMINISTRATION AND  
ALASKA STATE LEGISLATURE FULLY CONSIDER THE BENEFITS TO THE  
RESIDENTS AND BUSINESSES OF THE KENAI PENINSULA BOROUGH WHEN  
CONSIDERING THE EXPANSION OF MEDICAID UNDER THE AFFORDABLE  
CARE ACT**

**WHEREAS,** the Affordable Care Act provides for expansion of Medicaid benefits by increasing the eligibility income level; and

**WHEREAS,** significant numbers of Kenai Peninsula Borough residents would become newly eligible for benefits if the State opted to agree to the Medicaid expansion; and

**WHEREAS,** the increase in eligible beneficiaries would provide increased care and improved health for many borough residents; and

**WHEREAS,** borough hospitals would see an increase in reimbursed care and a decrease in charity care; and

**WHEREAS,** other health care providers would see a similar benefit; and

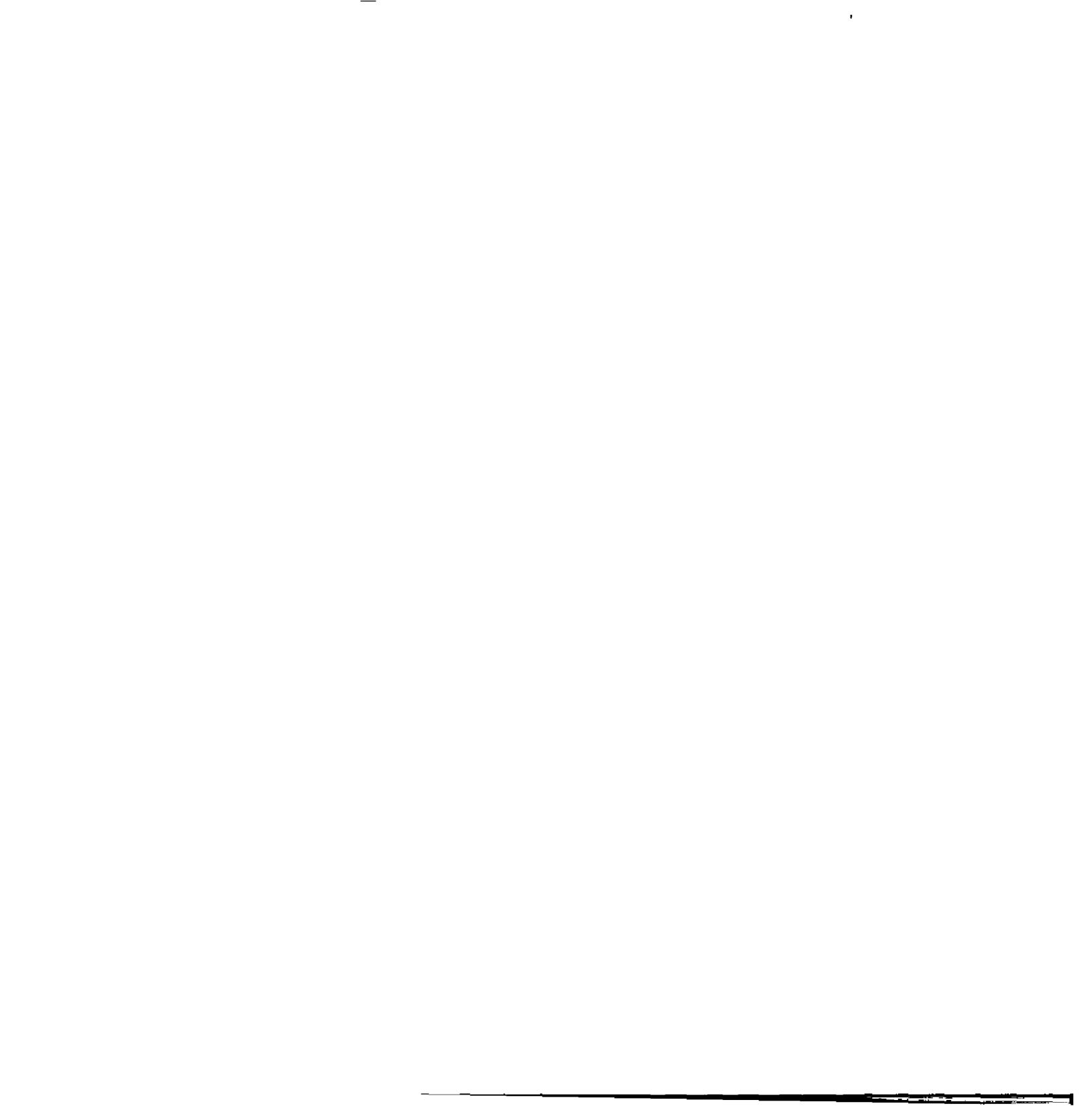
**WHEREAS,** the increase in Medicaid funding would provide better health for our residents and an economic boost to the borough; and

**WHEREAS,** a preliminary evaluation by Northern Economics predicts for each \$1 in State funding related to Medicaid expansion, \$15.5 in new federal funds will be generated; and

**WHEREAS,** the evaluation also finds a net reduction of State costs because increased Medicaid eligibility will displace other costs borne by the State;

**NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE KENAI  
PENINSULA BOROUGH:**

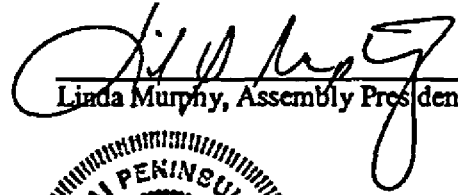
**SECTION 1.** That the Kenai Peninsula Borough Assembly requests the State of Alaska Administration and the State Legislature to weigh heavily the great benefits that would accrue to the residents of the borough and to the borough economy while deciding whether to expand our Medicaid program.



**SECTION 2.** That copies of this Resolution be provided to Governor Sean Parnell and all members of the Legislature representing the Kenai Peninsula Borough.

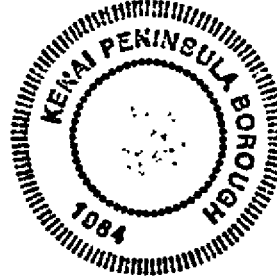
**SECTION 3.** That this resolution takes effect immediately upon its adoption.

**ADOPTED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH THIS 5TH DAY OF FEBRUARY, 2013.**

  
Linda Murphy, Assembly President

ATTEST:

  
John Blankenship, MMC, Borough Clerk



Yes: Haggerty, Johnson, McClure, Pierce, Smith, Tauriainen, Wolf, Murphy  
No: None  
Absent: Smalley





March 16, 2015

Honorable Bill Walker  
Governor, State of Alaska  
PO Box 110001  
Juneau, AK 99511-0001

Dear Governor Walker,

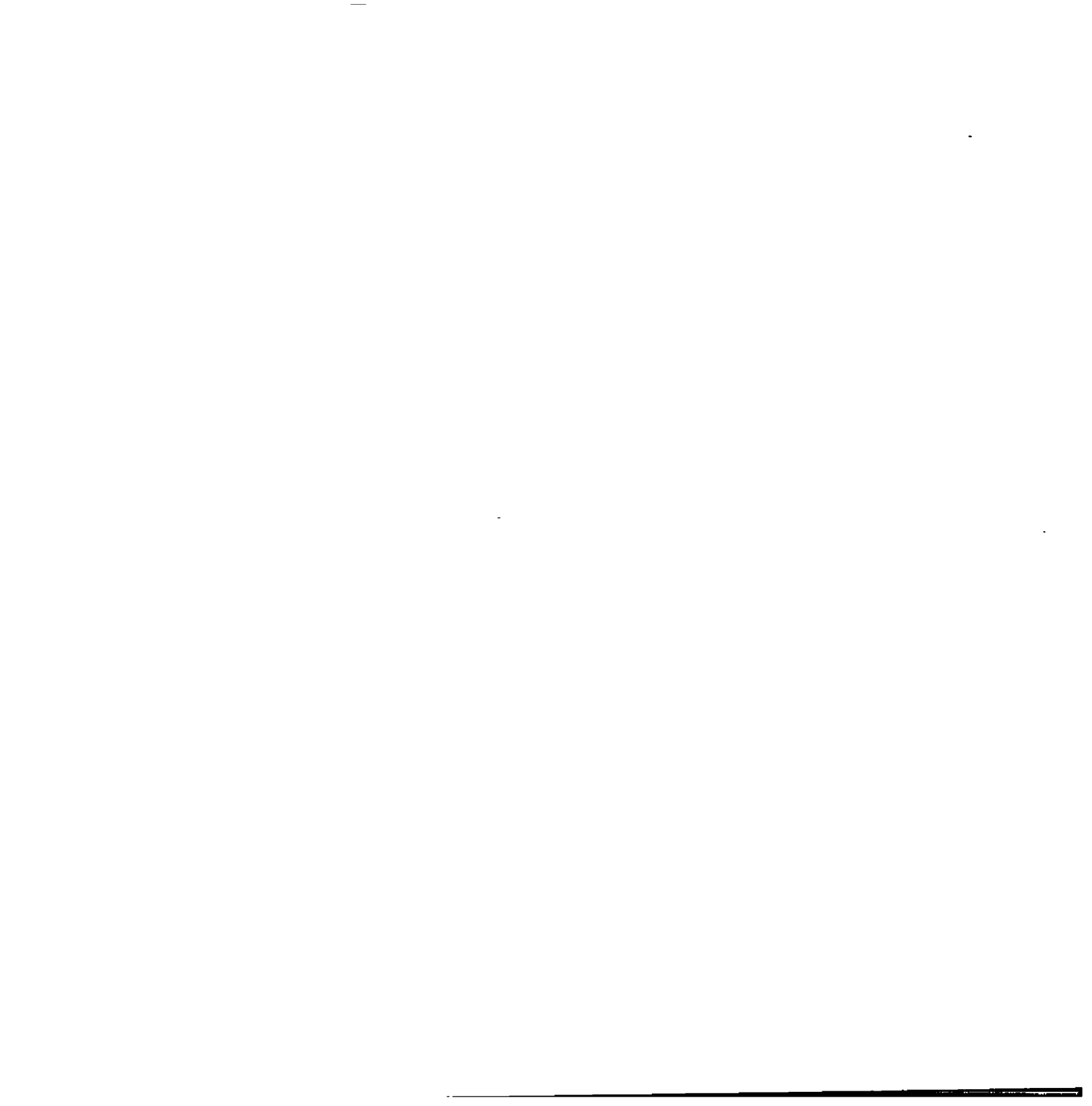
On behalf of Alaska's 13,000 education support professionals and teachers, in order to improve the health, safety, and well-being of our 130,000 public school students, I am writing to affirm NEA-Alaska's support of Medicaid expansion in Alaska.

Some may not see Medicaid expansion as an education issue. As someone who taught in our schools for over 30 years with some of Anchorage's most at-risk students, including at Clark Middle School and the McLaughlin Youth Center, I can tell you that the lack of access to quality, affordable healthcare in our communities directly impacts too many Alaskan children. When I taught at Clark and McLaughlin, I went to work every day to help as many of my students as possible to succeed and turn their lives around. I wish I could tell you that all of them did, but that is not the world we live in.

In 2014, NEA-Alaska partnered with the Anchorage Chamber of Commerce, Alaska PTA, United Way of Anchorage, Citizens for the Educational Advancement of Alaska's Children, and a number of other partners to commission a statewide study by Northern Economics on the social and environmental issues that are impacting student learning and achievement in Alaska. The results were clear: parents and teachers alike found that student learning was severely impacted by a number of issues outside the classroom, such as poverty, drug and alcohol abuse, and domestic violence. These issues leave children without safe and supportive home environments, which can lead to chronic absence, a lack of academic preparation, and low levels of student achievement.

Too many of my students had the deck stacked against them by these social and economic factors. Would Medicaid expansion solve all these issues? No, but it would surely help some of our most disadvantaged students. Medicaid expansion is no silver bullet, but it would reduce the number of uninsured Alaskans by half – extending health coverage to more than 40,000 low-income Alaskans. Many of these new enrollees will *not* have dependent children (some will, but many low-income children are already covered by Medicaid and Denali KidCare), but expanding health coverage in low-income communities and neighborhoods will improve the quality of life for all the children who live in them.

By most estimates, Medicaid expansion will bring \$1.1 billion in new federal revenue into Alaska. It will create 4,000 new jobs, \$1.2 billion more in wages and salaries, and \$2.49 billion in increased economic activity across Alaska. In addition, Medicaid expansion will create millions in cost savings for the state of Alaska at a time when we are searching for ways to close a projected \$3.5 billion budget deficit.



March 16, 2015

Page 2

As educators, we are deeply committed to the success of every one of our students. Medicaid expansion will be good for the state, it will be good for the economy, but for us this issue comes down to one simple statement: Medicaid expansion will be good for our students.

Thank you for taking action on one of the most important public policy issues that will affect Alaska's students this legislative session.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Fuhrer". The signature is written in a cursive style with a large initial "R" and a long, sweeping underline.

Ron Fuhrer  
President

cc: Alaska Legislature



Nondalton Tribal Council  
P.O. Box 49  
Nondalton, A.K. 99640  
Ph. (907) 294-2257  
Fax (907) 294-2271  
nondaltontribe@yahoo.com

Resolution 03-05-15-1

**TITLE: A RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY.**

**WHEREAS,** nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

**WHEREAS,** Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

**WHEREAS,** Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

**WHEREAS,** studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

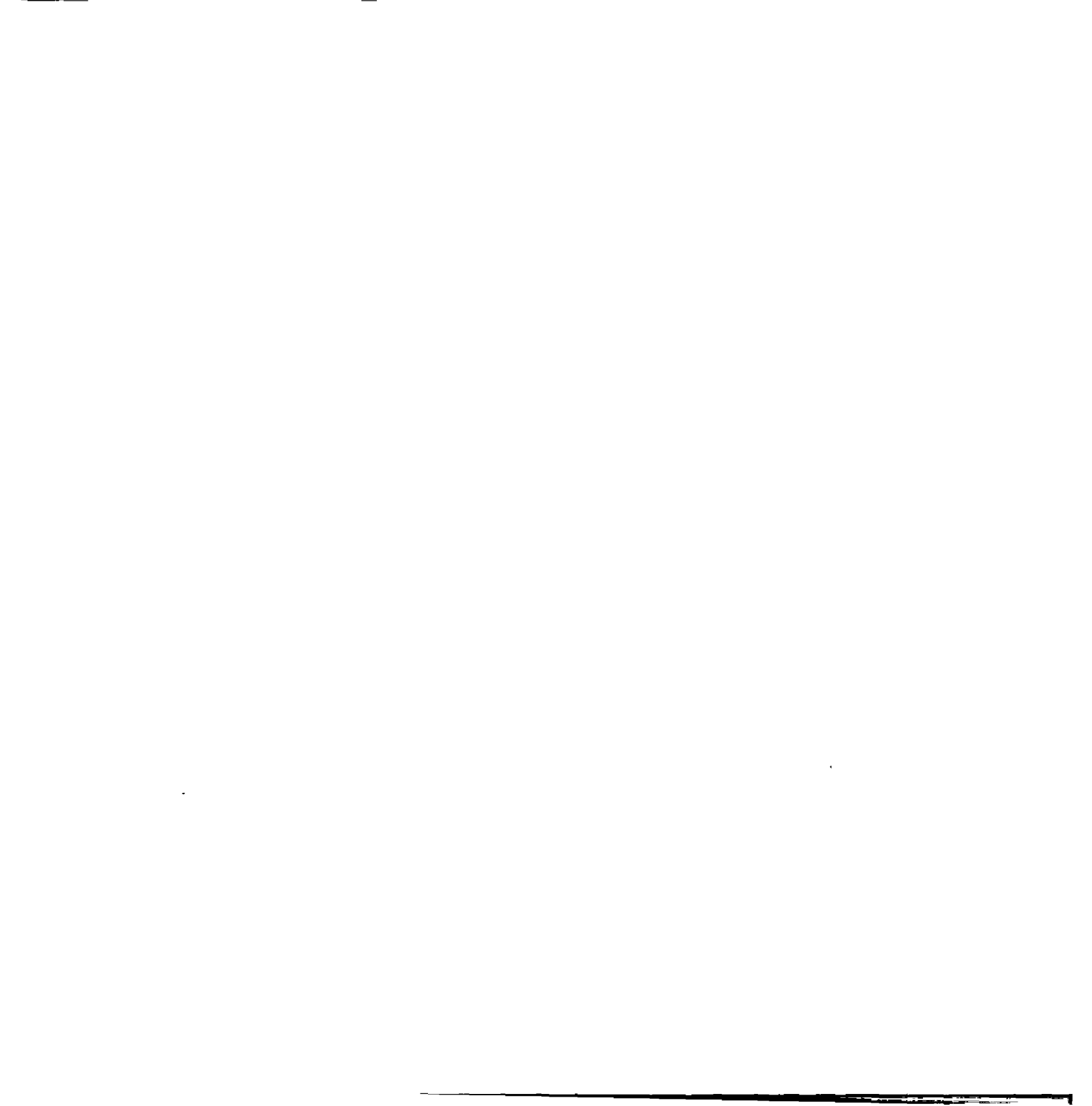
**WHEREAS,** with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,

**WHEREAS,** federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

**WHEREAS,** the State's continued participation is contingent upon maintaining the 90% match; and

**WHEREAS,** Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

**WHEREAS,** Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and



**WHEREAS,** leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

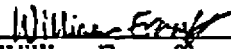
**WHEREAS,** the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

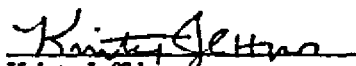
**NOW THEREFORE BE IT RESOLVED,** Nondalton Tribal Council endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

**BE IT FURTHER RESOLVED,** that Nondalton Tribal Council strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

**CERTIFICATION**

This is to certify that the foregoing resolution was adopted by the Nondalton Tribal Council at a duly called regular meeting of the Nondalton Tribal Council and was adopted by a vote of 7 for, and 0 against with 0 abstention 0 absent, this 15<sup>th</sup> day of March, 2015.

  
\_\_\_\_\_  
William Evanoff,  
President

  
\_\_\_\_\_  
Kristy Jeffries,  
Secretary



**Nondalton Tribal Council**  
**P.O. Box 49**  
**Nondalton, A.K. 99640**  
**Ph. (907) 294-2257**  
**Fax (907) 294-2271**  
**nondaltontribe@yahoo.com**

March 3, 2015

The Honorable Lisa Murkowski  
State Senate  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Murkowski,

Nondalton Tribal Council strongly urges the Alaska Legislature to expand Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy.

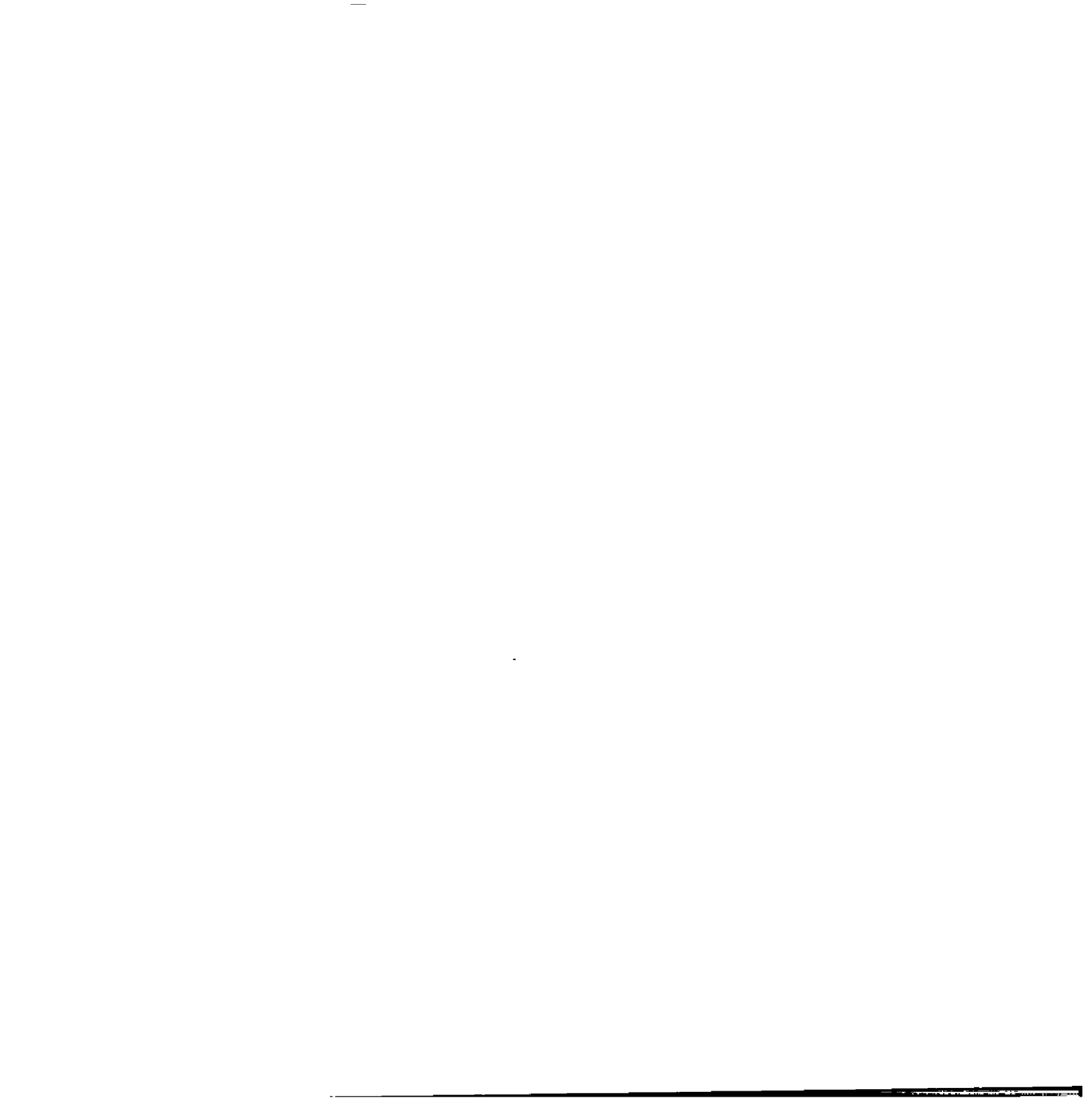
Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid



program should be of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

Nondalton Tribal Council endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

A handwritten signature in cursive script, appearing to read "William Evanoff", is written over a horizontal line.

William Evanoff,

President



**RESOLUTION 2015-10**

**A RESOLUTION OF THE ASSEMBLY OF THE CITY AND BOROUGH OF SITKA  
URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO  
IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE  
THE ALASKAN ECONOMY.**

WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and

WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

**NOW THEREFORE BE IT RESOLVED,** the Assembly of the City and Borough of Sitka endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and



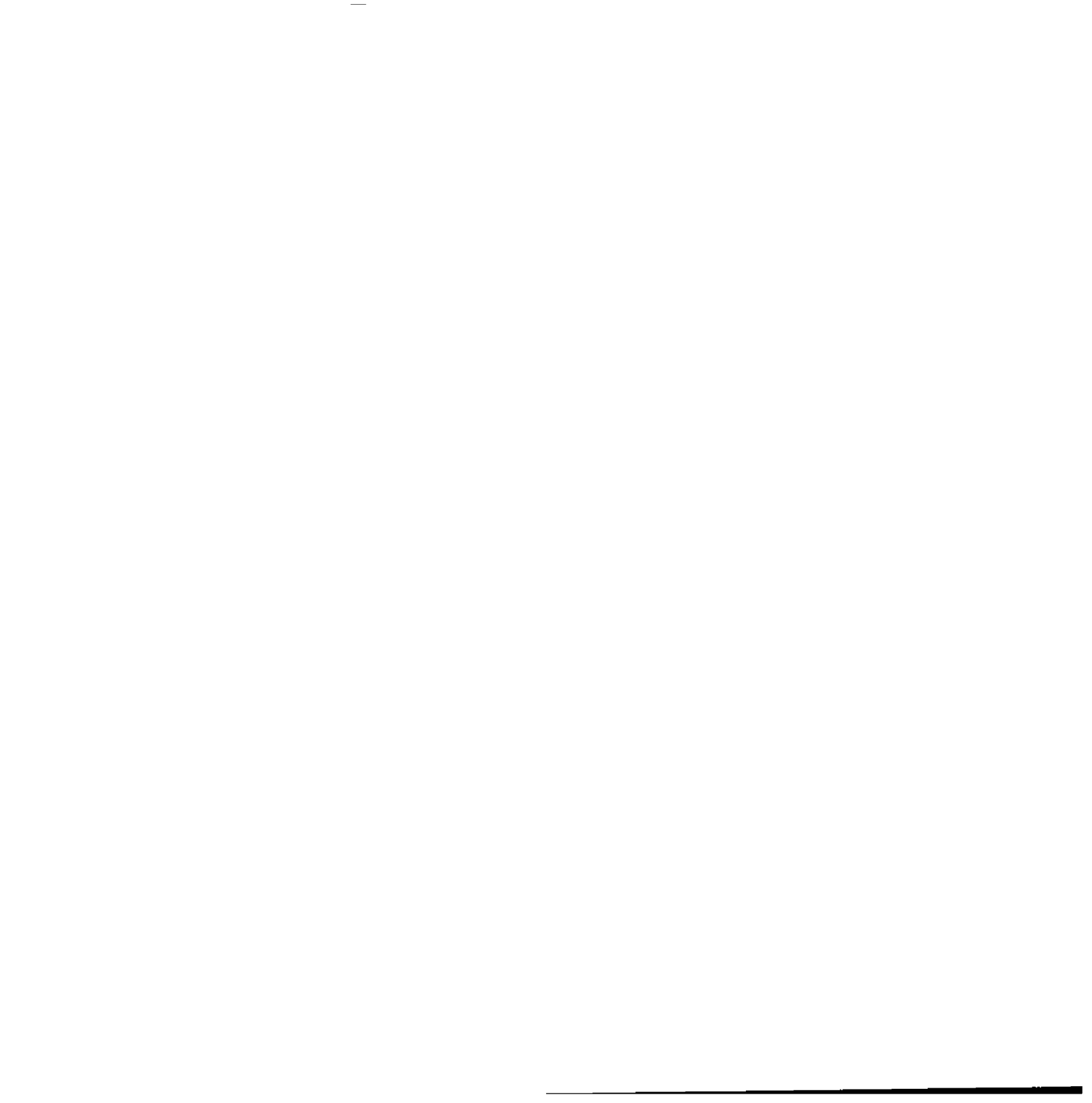
urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

**PASSED, APPROVED AND ADOPTED** by the assembly of the City and Borough of Sitka, Alaska on this 10<sup>th</sup> day of March 2015.

  
Matt Hunter, Deputy Mayor

ATTEST:

  
Colleen Ingman, MMC  
Municipal Clerk





**Resolution**

**WHEREAS, with Medicaid expansion, over 40,000 Alaskans between the ages of 19 and 64 will have access to healthcare, and**

**WHEREAS, the Medicaid expansion would cut in half the number of uninsured Alaskan, and, at least 4,000 jobs will be generated, and more than a billion new federal dollars will be infused into the Alaska economy over the next five years, and**

**WHEREAS, the Medicaid expansion program will improve the numbers of Alaskans who have access to preventative and primary care; and**

**WHEREAS, the revamped system will ensure these individuals have access to appropriate levels of healthcare services in the most cost effective settings, to not only improve the quality of life for their families, but also reduce costs to the system, and**

**WHEREAS, studies show Medicaid expansion would result in a \$2.5 billion increase in economic activity throughout the state, and**

**WHEREAS, the same studies show there will be fewer lost work days and less employee turnover, and**

**WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and**

**WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and**

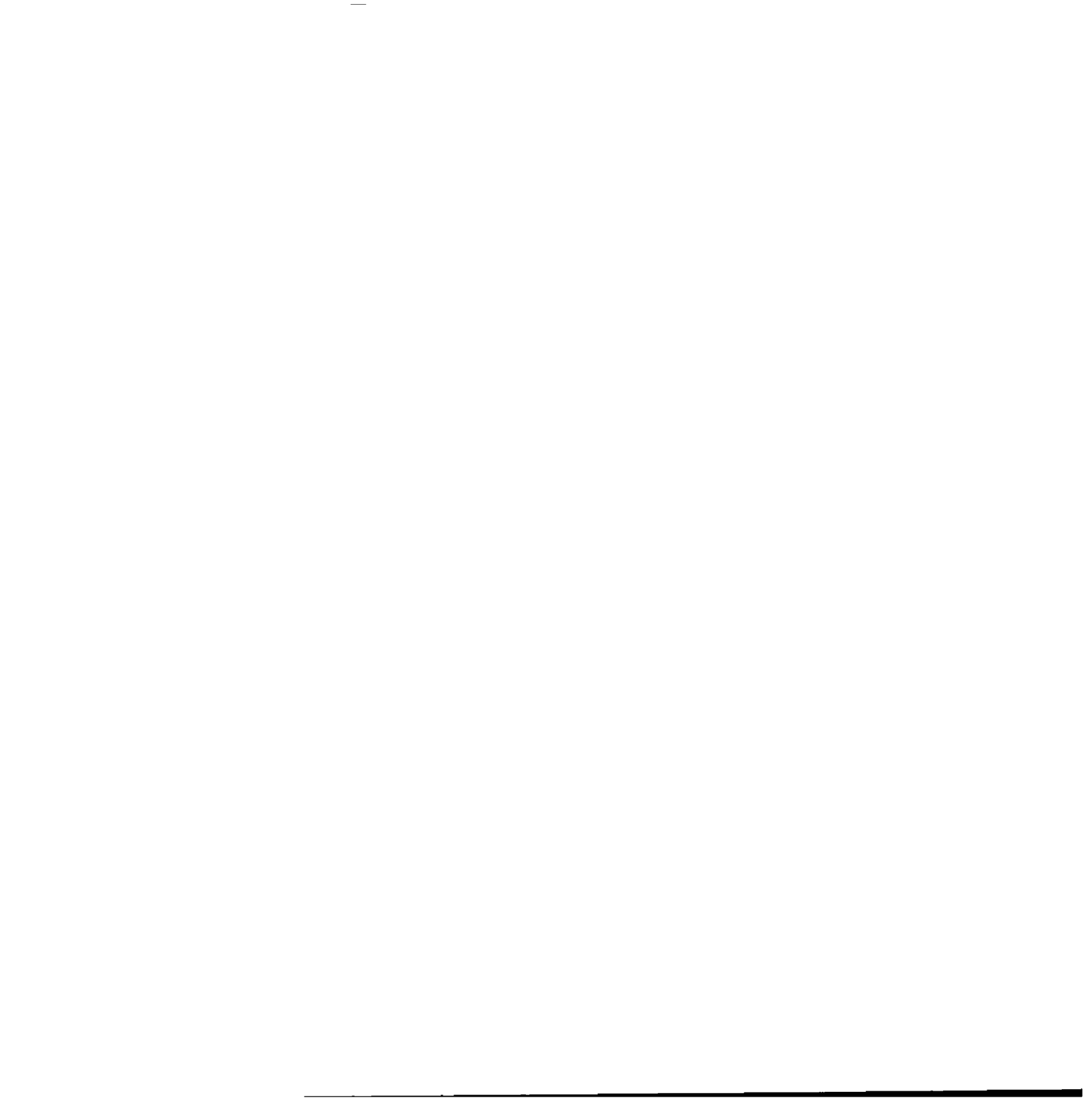
**WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and**

**NOW THEREFORE BE IT RESOLVED, Statewide Independent Living Council of Alaska (SILC) endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and**

**BE IT FURTHER RESOLVED, that SILC strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.**

Joan O'Keefe, Chair  
Statewide Independent Living Council of Alaska

03-13-15  
Date





Main (907)-543-3121 Toll Free (800)-478-4687  
Fax: (907) 543-3933

Bethel, AK 99559

The Honorable Paul Seaton  
House of Representatives  
Alaska State Capitol  
Juneau, Alaska 99801-1182

March 9, 2015

Dear Representative Seaton,

AVCP Regional Housing Authority strongly urges the Alaska Legislature to expand Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy.

Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

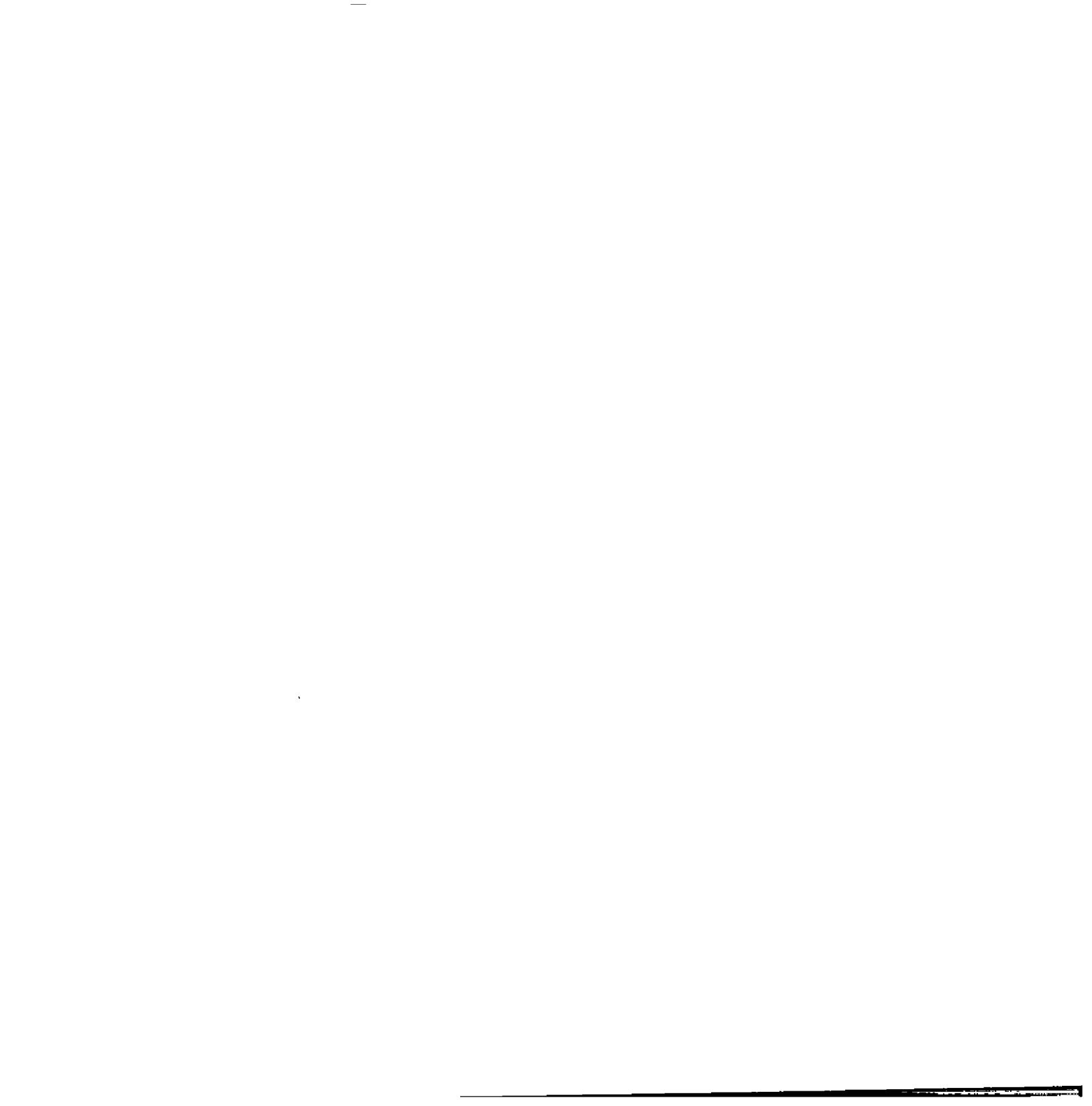
Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid program should be of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

AVCP Regional Housing Authority endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

  
Ron Hoffman  
President/Chief Executive Officer





## RESOLUTION 2015-07

**TITLE: TANGIRNAQ NATIVE VILLAGE aka WOODY ISLAND TRIBAL COUNCIL  
RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID  
COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE  
ALASKAN ECONOMY.**

**WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and**

**WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and**

**WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and**

**WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and**

**WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,**

**WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and**

**WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and**

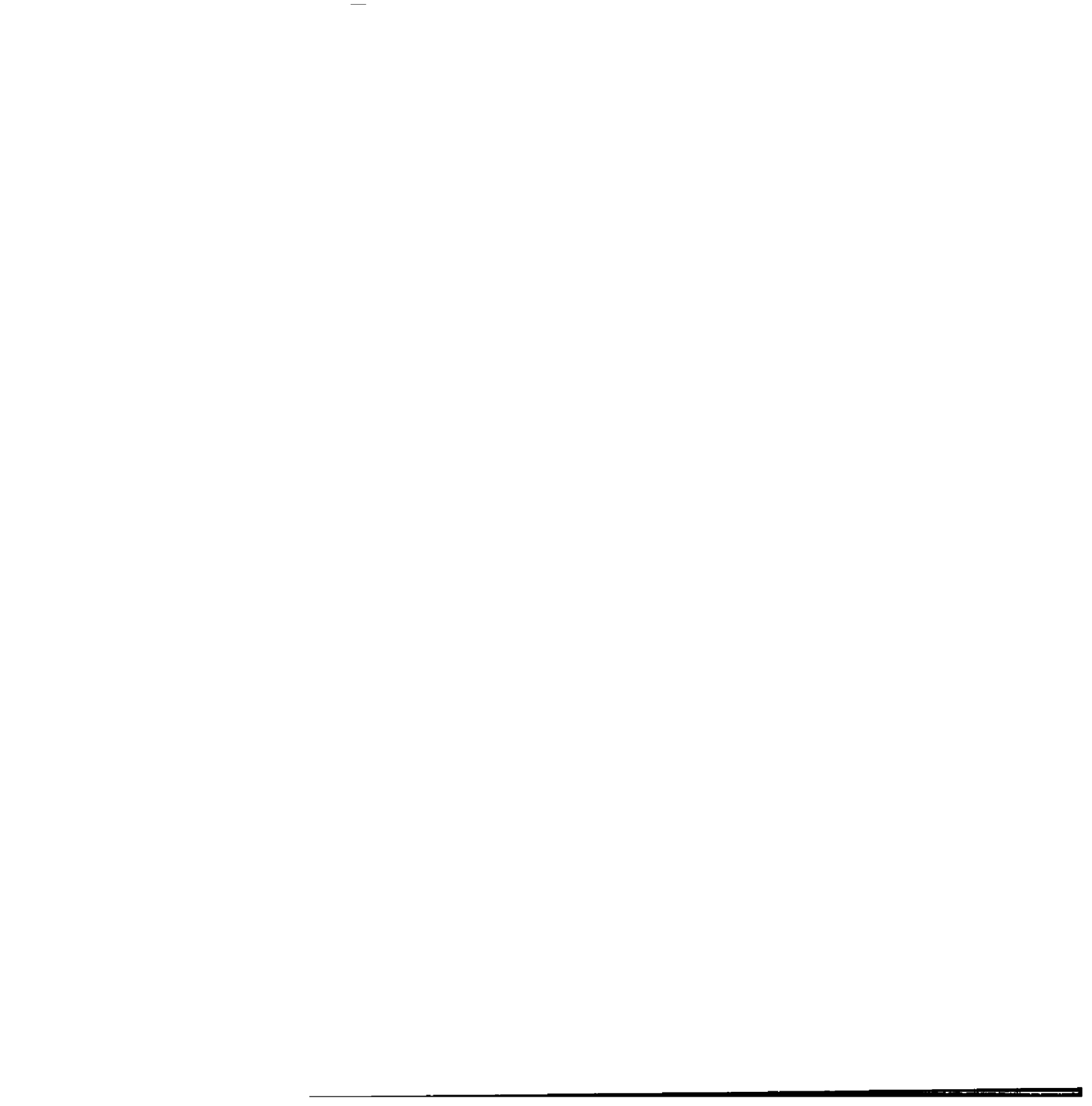
**WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and**

**WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and**

**WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and**

**WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and**

**NOW THEREFORE BE IT RESOLVED, TANGIRNAQ NATIVE VILLAGE endorses  
Medicaid expansion recognizing we all have an interest in providing that Alaska**



Council at which time a quorum of Council members were in attendance. This resolution was adopted by a vote of 6 for, 0 against, with 0 abstaining.

IN WITNESS THEREOF, and signed this 17 Day of March, 2015.

  
Chrislyn Hoen, Vice President

  
Gwen Sargent, Secretary/Treasurer





United Way of Anchorage

February 17, 2015

Governor Bill Walker  
Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

Thank you for your efforts to expand Medicaid in Alaska under the Affordable Care Act.

United Way of Anchorage has consistently supported Medicaid expansion. Access to health care is a core goal for us, and access to insurance coverage is a critical aspect of all Alaskans planning for and taking care of their health needs. To that end, UWA has served for two years as a navigator under the Affordable Care Act, and Alaska 2-1-1 has been a focal point for getting Alaskans connected with information and assistance for ACA and other enrollment opportunities.

Going forward, we appreciate that Medicaid expansion is not just a yes/no policy decision. It begins with that, certainly, but it will take a cross-sector, systematic approach to make it happen as smoothly as possible. We stand ready to assist you and the State.

Similarly, we offer you our partnership in helping improve other health and quality of life outcomes for Alaskans. In these tough financial times, we must break down the siloes among the sectors to join forces and resources around a shared vision for Alaskans to lead stable, healthy, and safe lives. Alaska 2-1-1 serves clients statewide, with over 3000 resources in the database, and robust provider partnerships throughout the state. That, coupled with United Way of Anchorage's focus on multi sector, data driven, results-focused collaboration, is a platform for the public private partnerships we all need to measurably improve the lives of Alaskans.

Best regards,

A handwritten signature in black ink, appearing to read "Michele Brown". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michele Brown  
President

cc Commissioner Valerie Davidson



March 6, 2015

Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

Bering Straits Native Corporation supports your efforts to expand Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy.

Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid program should be



...should not deny health care coverage for those Alaskans  
who would be eligible for Medicaid under expansion.

Bering Straits Native Corporation endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Schubert', written in a cursive style.

Gail R. Schubert,  
President & CEO



**RESOLUTION OF THE CITY AND BOROUGH OF JUNEAU, ALASKA**

**Serial No. 2724**

**A Resolution Urging the Alaska Legislature to Expand Medicaid Coverage to Improve the Health of Alaskans and Alaska's Economy.**

WHEREAS, nearly 42,000 of our family members, friends and neighbors statewide have the opportunity to gain health care coverage under Medicaid expansion; and

WHEREAS, approximately 2,400 Juneau residents are eligible for coverage under Medicaid expansion, and 1,140 of those are expected to enroll; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, Juneau enrollees alone bring in \$8.3 million in just the first year; and

WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the State; and

WHEREAS, Medicaid currently accounts for 23% of Bartlett Regional Hospital's patient mix; and

WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds, reducing the need to cut public services; and

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and

WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and



WHEREAS, Bartlett Regional Hospital suffers charity care and bad debt expenses of \$10 - \$13 million per year; and

WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform.

NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

**Section 1.** The City and Borough of Juneau endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

**Section 2.** The City and Borough of Juneau strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, while reform efforts are of tremendous importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

**Section 3. Effective Date.** This resolution shall be effective immediately after its adoption.

Adopted this 16<sup>th</sup> day of March, 2015.

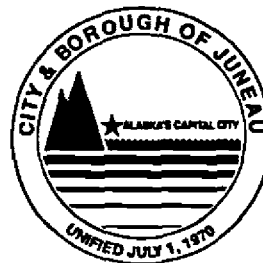


Merrill Sanford, Mayor

Attest:



Elizabeth J. McEwen, Acting Clerk





March 11, 2015

The Honorable Paul Seaton  
House of Representatives  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Seaton:

The Aleutian Housing Authority (AHA) is the Tribally Designated Housing Entity for the Aleutian Pribilof Islands Region of Alaska. Our mission is, in part, to contribute to the building of healthy, stable and sustainable communities throughout our region. AHA strongly urges the Alaska Legislature to expand Medicaid in July 2015, or as soon as possible for the benefit of Alaskans and the Alaska economy.

Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic and Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.



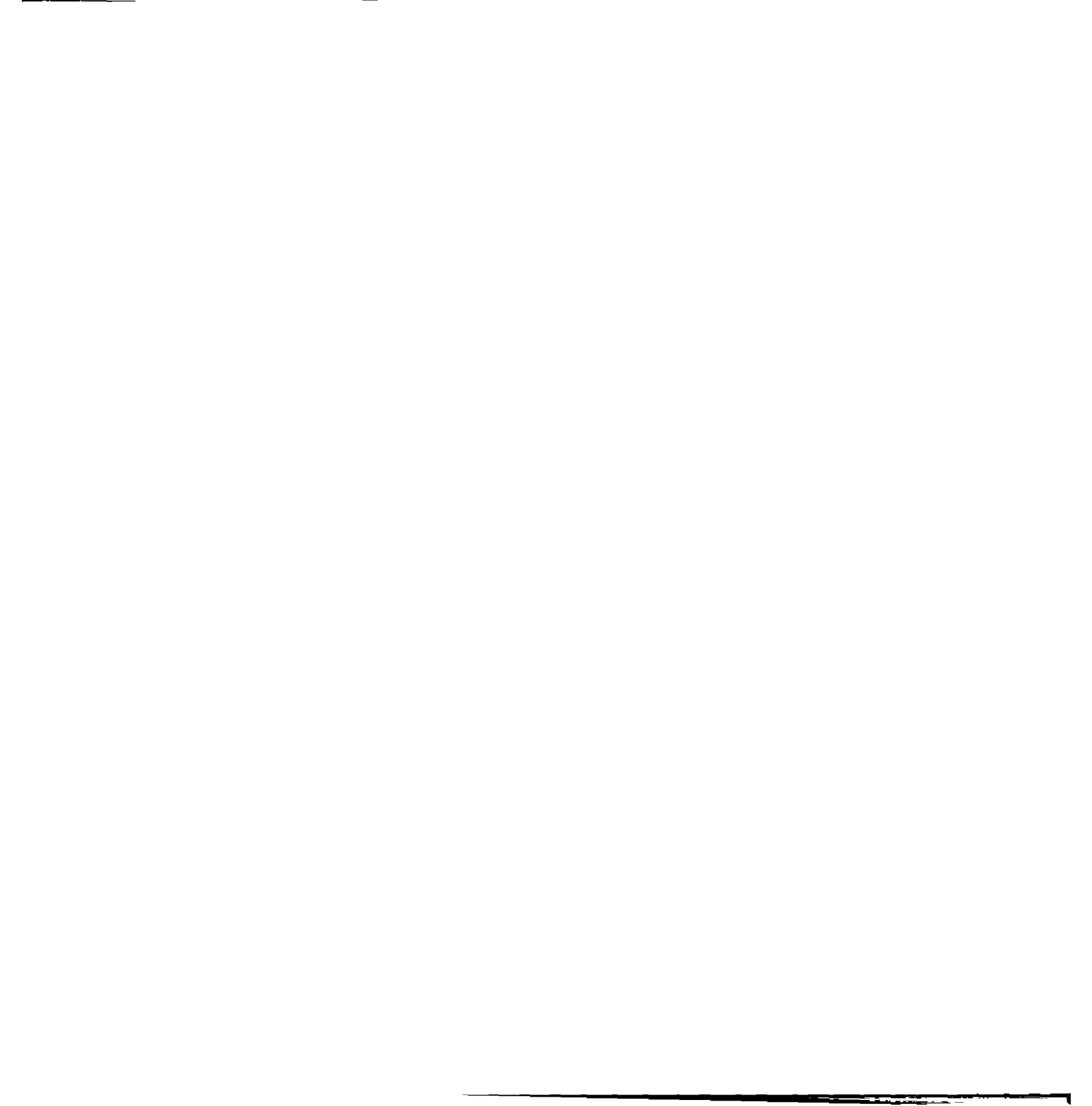
support these discussions. We are pleased to hear that the Department of Health and Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid program should be of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

The Aleutian Housing Authority endorses Medicaid expansion, recognizing that we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Duame", with a long horizontal flourish extending to the right.

Dan Duame  
Executive Director



*Included resolutions:*

City of Barrow

Alaska Association on Developmental Disabilities

AARP

Alaska Brain Injury Network

AGENET – Alaska Geriatric Exchange Network

Alaska Mental Health Board – Advisory Board on Alcoholism and Drug Abuse

Alaska Native Brotherhood and Alaska Native Sisterhood Camp 70

Anchorage Coalition to End Homelessness

Alaska Native Health Board

Alaska Native Tribal Health Consortium

Bering Straits Native Corporation

Governor's Council on Disabilities and Special Education

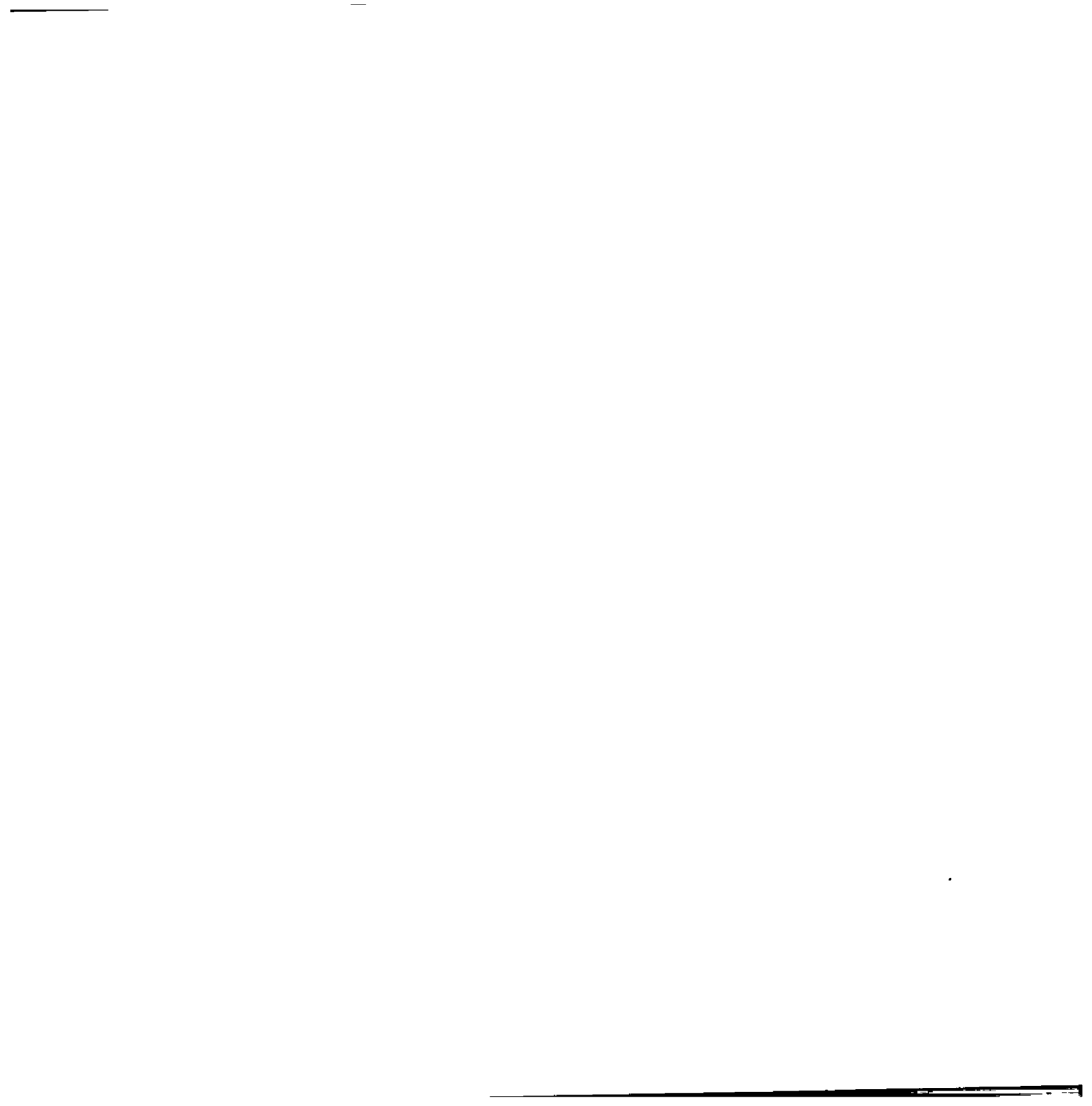
Mat-Su Health Foundation [Fact Sheet]

NAMI – National Alliance on Mental Illness

Bartlett Regional Hospital

Anchorage Human and Social Services Executive Directors

Tanana Chiefs Conference





# CITY OF BARROW

"Farthest North Incorporated City"

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## PRIORITY IMPORTANCE

28 March 2013

Representative Paul Seaton  
State Capitol  
Juneau, AK 99801-001

Via FAX 907-465-2472

**SUBJECT:** City of Barrow Resolution in Support of Medicaid Expansion

Good afternoon, Representative Seaton:

Attached is a copy of City of Barrow Resolution 13-2013, "*A Resolution of the Barrow City Council Encouraging and Supporting the State Legislature to Expand Medicaid Coverage to Improve the Health of Alaskans and to Improve the Alaskan Economy*". The resolution was thoroughly discussed and vetted with community members prior to its adoption. All were completely in support of the resolution with not one dissenting voice being heard.

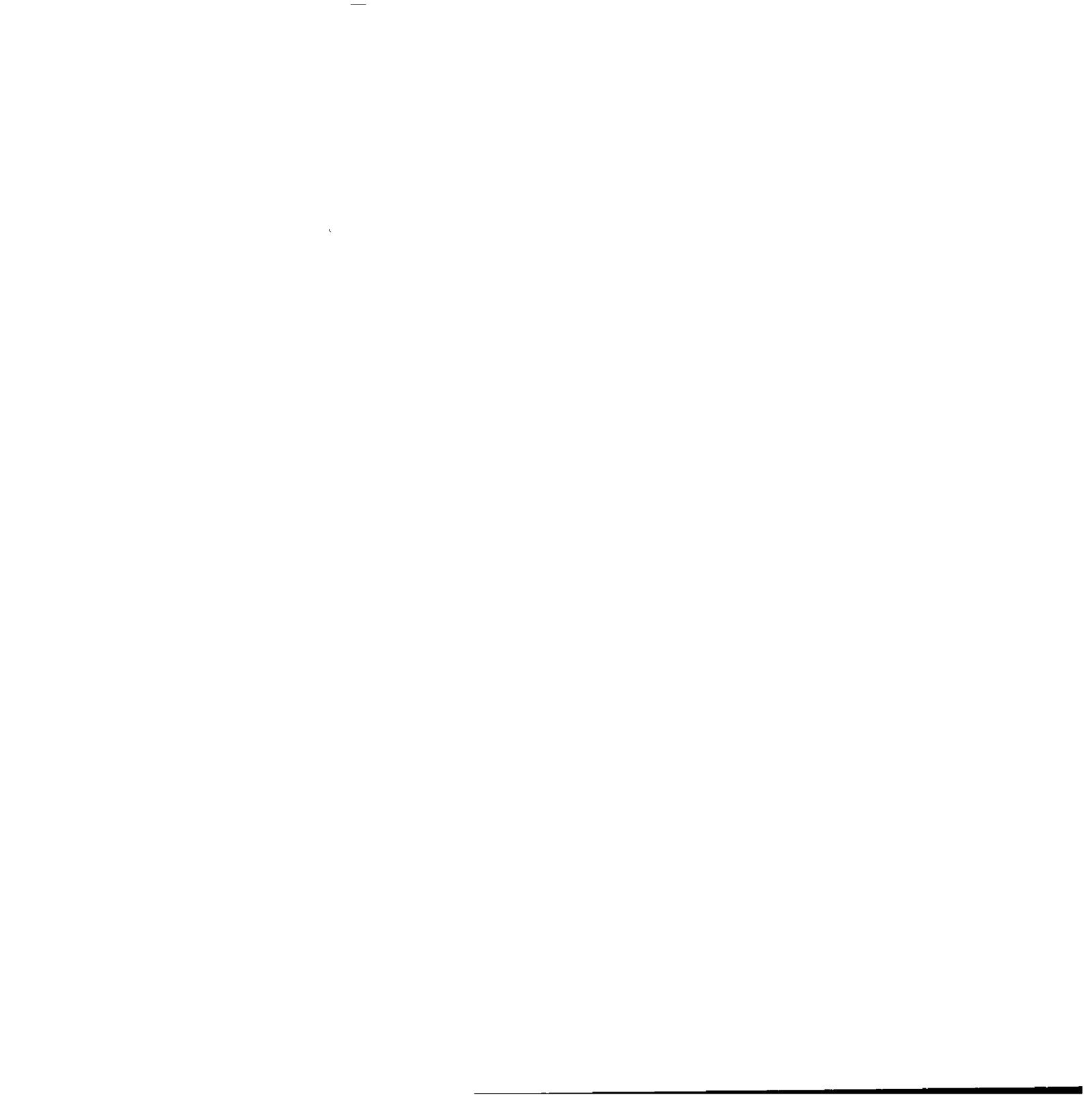
It was unanimously adopted by the City Council this past Thursday evening. I apologize for sending this to you just prior to the House Health and Social Services Committee hearing on HB 148 this afternoon. Even though the resolution was passed this past Thursday evening, I was unable to have the resolution formally attested to and stamped until about ten minutes ago. I have been unexpectedly and ridiculously short staffed for the past few weeks for a variety of reasons.

I hope that it arrives in sufficient time for your staff to distribute it prior to the meeting of the House Health and Social Services Committee. I may and may not be able to personally call in for the meeting depending on the resolution of some tenuous issues.

Sincerely,

Bob Harcharek  
Mayor

Cc: Barrow City Council  
files





## **RESOLUTION 15-2015**

### **A RESOLUTION OF THE BARROW CITY COUNCIL ENCOURAGING AND SUPPORTING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY**

**WHEREAS**, nearly forty one thousand Alaskans - our family members, friends and neighbors currently without health insurance have the opportunity to obtain health care coverage through the expansion of Medicaid; and

**WHEREAS**, Medicaid expansion will improve the overall health of the residents of our State by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment, mental health counseling, and reducing the mortality rate; and

**WHEREAS**, Medicaid expansion will bring more than One Billion Dollars in new federal revenue into Alaska over the first five years of its implementation; and

**WHEREAS**, economic analyses suggest that expansion will yield approximately 4,000 new jobs in Alaska, an increase of more than One Million Dollars in wages and salaries paid to Alaskans, and Two and One-Half Billion Dollars in increased economic activity throughout the State; and

**WHEREAS**, in this period of reduced and declining oil generated revenues, expansion of Medicaid would save the State approximately Six Million Dollars in FY2016 by using federal funds to pay for health services currently being paid with state general funds; and

**WHEREAS**, federal funds will pay for 100% of the services provided in the expansion of Medicaid through 2016 and will transition to 90% in 2020 and beyond; and

**WHEREAS**, Medicaid expansion will significantly reduce the burden to the State of paying for the uncompensated care rendered at non-native Alaska hospitals, which in 2013 exceeded \$90 million; and

**WHEREAS**, implementing Medicaid expansion throughout Alaska in the next fiscal year will serve as a catalyst for meaningful Medicaid reform; and

**WHEREAS**, leveraging the federal resources that come with expansion is one of the State's greatest opportunity to facilitate its finance reformation efforts; and

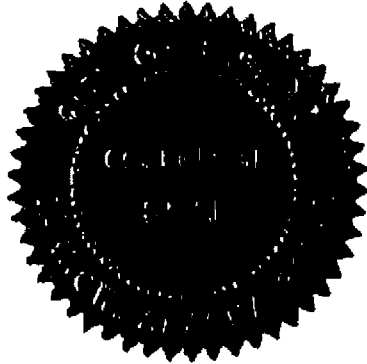


**NOW THEREFORE BE IT RESOLVED,** that the Barrow City Council endorses Medicaid expansion, recognizing that we all have a vested interest in ensuring that Alaskans are as healthy and as productive as possible so they can all contribute to our communities and to the economy of the State of Alaska; and

**BE IT FURTHER RESOLVED,** that the Barrow City Council, through a unanimous vote, hereby formally requests the Alaska State Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

**PASSED AND APPROVED UNANIMOUSLY BY THE BARROW CITY COUNCIL THIS  
26<sup>th</sup> DAY OF MARCH 2015.**

Attest:



A handwritten signature in cursive script, appearing to read "Bob Harcharek", written over a horizontal line.

Bob Harcharek, Mayor

A handwritten signature in cursive script, appearing to read "Aolele Poe", written over a horizontal line.

Aolele Poe, City Clerk





**AADD**  
**ALASKA ASSOCIATION ON**  
**DEVELOPMENTAL DISABILITIES**  
**P.O. Box 241742**  
**Anchorage, Alaska 99524**

**A RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY.**

WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and

WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

NOW THEREFORE BE IT RESOLVED, AADD (Alaska Association on Developmental Disabilities) endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

BE IT FURTHER RESOLVED, that AADD (Alaska Association on Developmental Disabilities) strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.



**A RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY.**

WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and

WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

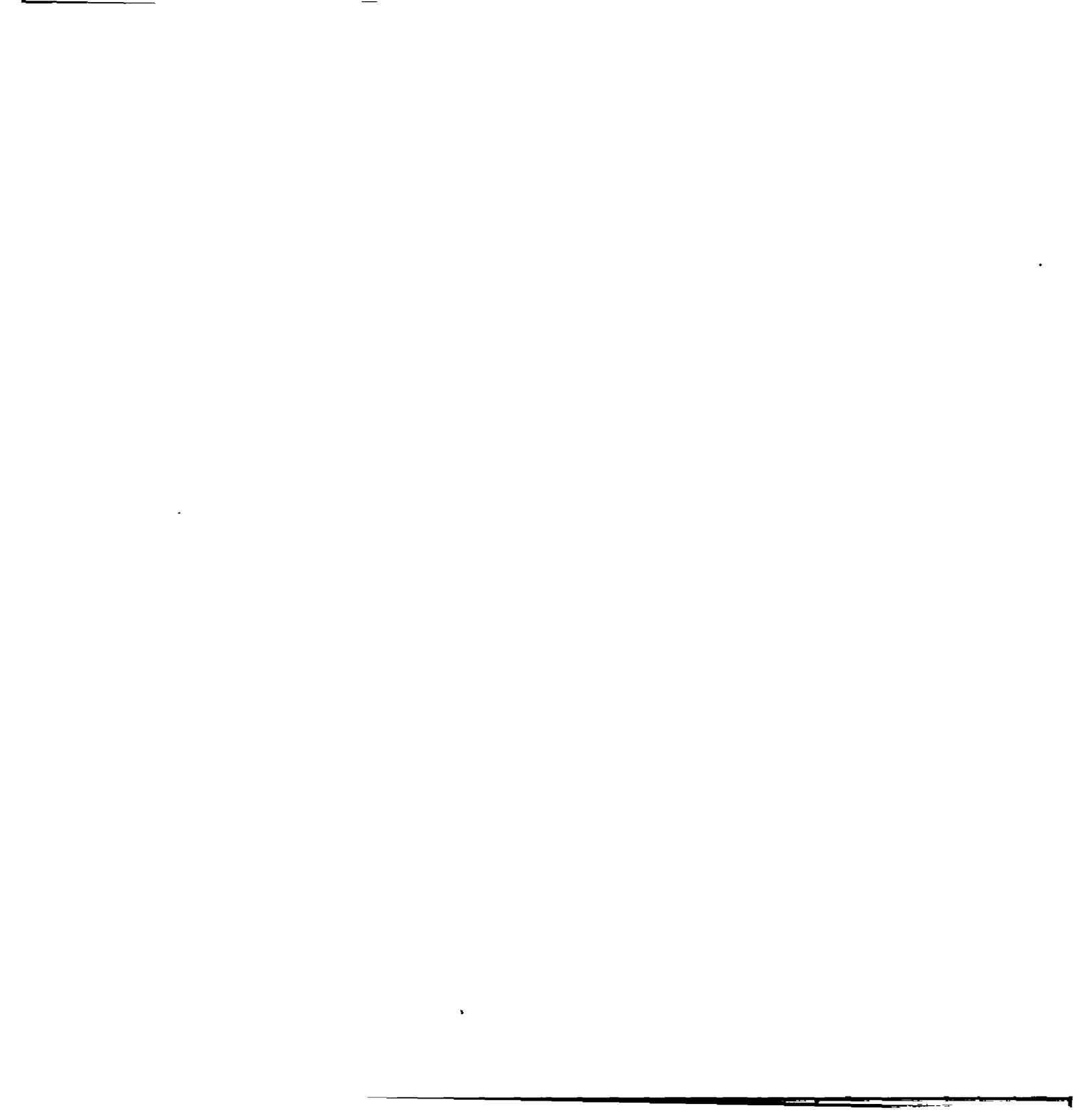
WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

NOW THEREFORE BE IT RESOLVED, AARP ALASKA endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

BE IT FURTHER RESOLVED, that AARP ALASKA strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.



March 25, 2015

Office of the Governor  
Alaska State Legislature  
State Capitol Building  
Juneau, AK 99811-0001

Dear Governor Walker and the Alaska State Legislature,

The Alaska Brain Injury Network supports Medicaid expansion and reform. These efforts will allow more low-income Alaskans, seniors, and people with disabilities to receive basic health insurance, while improving the efficiency and effectiveness of Alaska's Medicaid health care service system.

The State of Alaska will benefit from Medicaid expansion and reform in many ways. \$1.1 billion in federal dollars will become available to support expansion; 4,000 new jobs are predicted; \$1.2 billion more in wages and salaries to Alaskans; 40,000 uninsured Alaskans will be eligible for basic health care coverage.

Medicaid expansion is the catalyst for Medicaid reform. Both efforts will improve the efficiency and effectiveness of Alaska's current Medicaid health care service system and make it sustainable. Innovative models of care and other reforms can create efficiencies that can save money, reduce fraud and waste, remove ineffective services, and reduce unnecessary spending.

We support reforms that would include payment reform, patient centered medical/health homes, care management, expanded telemedicine to improve access to care and reduce travel costs, reduced overutilization of emergency room services, increased fraud prevention and waste reduction efforts, coordination with the Alaska tribal health system, interagency and interdepartmental collaborations to leverage human and financial resources, improved use of patient health information to achieve positive health outcomes, increased access to preventative services and incentives for healthy behaviors, cost-sharing requirements for certain enrollees and certain services, increased access to supportive services to reduce emergency, institutional, and acute care costs

The Alaska Brain Injury Networks supports the 1915(i) Home and Community-Based Services State Plan Option. A person qualifying for 1915(i) state plan option will have access to home and community based services that help him or her maintain a healthy, stable life through supported housing, employment/training, and appropriate health care services. The 1915(i) state plan option opens eligibility for home and community-based services, that were previously not open — including

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services for people with behavioral health and other brain-based disorders. The 1915(i) state plan option has been used by other states to reduce recidivism by providing appropriate services to people cycling through the correctional system, and by increasing access to trauma-informed care, peer support, supported housing, supported employment, and recovery services. Eligibility requirements for the 1915(i) state plan option will incorporate needs-based criteria that look at medical risk factors and cognitive and adaptive function. Adopting the 1915(i) state plan option, will allow for the state to receive a federal Medicaid match for lower-cost community services and supports which can reduce the utilization of higher-cost emergency and institutional services.

The Alaska Brain Injury Network supports community-based services that include case management, in-home assistance with activities of daily living, psycho-social rehabilitation services, pre-vocational supports, education and training, supported employment, assistance with getting and maintaining housing, peer support, mobile crisis intervention, intensive crisis respite and short term crisis respite support, family and caregiver training and supports, transitional services for individuals returning from foster care, juvenile justice, residential treatment, or incarceration

Thank you for your consideration of this issue, which is very critical to all Alaskans.

Sincerely,



Tawny Buck  
Executive Director



Dr. Adam Grove  
Board Chair





**Alaska Geriatric Exchange Network**  
**An Association of Advocates and Service Providers for Older Alaskans**

**Resolution**

**TITLE: A RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY.**

WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and

WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and



WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

NOW THEREFORE BE IT RESOLVED, AgeNet endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

BE IT FURTHER RESOLVED, that AgeNet strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

The undersigned President of AgeNet hereby certifies that the Members of Agenet duly adopted this resolution on March 12, 2015.

Marianne Mills  
Marianne Mills  
President  
AgeNet

March 13, 2015  
Date





Alaska Mental Health Board

431 NORTH FRANKLIN STREET, SUITE 200  
JUNEAU, ALASKA 99801  
(907) 465-8920

March 19, 2015

Governor Bill Walker  
State Capitol, 3<sup>rd</sup> Floor  
Juneau, Alaska 99801

Dear Governor Walker,

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse support Medicaid Expansion and Reform so that more low-income Alaskans (earning less than \$9.76/hour) who experience a behavioral health disorder (mental illness and/or substance use disorders) can receive basic health insurance.

The State of Alaska currently spends millions of dollars for uninsured, low-income and disabled citizens using emergency levels of care. Alaskans living without adequate health care are more likely to use these expensive acute care services, like hospital emergency rooms, psychiatric hospitals, and nursing homes. They are also more likely to end up in prison or jail as a result of un-treated behavioral health conditions. State and local governments will always pay — either in the end for more costly acute care, or up front for less costly preventative services.

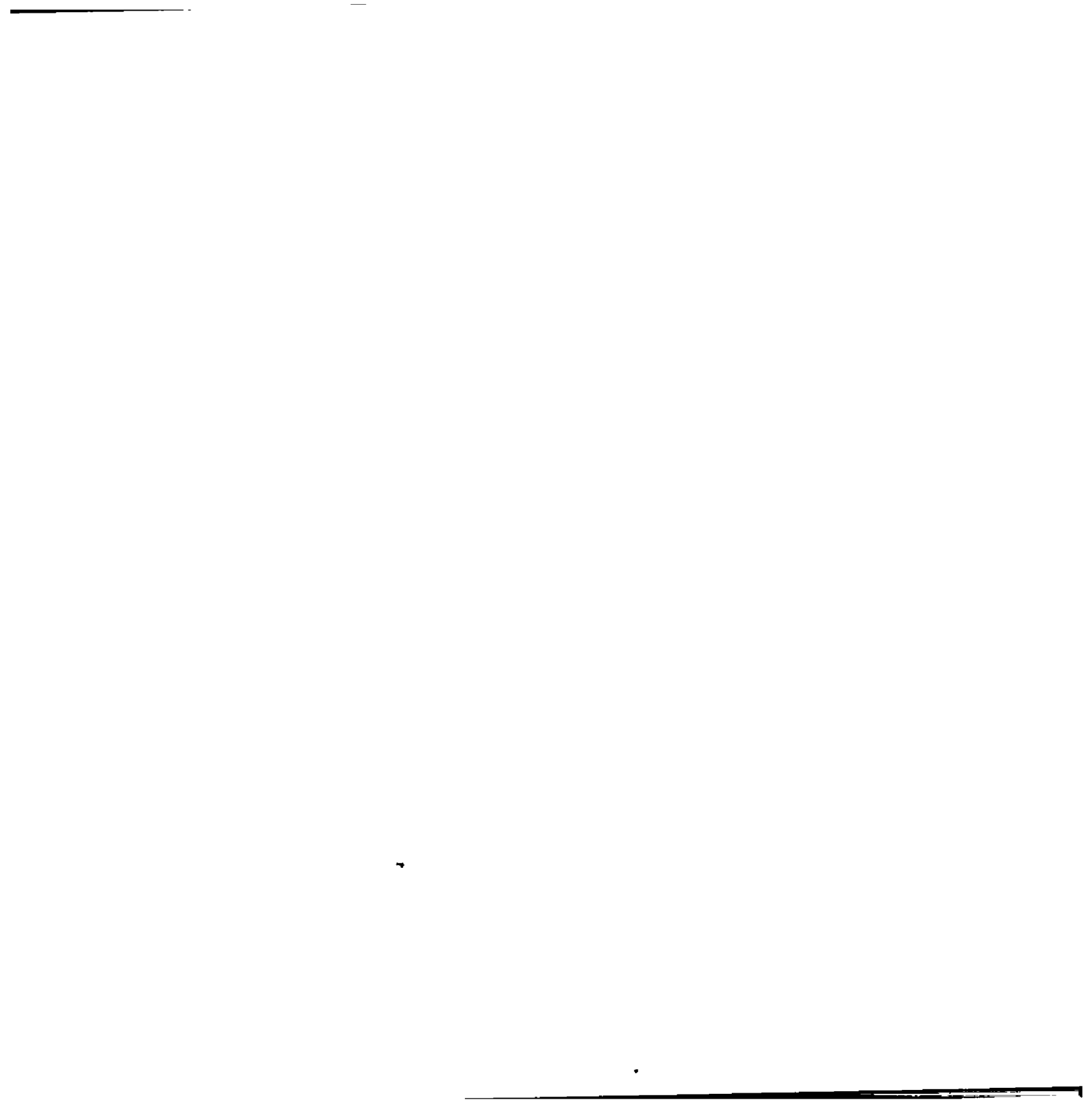
Alaskans with behavioral health disorders are at higher risk for being uninsured. The services available under Medicaid Expansion will offer more effective and less expensive solutions. A person with a disability is more likely to hold down a job, maintain a stable household, and contribute positively to his or her community when basic health care needs are met.

The Boards also support Reform efforts that will improve the efficiency and effectiveness of Alaska's current Medicaid health care service system and make it sustainable. We support measures designed to create efficiencies in the Medicaid health care delivery system that will save the state money, reduce fraud and waste, remove ineffective services, and reduce unnecessary spending.

Thank you for your leadership and efforts to support the health of all Alaskans.

Sincerely

J. Kate Burkhart  
Executive Director





**RESOLUTION NO. #2015-1**

**Sponsored by: Alaska Native Brotherhood and Alaska Native Sisterhood Camp 70  
Glacier Valley**

**TITLE: A RESOLUTION URGING THE GOVERNOR OF THE STATE OF ALASKA AND THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY.**

**WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and**

**WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and**

**WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years which will substantially improve the State's fiscal position; and**

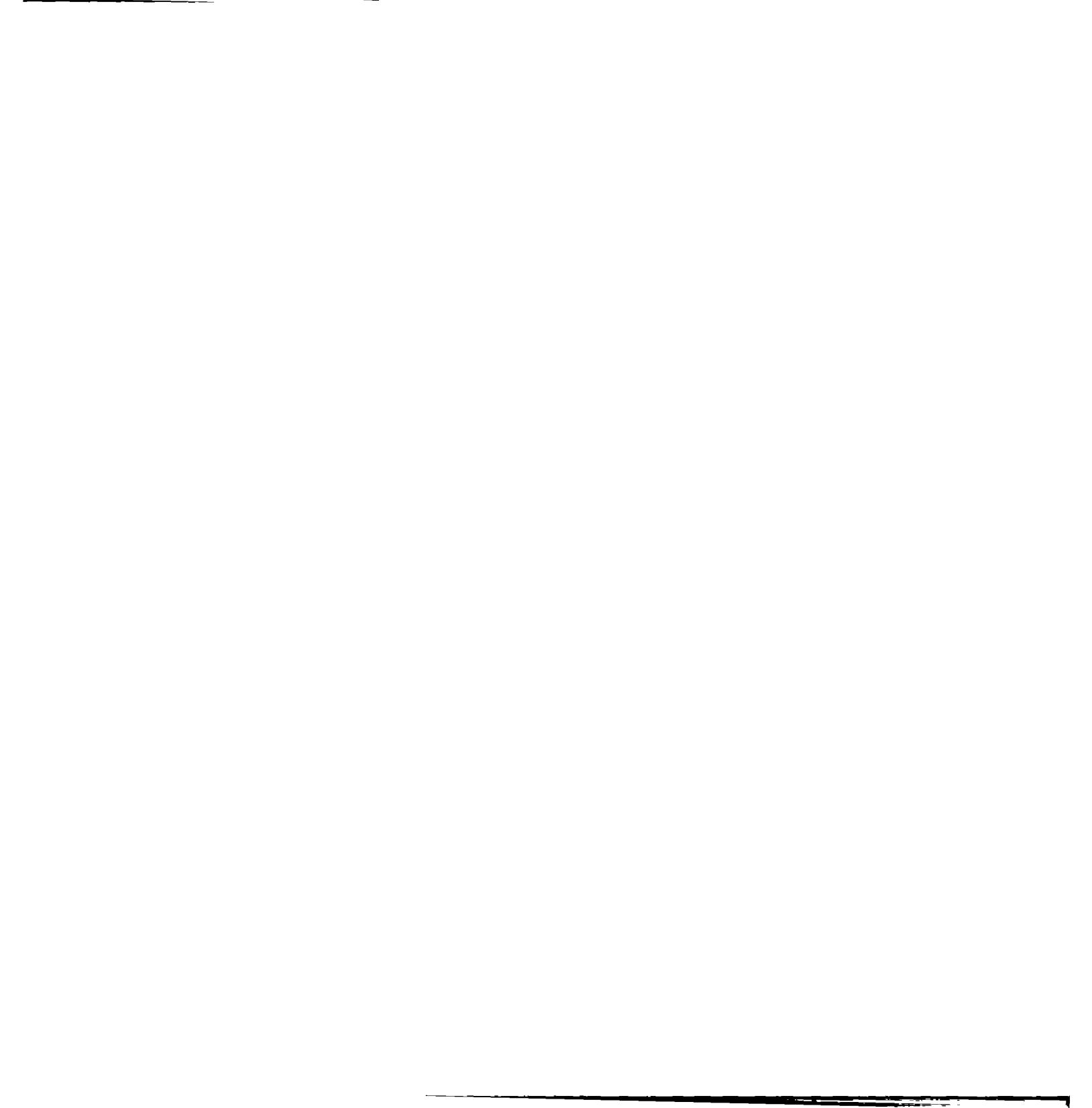
**WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and**

**WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,**

**WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and**

**WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and**

**WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and**



WHEREAS, Medicaid expansion would benefit health care providers and payers, who are effectively required to subsidize care for uninsured and underinsured patients as well as businesses and other patients who support those subsidies through higher premiums, deductibles and copays; and

WHEREAS, The uninsured and underinsured patients now seek care in the most expensive settings, often after their condition has become more serious and complicated than it would have been if they had access to primary care


WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

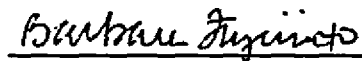
WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

NOW THEREFORE BE IT RESOLVED, that the Alaska Native Brotherhood Glacier Valley Camp 70 and the Alaska Native Sisterhood Glacier Valley Camp 70 endorse Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

BE IT FURTHER RESOLVED, that the Alaska Native Brotherhood Glacier Valley Camp 70 and the Alaska Native Sisterhood Glacier Valley Camp 70 strongly urge the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.



Marcelo Quinto, President  
ANB Glacier Valley Camp 70



Barbara Fujimoto, President  
ANS Glacier Valley Camp 70



**A Resolution in Support of Medicaid Expansion**

March 2015

ACEH Resolution #1501

Whereas, nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion; and

Whereas, the second highest reason for a crisis leading to homelessness in Alaska last year was an injury, illness or maternity (Homeless and At-Risk Data Report, Alaska Housing Finance Corporation); and

Whereas, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

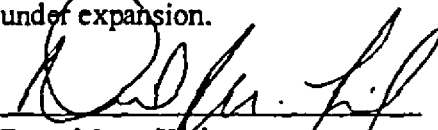
Whereas, expanding Medicaid will improve the access to substance abuse treatment and mental health counseling. Client eligibility for and enrollment in Medicaid will allow community organizations the ability to bill for services they currently provide their clients ensuring sustainability for the safety net services in our communities; and

Whereas, access to Medicaid coverage is already showing a positive difference for people who experience homelessness in other states. A Kaiser Family Foundation report recently showed that Medicaid expansion is contributing to improved access to care as well as broader benefits for homeless individuals, such as the improved capability to gain employment; and

Whereas, the health and wellness of Alaskans is a Constitutional priority and is vital to each individual, family, community and our entire State; and

Therefore be it resolved, the Anchorage Coalition to End Homelessness endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

Be it further resolved, that the Anchorage Coalition to End Homelessness strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

  
Dave Mayo-Kiel

  
Carmen





March 12, 2015

Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

On behalf of the Alaska Native Health Board (ANHB), I write to support your efforts to expand Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy.

Established in 1968, ANHB serves as the statewide voice on Alaska Native health issues. ANHB represents 25 tribal health providers operating compact/contracts under public law 93-638. Representing 229 federally-recognized tribes and working on behalf of over 145,000 Alaska Native people, ANHB's purpose is to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people.

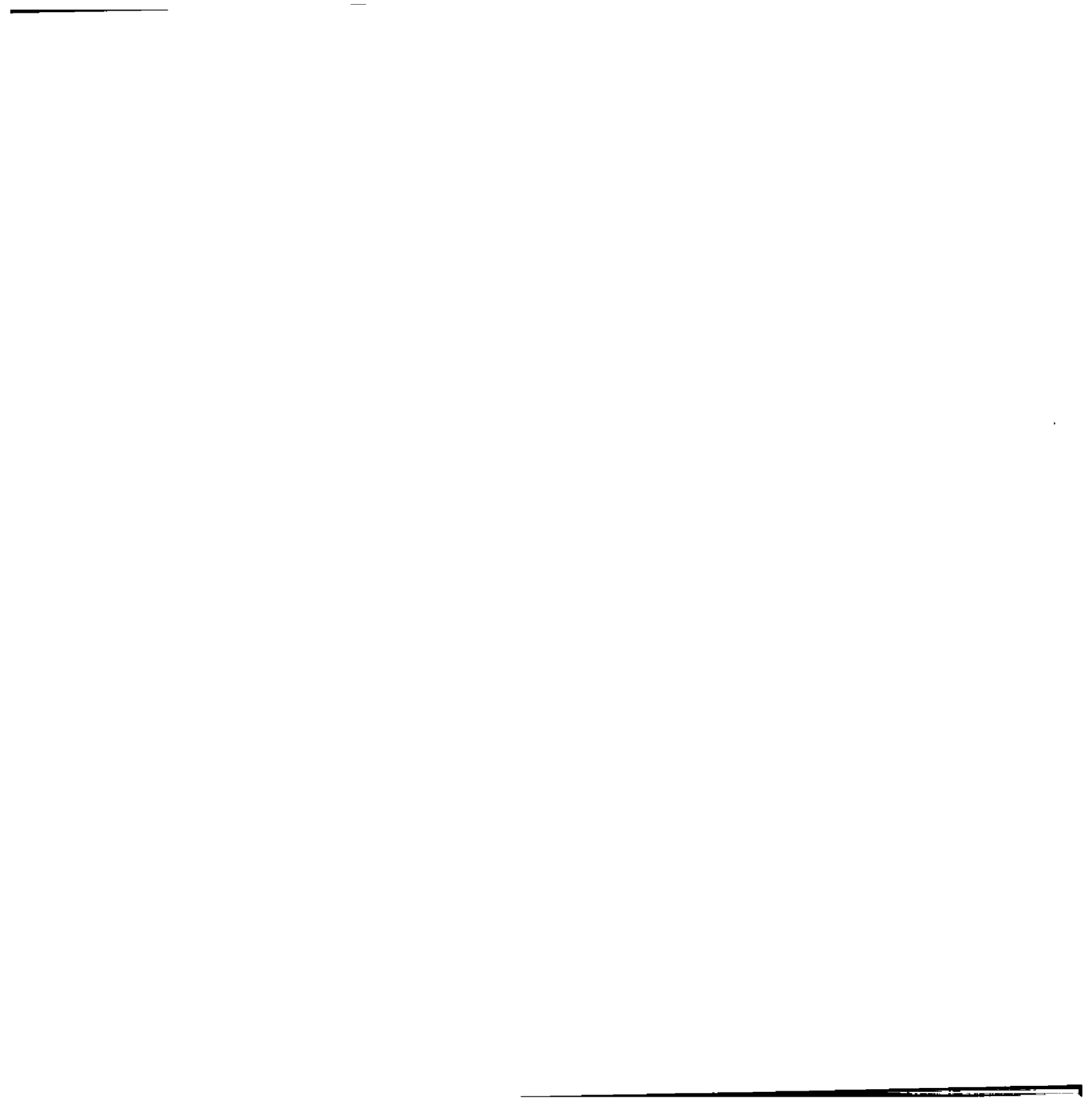
Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

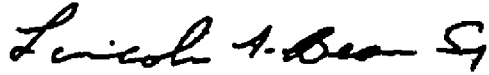
ALASKA NATIVE TRIBAL  
HEALTH CONSORTIUM  
ALEUTIAN PRIBILOF  
ISLANDS ASSOCIATION  
ARCTIC SLOPE  
NATIVE ASSOCIATION  
BRISTOL BAY AREA  
HEALTH CORPORATION  
CHUGACHMIUT  
COPPER RIVER  
NATIVE ASSOCIATION  
COUNCIL OF  
ATHABASCAN  
TRIBAL GOVERNMENTS  
EASTERN ALEUTIAN  
TRIBES  
KARLUK IRA  
TRIBAL COUNCIL  
KENAITZE INDIAN TRIBE  
KETCHIKAN  
INDIAN COMMUNITY  
KODIAK AREA  
NATIVE ASSOCIATION  
MAMILAQ ASSOCIATION  
METLAKATLA INDIAN  
COMMUNITY  
MT. SANFORD  
TRIBAL CONSORTIUM  
NATIVE VILLAGE  
OF EKLUITNA  
NATIVE VILLAGE  
OF TYONEK  
NINILCHIK  
TRADITIONAL COUNCIL  
NORTON SOUND  
HEALTH CORPORATION  
SELDOVIA  
VILLAGE TRIBE  
SOUTHCENTRAL  
FOUNDATION  
SOUTHEAST ALASKA  
REGIONAL HEALTH  
CONSORTIUM  
TANANA CHIEFS  
CONFERENCE  
YUKON-KUSKOKWIM  
HEALTH CORPORATION  
VALDEZ NATIVE TRIBE



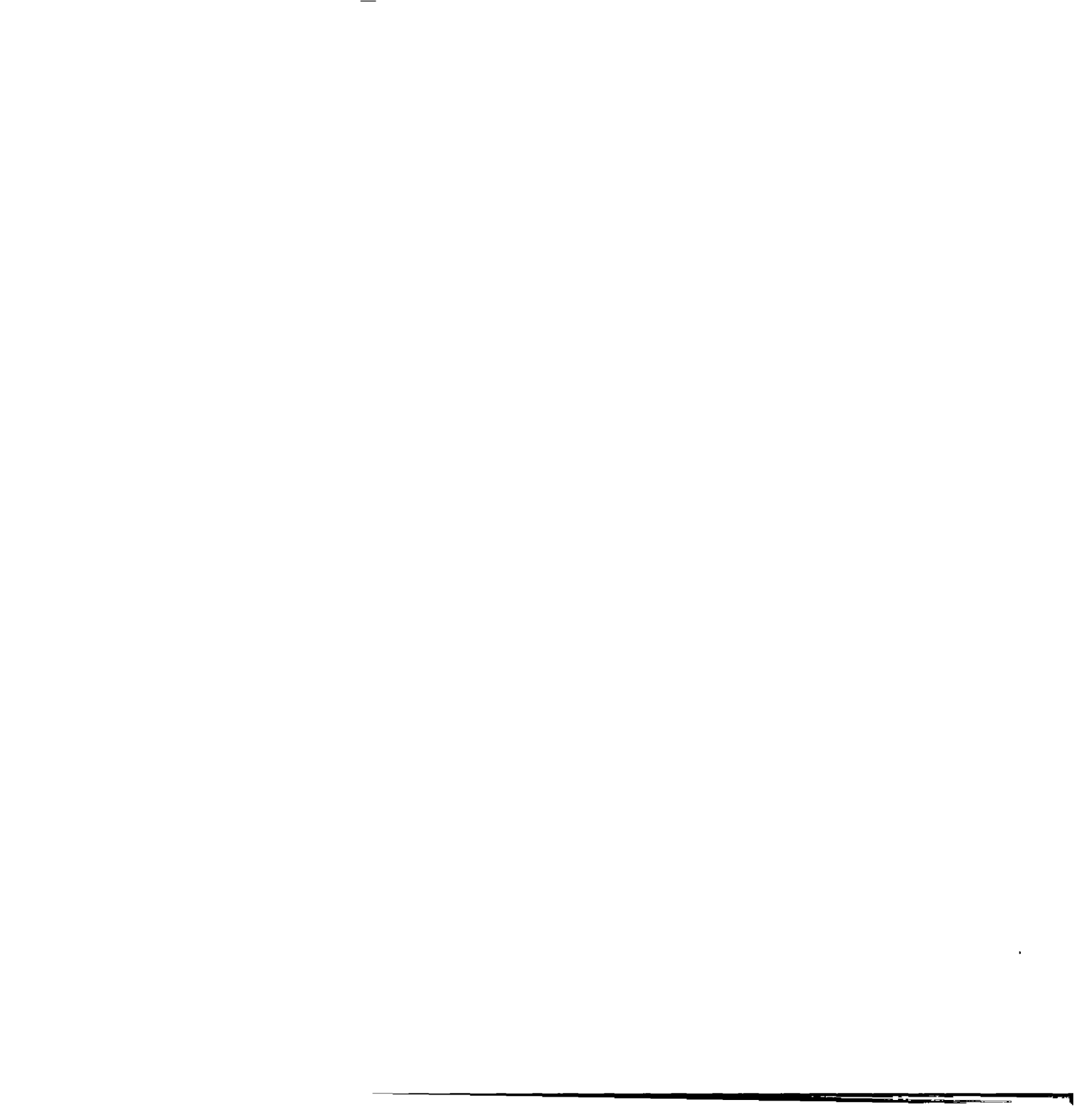
Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid program should be of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

The Alaska Native Health Board endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

A handwritten signature in black ink that reads "Lincoln A. Bean Sr." The signature is written in a cursive style with a large, stylized "S" at the end.

Lincoln Bean, Sr., Chairman  
Alaska Native Health Board



March 12, 2015

The Honorable Bill Walker  
Governor of Alaska  
Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

The Alaska Native Tribal Health Consortium (ANTHC) fully supports your efforts to expand Medicaid by July 2015 for the benefit of Alaskans and the Alaska economy.

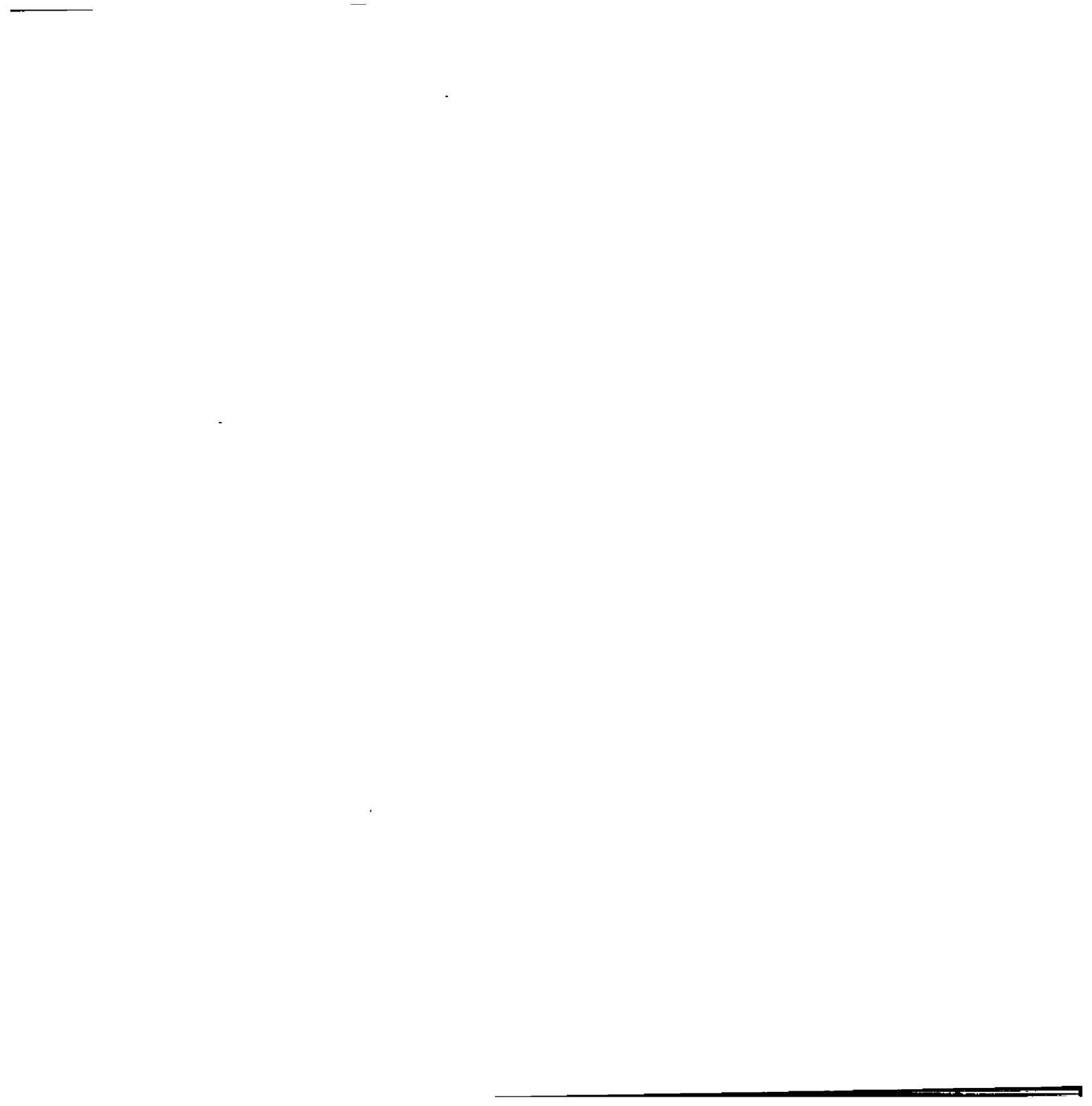
Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support the administration's position that Alaska's participation is contingent on the federal match remaining at 90%.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid program should be of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.



ANDY'S endorsement of Medicaid expansion recognizes we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

A handwritten signature in black ink, appearing to read "Andy Teuber", with a long horizontal flourish extending to the right.

Andy Teuber  
Chairman and President



March 6, 2015

Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

Bering Straits Native Corporation supports your efforts to expand Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy.

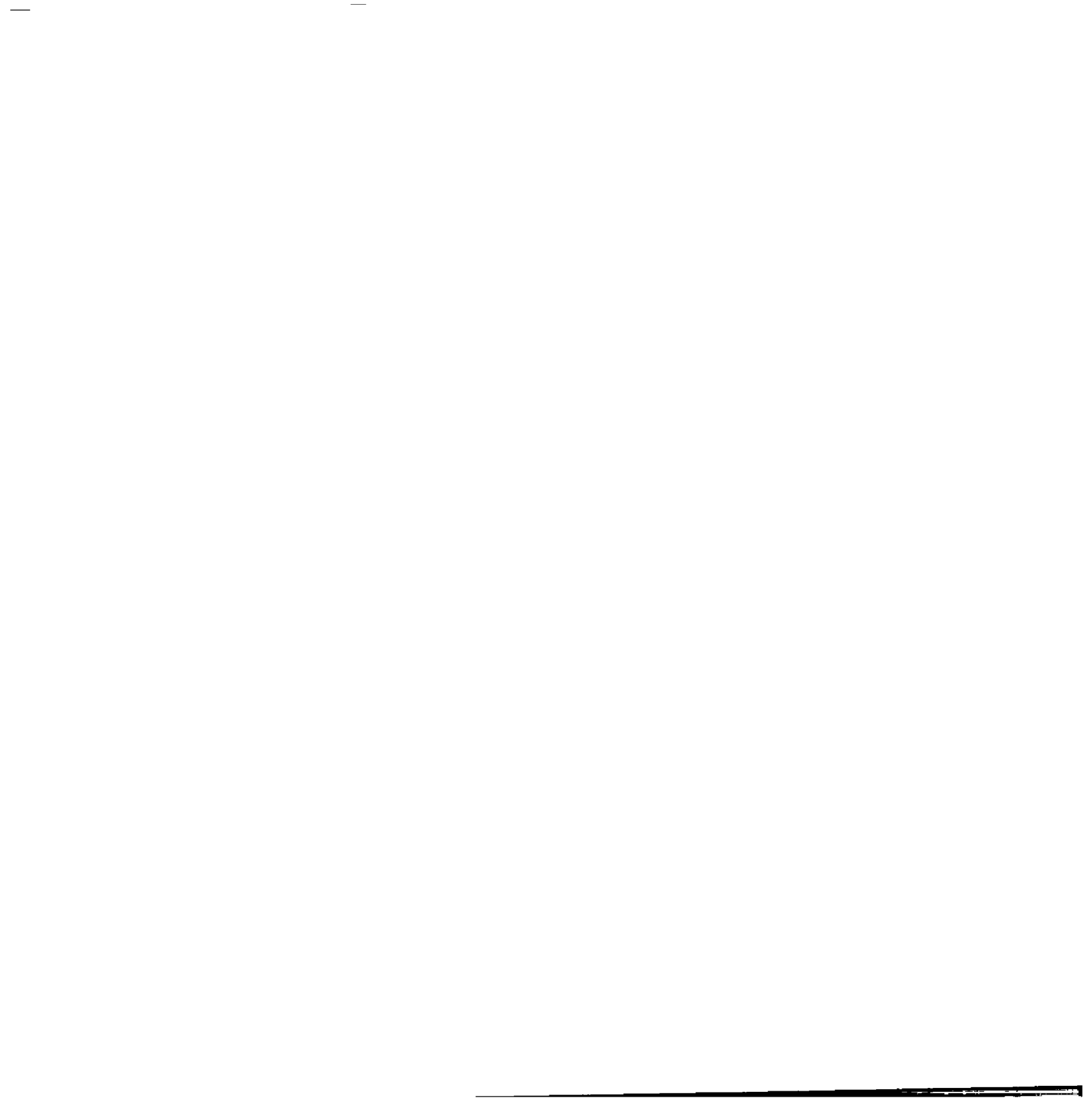
Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

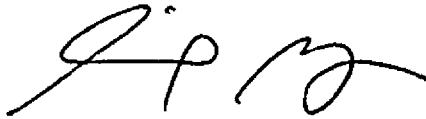
Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid program should be



...competency, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

Bering Straits Native Corporation endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Schubert", written in a cursive style.

Gail R. Schubert,  
President & CEO





**GOVERNOR BILL WALKER**

**GOVERNOR'S COUNCIL ON DISABILITIES  
& SPECIAL EDUCATION**  
Patrick Reinhart, Executive Director

3601 C Street, Suite 740  
Anchorage, Alaska 99503-5924  
Main: 907.269.8990  
Toll Free: 1.888.269.8990  
Fax: 907.269.8995

### **Resolution 101**

**TITLE: A RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY.**

WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and

WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

**NOW THEREFORE BE IT RESOLVED**, the Governor's Council on Disabilities and Special Education endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

**BE IT FURTHER RESOLVED**, that the Governor's Council on Disabilities and Special Education strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.





## **Medicaid Expansion and Reform: Impact on the Mat-Su**

### **The Mat-Su Health Foundation Board supports:**

- Using Medicaid expansion dollars as a catalyst to reform Medicaid to control costs and make the program more sustainable.
- Designing Alaska's Medicaid expansion as a path to self-sufficiency for individuals to ensure they enter or remain in the workforce.
- Building an "opt out" provision into State statute if the federal government reneges on its obligations.
- Expanding Medicaid to cover more Mat-Su residents so they can access care in more cost-effective ways to lead more productive lives.

### **The Mat-Su economy will benefit greatly from Medicaid expansion:**

- Medicaid expansion will bring \$20 million in new federal revenue annually to Mat-Su.
- Medicaid expansion will lead to 72 new jobs and \$1.3 million more in wages and salaries.

### **The health insurance coverage gap affects Mat-Su disproportionately:**

- 20% Mat-Su residents do not have health insurance, as compared to 15% of Anchorage residents and 17% of people statewide.

### **Mat-Su residents are more likely to be uninsured if they:**

- Are white;
- Under the age of 45;
- Have a low income;
- Have not gone to college; and,
- Live in a rural part of the Borough.

### **Of Mat-Su residents eligible under expanded Medicaid:**

- About 2000 Mat-Su residents are employed
- About 1000 Mat-Su residents are "not in the workforce," meaning they may be in school, raising a family, or retired
- Approximately 250 Mat-Su residents are unable to work
- Around 1,400 Mat-Su residents are in the labor force looking for work or seasonally employed

### **As many as 4,800 Mat-Su residents will be eligible for basic health care coverage if Medicaid is expanded:**

- About 1,400 are between the ages of 55 and 64.
- About 1,100 age 45-54.
- About 500 age 35-44.
- About 1,500 age 19-34.

### **Both men and women fall in the coverage gap:**

- 54% are men.



**John Doe:** He is one of our neighbors who works several part-time jobs, none of which offer health insurance. His wages are less than 138% of the Federal Poverty Level, so he does not qualify for a subsidy to purchase insurance at healthcare.gov but is still legally required to have it or pay the penalty.

**Jane Smith:** She is a senior citizen who is not yet old enough to qualify for Medicare and Social Security benefits. She works at Mat-Su Senior Services, which does not provide health insurance. Like John, her wages are too low to get help buying an affordable plan in the insurance marketplace.

**Jill Jones:** She is a Mat-Su College student who has a part time job who is eligible to be on her parents' health insurance until age 26 – except that her parents have a small family construction business and they don't have insurance either.

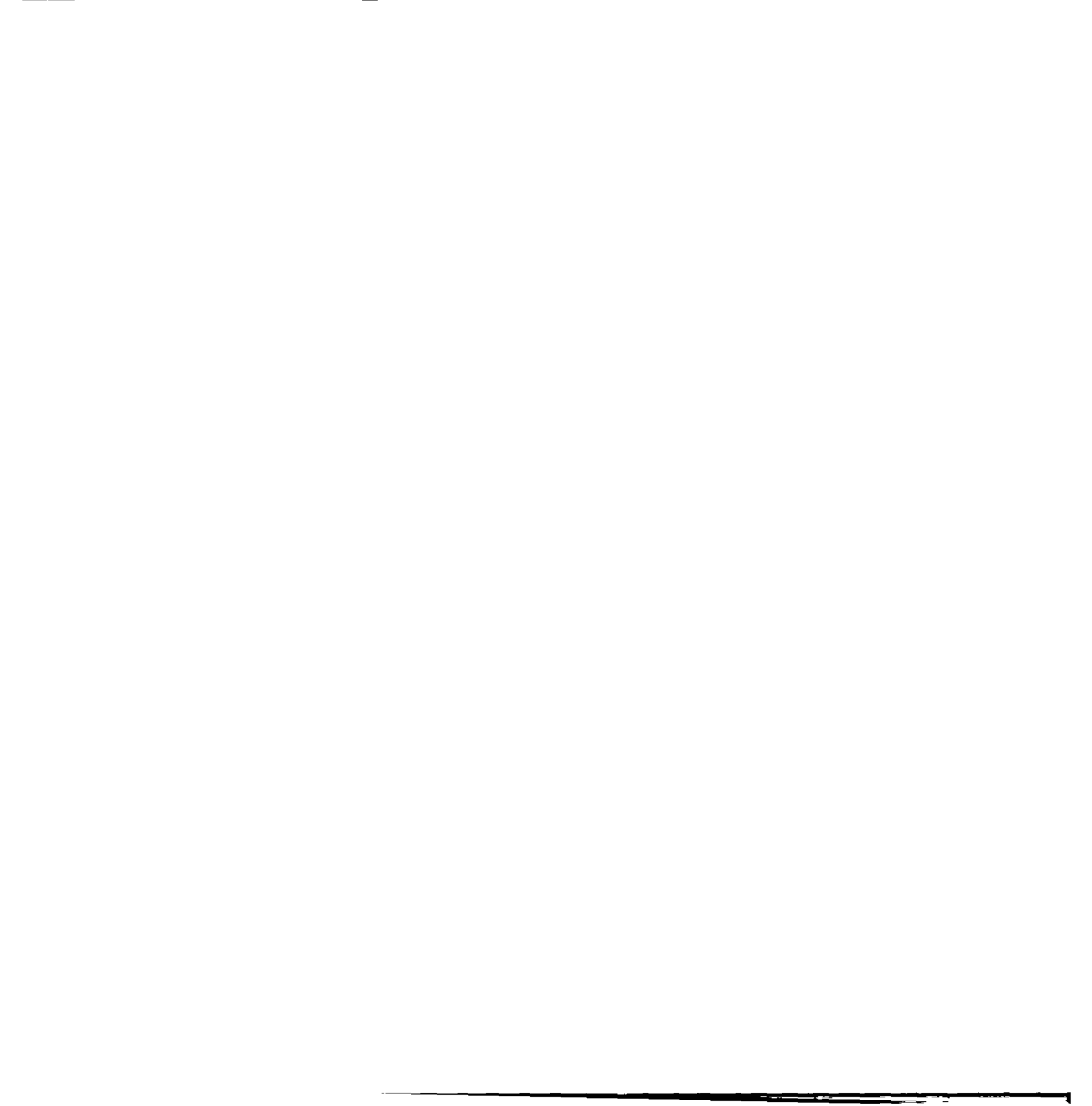
**Dave Green:** He has worked in construction for 20 years, mostly for small firms. Last year, he fell off a roof and became critically injured. He didn't qualify for charity care at Mat-Su Regional because his income was too high the previous year. Now, he's try to get strong again so that he can work to pay back his hospital bill. With no current income, he does not qualify for a subsidy and cannot purchase insurance on the exchange.

All of these individuals will face a penalty for not having health insurance, yet none can afford to buy it. When they have a health crisis, they will either leave it untreated, or, when it gets bad enough, visit an emergency room. There, the cost of treatment will be much higher than it would have been if problems could have been addressed before they reached the crisis stage.

**These stories can change with Medicaid expansion and reform.**

- 4,800 Mat-Su residents will be eligible for basic health care coverage if Medicaid is expanded (40,000 statewide).

*Sources: Mat-Su estimates for employment, age, and gender of potential new Medicaid enrollees were created using statewide data from the Evergreen Economic and the Department of Health and Social Services Healthy Alaska Plan and House Finance Budget Subcommittee FY2016 Division Overview report applied to the Mat-Su population. Data about how many Mat-Su residents have insurance and the characteristics of the uninsured if from the Behavioral Health Surveillance System State of Alaska, Division of Public Health.*



**A RESOLUTION URGING THE ALASKA LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY**

WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds; and,

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and

WHEREAS, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

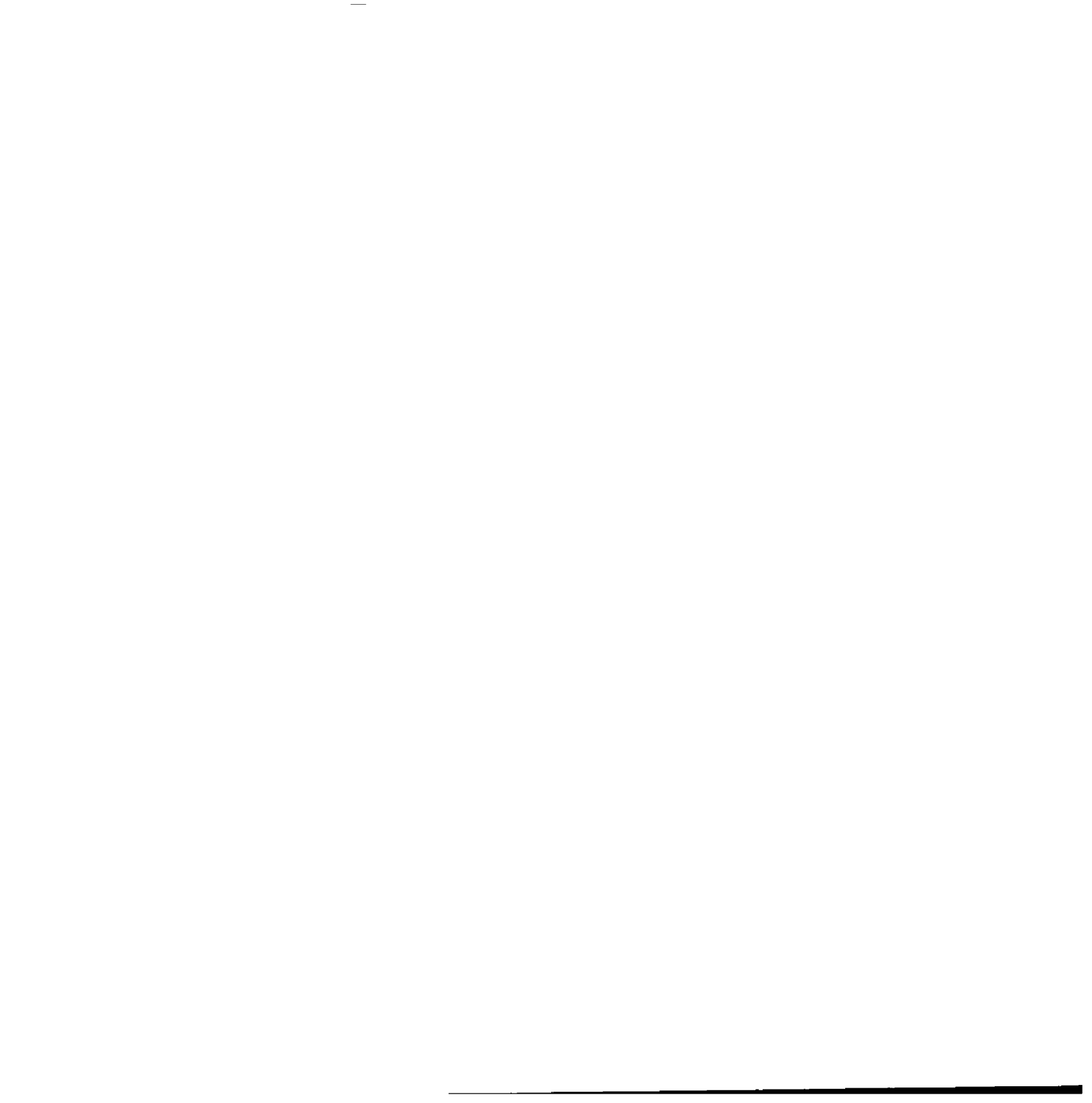
NOW THEREFORE BE IT RESOLVED, NAMI JUNEAU, the local affiliate of the National Alliance on Mental Illness, endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

BE IT FURTHER RESOLVED, that NAMI JUNEAU strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

Crystal Bourland, Executive Director

Telephone: (907) 463-4251 Fax: (907) 500-9914 Email: [namijuneau@gmail.com](mailto:namijuneau@gmail.com)

Address: 9000 Glacier Highway Suite 201 Juneau AK 99801 9077



**RESOLUTION OF THE BOARD OF DIRECTORS OF  
BARTLETT REGIONAL HOSPITAL**

**Serial No. 15-01**

**A Resolution Urging the Alaska Legislature to Expand Medicaid  
Coverage to Improve the Health of Alaskans and Alaska's Economy.**

WHEREAS, nearly 42,000 of our family members, friends and neighbors have the opportunity to gain health care coverage under expansion; and

WHEREAS, approximately 2400 Juneau residents are eligible for coverage under expansion, and 1140 of those are expected to enroll; and

WHEREAS, Medicaid expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, improving preventive and primary care access, providing substance abuse treatment and mental health counseling, and reducing the mortality rate; and

WHEREAS, Medicaid expansion brings over \$1 billion in new federal revenue into Alaska over the first five years; and

WHEREAS, Juneau enrollees alone bring in \$8.3 million in just the first year; and

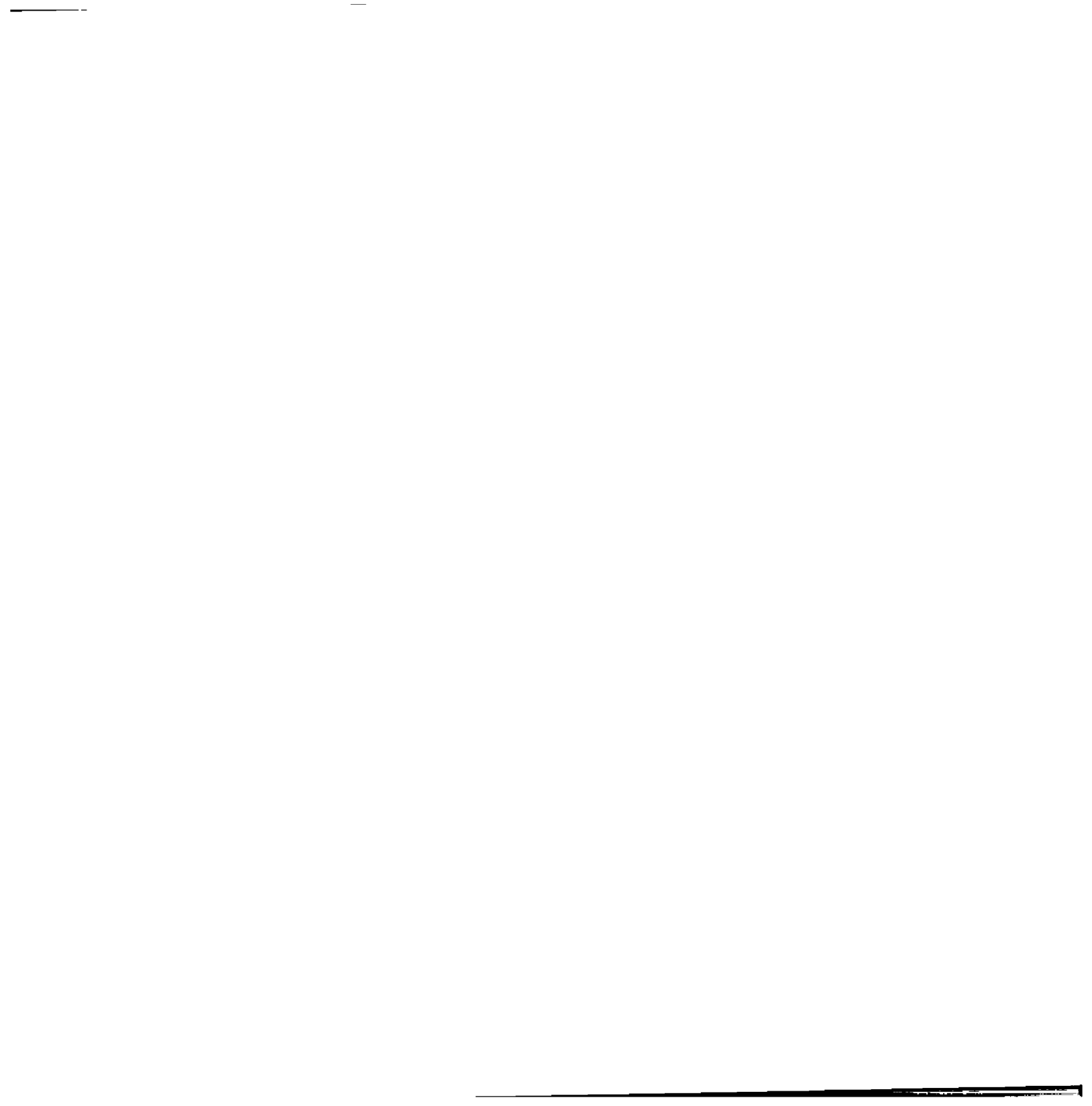
WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity throughout the state; and

WHEREAS, Medicaid currently accounts for 23% of Bartlett Regional Hospital's patient mix; and

WHEREAS, with expansion of Medicaid, the State would save \$6.1 million in FY2016 by using federal funds to pay for health services currently paid for with state general funds, reducing the need to cut public services; and

WHEREAS, federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90% match; and



WHEREAS, Bartlett Regional Hospital suffers charity care and bad debt expenses of \$10-\$13 million per year; and

WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

NOW THEREFORE BE IT RESOLVED, BY THE BOARD OF DIRECTORS OF BARTLETT REGIONAL HOSPITAL, JUNEAU, ALASKA;

**Section 1.** Bartlett Regional Hospital endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

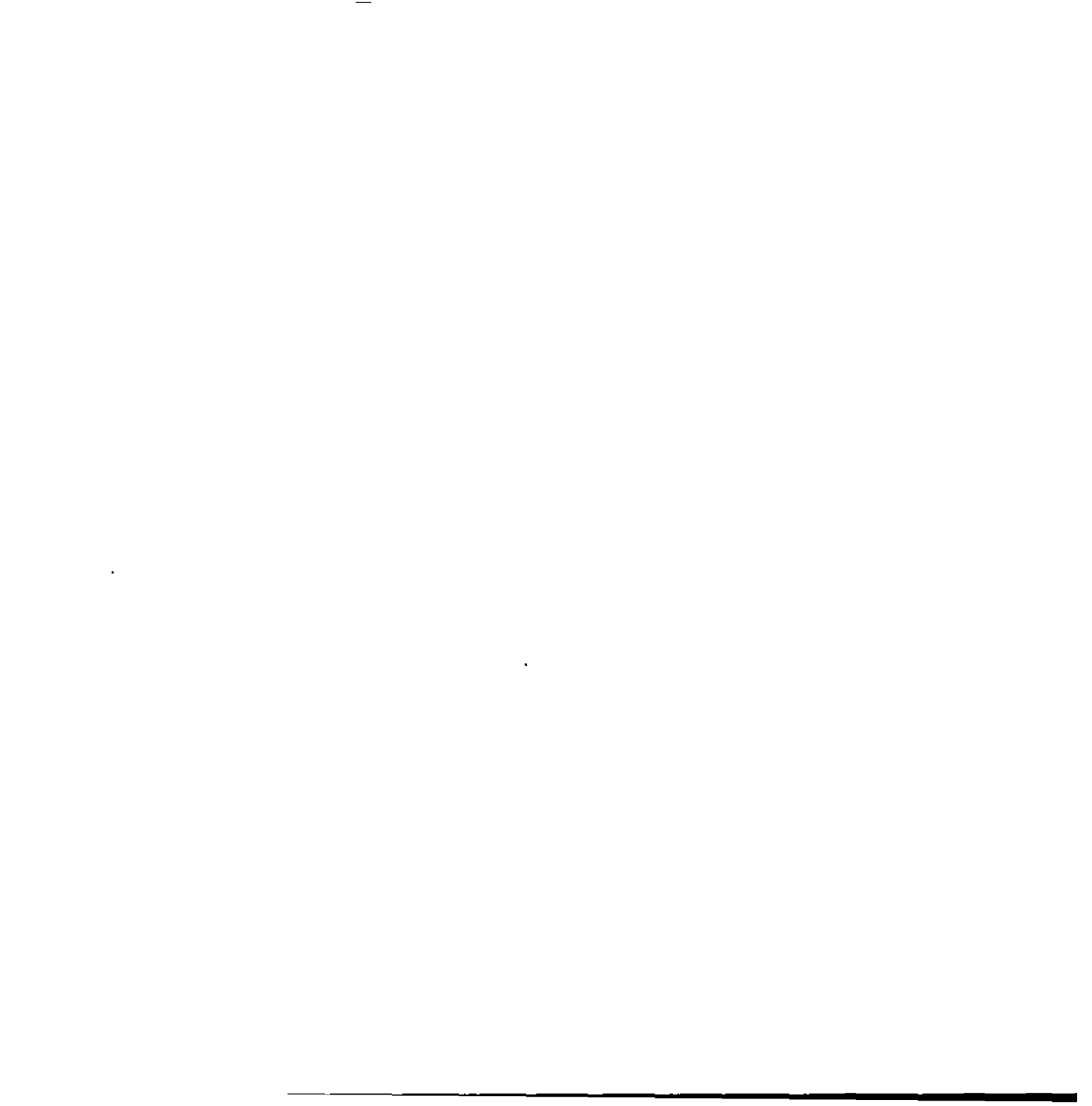
**Section 2.** Bartlett Regional Hospital strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

**Section 3. Effective Date.** This resolution shall be effective immediately after its adoption.

Adopted this 24<sup>th</sup> day of March 2015.



Robert Storer, Board Chair



# **Resolution in Support of Medicaid Expansion**

by Anchorage Human and Social Services Executive Directors

February, 2015

Whereas, the health and wellness of Alaskans is a Constitutional priority and is vital to each individual, family, community and our entire State;

Whereas, Alaskans have identified 25 Leading Health Priorities providing a science-based framework to guide efforts toward improving health and ensuring health equity for all Alaskans which includes access to health care;

Whereas, an estimated 40,000 of the most vulnerable Alaskans are uninsured and potentially eligible for Medicaid (*Source: Alaska Native Tribal Health Consortium. Healthier Alaskans Create a Healthier State Economy. Anchorage, AK, 2013.*);

Whereas, the State of Alaska budget deficit, due to significantly lower oil prices and declining oil production, calls for all Alaskans to work together to achieve consensus on priorities, long term financial sustainability, program performance and leveraging revenue sources;

Whereas, routine preventive care contributes to life time good health; early treatment of illness and injury make it more likely for an individual to regain their health; and, treatment in an Emergency Room is most expensive;

Whereas, access to primary care and medication is particularly significant for Individuals with chronic disease such as cancer, diabetes and cardiovascular disease; and Medicaid patient are 15% more likely to be tested than uninsured. Medicaid beneficiaries with heart disease are twice as likely to take their medication appropriately, compared to those who are uninsured, and are also more likely to have their blood pressure controlled and to have been checked for high cholesterol compared to the uninsured. [*Cancer Action Network, American Diabetes Association, American Heart Association, American Stroke Association, Medicaid: An Important Source of Health Care Coverage for Patients with Chronic Disease.*];

Whereas, lack of health insurance contributes to family stress and financial instability including 154,900 Alaskans served annually by the Food Bank of Alaska network of over 300 partners:

- 56% making choices between medications/meals
- 26% of households report at least one member with diabetes
- 47% of households report at least one member with high blood pressure
- 34% have no health insurance of any kind, including Medicaid
- 56% of households report having unpaid medical bills
- 53% of clients served have incomes that are at or below the federal poverty level (\$15,510 or less for household of two)
- 27% have incomes between \$1-\$10,000 annually; 29% have incomes of \$10,001-\$20,000 annually



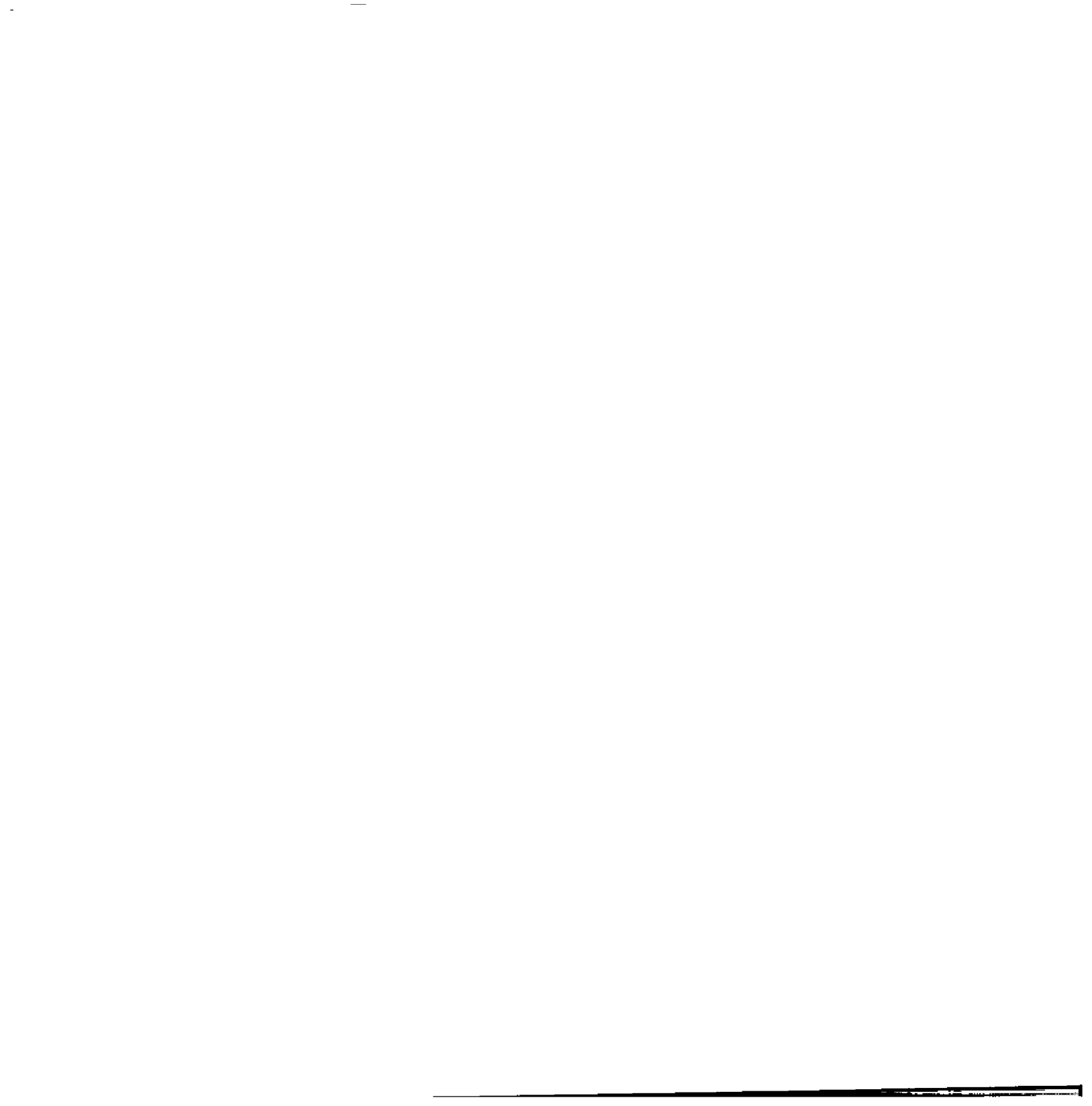
...factors of supporting factors in children staying and succeeding in school;  
adults getting and keeping a job; and, in healthy, competitive communities;

Whereas, the State of Alaska has an opportunity now to develop an Alaska Medicaid Expansion Program which meets the needs of vulnerable Alaskans, communities and Alaska as well as being an effective component of the Alaska health care system and is funded by the Federal government at least at 90% and has the potential to provide additional offsets to program expansion administration;

Whereas, Medicaid Expansion would provide a revenue stream covering a portion of the health care costs of vulnerable Alaskans and in doing so support financial stability and organization sustainability of the Alaska health safety net: community health centers, community mental health centers, tribal clinics, rural hospitals, urban hospitals;

Whereas, in FY2014, as partners in caring for vulnerable Alaskans, coalition members contributed directly to customer health or provided supports to increase the likelihood of short term and lifelong health and wellness. We

- provided 18,805 customers health care services 26,529 customers health screenings; 68,841 customers health education; \$17,690,505 donated logistical or financial assistance; 14,848 with a patient centered medical home; and, 31,793 or 84% of customers surveyed demonstrated/reported healthy behaviors and 8,073 or 84% met the terms of their health treatment plan; and,
- Served 994,312 meals/snacks/ box lunches; sheltered 17,103 homeless individuals/families; provided 24,695 households prevention services and/or income boosts; distributed 540,037 pounds of food; and 1,484 or 64% of participating customers demonstrating improved coping skills, better ability to return to daily life, *ability to return to work and/or home after completing crime or violence prevention and/or stabilization programs and 1,532 or 70% of participating customers had increased self-sufficiency levels after exiting a program operating in the community; and,*
- 1,037 children 0-5 screenings; 1,684 children provided with quality care and education services; 109,165 free books distributed to children 0-5; and, 2,167 or 89% of participating parents/families had increased knowledge of parenting and child development
- 20,948 of youth participating in activities that promote youth development; 196 or 67% participating youth decreasing substance use; 6,000 or 69% youth more engaged with education, learning and school; and, 10,860 or 74% youth with conflict resolution skills (*Note: the information above is a sample based on data provided is based on annual reporting by partner agencies to United Way of Anchorage.*); and,
- We, our partners, business people, teachers, students and parents have been working together to increase the Anchorage School District graduation to 90% by the year 2020, and have together increased graduation rates from 59% in 2005 to 74% in 2014 which contributes as a positive determinant in lifelong health.



- Supporting the following Medicaid Expansion strategies:
- Approve Medicaid Expansion
  - Fix and clear backlogs for
    - o the State of Alaska Medicaid eligibility determination system, Alaska's Resource for Integrated Eligibility Services (ARIES), and;
    - o the payment system, Medicaid Management Information System (MMIS) prior to Medicaid Expansion
  - Accept federal money for Medicaid Expansion
  - Approve supplemental funding for Medicaid Expansion administration

And;

Commit to being partners in this effort by continuing to care for vulnerable Alaskans and by working with the Governor, State of Alaska Legislature, the State of Alaska Department of Health and Social Services, the business community and other stakeholders to develop a sustainable Alaska Medicaid Expansion Program.

Hilary A. Morgan, Co-Chair

[hmorgan@ywcaak.org](mailto:hmorgan@ywcaak.org)

### *Signatories*

Abused Women's Aid in Crisis, Inc. (AWAIC)

AK Child & Family

Alaska Injury Prevention Center

Alison Kear, Chief Executive Officer, Covenant House Alaska

American Diabetes Association

Anchorage Neighborhood Health Center

Anchorage Youth Development Coalition (AYDC)

Barbara Dubovich, Chief Executive Officer, Camp Fire USA Alaska Council

CCS Early Learning

Food Bank of Alaska

Jerry A. Jenkins, Chief Executive Officer, Anchorage Community Mental Health Services (and Fairbanks Community Mental Health Services)



Lisa Aquino, Executive Director, Catholic Social Services

Francine Harbor, NAMI

Nine Star Education and Employment Services

Pauline P. Smith, Executive Director, Alaska Literacy Program

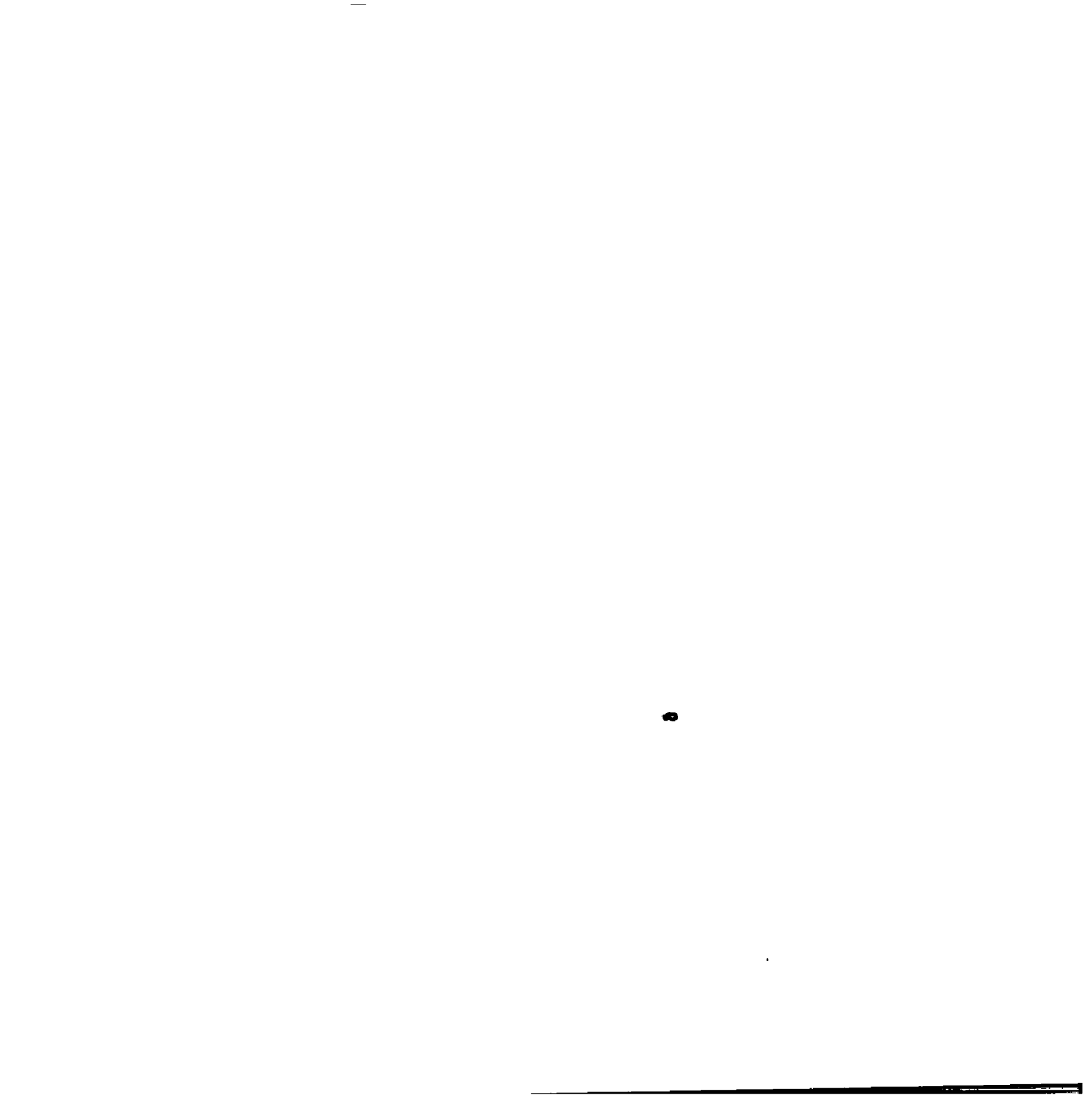
RurAL CAP

Stephanie Berglund, CEO, thread

Volunteers of America Alaska

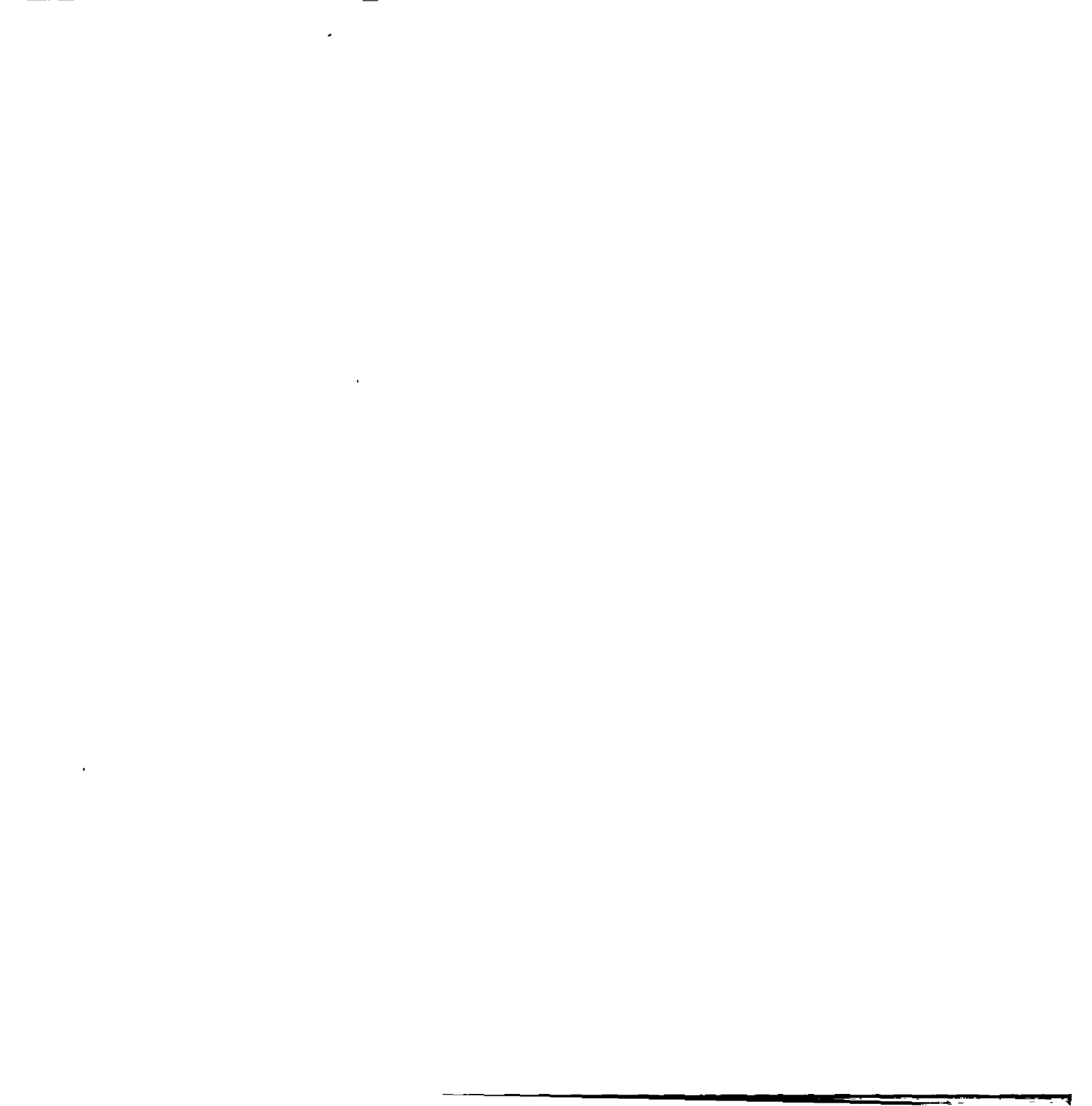
YWCA

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**SUPPORTING MEDICAID EXPANSION IN ALASKA**  
**RESOLUTION NO. 2015-10**

- WHEREAS,** the Affordable Care Act (ACA) provides states with additional funding to expand their Medicaid program to cover adults under the age of 65 and children under the age of 18 who live slightly above the federal poverty level; and
- WHEREAS,** the State of Alaska has chosen not to participate in Medicaid expansion; however, Governor Walker is seriously considering it; and
- WHEREAS,** Alaska's Medicaid program is unsustainable as currently designed and needs reform in order to best serve the health of Medicaid beneficiaries, operate more efficiently for providers, and improve value; and
- WHEREAS,** nearly 42,000 Alaskans, including almost 6,000 in the Interior, would be eligible for health coverage under Medicaid expansion in Alaska; and
- WHEREAS,** studies have shown that Medicaid expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling; and
- WHEREAS,** studies have also shown that there are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years; and
- WHEREAS,** Other benefits of Medicaid Expansion include bringing Alaska tax dollars back to Alaska and potentially stabilizing rising insurance premiums and medical prices by reducing uncompensated care that health providers currently provide to Alaskans with no insurance coverage.



NOW THEREFORE BE IT RESOLVED that the Tanana Chiefs Conference Full Board of Directors supports Medicaid expansion for Alaska.

## CERTIFICATION

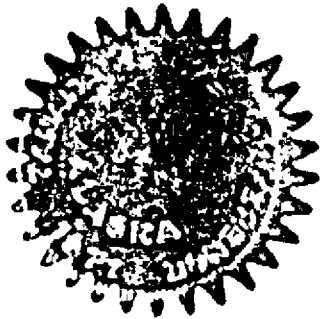
I hereby certify that this resolution was duly passed by the Tanana Chiefs Conference Full Board of Directors on March 18, 2015 at Fairbanks, Alaska and a quorum was duly established.

12

*Patricia M. McCarty*

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Pat McCarty  
Secretary/Treasurer





*Included emails from:*

*Dennis Gall*

*Michele Brown*

*Nancy Courtney*

*Emily Barker*

*Jan Carolyn Hardy*

*Beth Hill Bryant*

*Jane Reilly*

*Susan Smalley*

*Linda File*

*Eric Knudtson*

*Krista McNeil*

*Mary McDowell*

*Martha Mcquiston*

*Mike McLane*

*Mindy Hunter*

*Bill Tremblay*

**Subject: Medicaid**

Hello...

I am writing today to urge you to move forward with the governor's plan to expand Medicaid, without further delay. This is a pragmatic and well thought out decision that is good for the health of Alaskan's, and also for the Alaskan economy, with state costs off set by savings in medical expenses that the State and medical providers currently are uncompensated for. This just really makes good practical sense. I understand that state government faces tremendous financial difficulties, but all things considered this proposal should be revenue neutral for state government while infusing millions of dollars into the state economy.

Sincerely,

Dennis Gall

**Subject: Support of Medicaid Expansion**

Dear Representative Seaton,

The time for Medicaid Expansion is now. The reasons to do so are well known:

- **People:** Nearly 42,000 uninsured Alaskans are eligible for basic health care coverage
- **Revenue:** \$1.1 Billion in new Federal revenue for Alaska
- **Jobs:** Up to 4,000 new jobs
- **Wages:** \$1.2 Billion in more in wages and salaries

The reasons against doing so are speculative, and can be addressed when and if they occur.

In the meantime, Alaska is losing out on substantial revenue. The 100% federal contribution is time-bound. Alaska has already lost funds for calendar year 2014 and the first quarter of 2015. We have also lost job growth and health care and services for thousands of Alaskans. Yet, Alaskans are already paying into the national system without receiving the full benefits.

The Healthy Alaskans 2020 report sets a priority to reduce the percentage of adults reporting that they could not afford to see a doctor in the last 12 months. This is a priority because access to health care is a critical societal infrastructure for a high functioning workforce and community. Alaska routinely invests in capital infrastructure expenditures even when future funding is speculative. Unlike road projects, which could be a waste of resources if the expected federal contribution was not fulfilled, access to health care is immediately important and valuable. Even if the worst were to happen and Medicaid expansion eligibility were restricted in the future, it is still better to have had short term health care.

Medicaid Expansion provides downward pressure on health care costs by lowering uncompensated care and helps all Alaskans. This is critical to ensure that the health infrastructure currently provided around the state remains strong and affordable to other users.

Please act now to authorize Medicaid expansion. We offer you our partnership in helping improve health and quality of life outcomes for Alaskans. Together, we can join forces and leverage resources around a shared vision for Alaskans to lead stable, healthy, and safe lives.

Best regards,



**Michele Brown / President / United Way of Anchorage**

March 12, 2015

The Honorable Kevin Meyer  
President, Alaska State Senate

The Honorable Mike Chenault  
Speaker, Alaska State House

Dear President Meyer and Speaker Chenault,

I am writing in support of Medicaid expansion in Alaska. In these times of severe budget shortfalls and unwanted but necessary budget cuts, Medicaid expansion is a win-win for all Alaskans.

As you know, the federal match for expansion is 100% through calendar year 2016. The only funds the State will need to expend are implementation funds, which I understand the Alaska Mental Health Trust Authority has committed to pay the first year. The State of Alaska would be egregiously remiss to forgo 100% federal matching funds to bring health care coverage to over 40,000 of Alaska's working poor.

In watching the legislative debate on Medicaid expansion, a main concern legislators have is that the federal government will break its promise of 100%, 95%, 94%, 93% and 90% match over the next five years. I find it odd that the State of Alaska does not waiver to accept 90% federal highway matching funds to build our highways without fear of losing the match funding. Why should we fear losing similar federal match funding for health care? And if the federal government were to break its commitment, the Alaska Department of Health and Social Services will have mechanisms in place to end the expansion program and the State will not be left holding the bag to fund the program.

In closing, one of Governor Walker's primary commitments is to expand Medicaid so that over 40,000 of Alaska's working poor can get health care coverage. A majority of Alaskans voted for Governor Walker to lead our state because of his commitment to expand Medicaid. Alaska's legislators are elected to serve and do what's best for all Alaskans and you should support Medicaid expansion as the majority of Alaskans who voted Governor Walker into office do.

Thank you for the opportunity to comment on this critical matter that will benefit the health and economy for all Alaskans. I respectfully request your vote in support of Medicaid expansion.

Nancy Courtney

Hello.

My name is Emily Webb. I am 22 years old. I am a hardworking stay at home mom whose husband works a job at a small aviation business. He makes less than \$1000 per month. The company is so small that we do not get benefits.

My father is a state retiree, having served as a Firefighter, Fire chief, and Fire Training Administrator for 30 years. My mother is a nurse at the Alaska Native Medical Center, serving in their Emergency room saving countless lives and helping their massive transition over to electronic charting.

I was raised well, but due to the Alaskan darkness, was diagnosed with seasonal affective disorder in my teens. Winter depression is crippling to me as my brain struggles to create the necessary hormones needed to function while under the pressure of darkness. Under ideal circumstances, I can manage my depression with counselling and access to psychiatric medication. This year, however, i cannot do this. I have no medical access.

I am uninsured.

After I quit school in order to raise my 14 month old daughter, despite being under 26, my parents medical insurance refused to cover me after I went below full time student status. The insurance company can do this because they were grandfathered into the system via the Alaskan Legislature. They are not required to keep me on their policy even though the laws should say otherwise.

When we applied for financial aid with insurance, my family is also considered too poor to qualify for federal subsidies in order to aid us in obtaining insurance. We were instead given a letter stating that we cannot be fined for lack of insurance. That is nice that we wont be fined, but that still leaves me, a young mother of a one year old baby girl, lacking in basic medical access due to finances.

When we applied for medicaid, we were denied because I am an adult without disability who is not pregnant.

I have slipped through the cracks. Without the medicaid expansion, if anything were to happen, if I were to get into a car accident or break my leg or get ill, my family could not afford it. The debt would be crippling to our family. We have already encountered situations where i have refused needed care due to finances. I live in a constant state of fear that something will happen to me, driving our family into massive debt or rendering me unable to care for my baby girl. That anxiety lingers in my mind every day.

My husband's job has us living in Income based housing as he finishes his Air Traffic Control degree and awaits to be hired by the FAA. We are not just struggling now, but we are also struggling for the future.

My family is a young family that works hard in order to better our situation. We work hard toward education and the betterment of our selves. My husband is currently applying for the FAA this month as an Air Traffic Controller, but even if he gets hired, there are months of waiting and worrying ahead until he can be taken on for training and start receiving a salary and benefits. Other options we are considering heavily is a job in the Airforce, but that has the potential to crush my husbands dream of being an Air Traffic Controller, one that he has worked hard for in his education. We do not like being reliant on the system, but recognize that it is necessary until we are capable of getting on our feet as a young family. We have slipped through the cracks. We are in a loophole that needs to be closed. We desperately urge you to consider the medicaid expansion seriously so that if anything were to happen, we would not need to be afraid of seeking medical attention.

My life, the life of a 22 year old young mother, is potentially on the line.

Emily

**Subject: Medicaid Expansion**

Dear Representative Seaton,

Please fully adopt Medicaid Expansion (up to 138% of federal poverty) to leverage this historic opportunity for Alaska. By expanding access to 41,000 low-income Alaskans we will help keep families and communities strong, secure, and healthy.

Medicare expansion is a great deal for Alaska. We will save millions of dollars from 2015-2020. So let's put federal dollars to work in our own backyard for healthier people and a healthier economy.

Kind regards,

Jan Carolyn Hardy

Jan Carolyn Hardy, Realtor, CRS, GRI, ABR, E-Pro,  
VAMRES, Military Relocation Professional,  
At Home With Diversity,  
Member: NAR, NAGLREP  
Real Estate Brokers of Alaska  
[REDACTED]  
Anchorage, Alaska

**Subject: Medicaid expansion**

Dear Mr. Seaton

I have yet to hear a valid reason not to expand medicaid. For the love of God please help these people out and get them on the road to health care. I wish there was some dental care in this provision for these folks also.

I am a nurse practitioner and my husband is a physician. We practice family medicine in Anchorage. The state of health care access is abysmal in Alaska. You have a responsibility to the public and the public health. You can greatly improve the lives of your fellow citizens while helping with the financial situation in this state. The medicaid change will provide jobs and decrease insurance rates for others in the end.

Please do the right thing and pass this bill. Governor Walker was elected on a the platform that included passing Medicaid. This is his proposal. Please do not thwart the will of the people of Alaska.

Sincerely,

Elizabeth Hill Bryant

[REDACTED]

[REDACTED]

Anchorage, Alaska 99508

From: Jane Reilly [REDACTED]

Sent: Friday, March 20, 2015 1:34 PM

Subject: Medicaid expansion

Dear Sir,

Just another one of these stupid emails from your constituents putting in my ten cents worth of advice. I never liked our last governor, and one of the stupidest things he did was fail to accept medicaid expansion. This is really an easy one...I, as a good Republican, pay federal taxes that go to fund health care for other states. While my fellow Alaskans get nothing. So I pay more for my health care to subsidize our uninsured Alaskans who need care? This is not rocket science you guys...lets expand medicaid!!!!

I support the expansion of Medicaid. To use a cliché, it is one of those ways we are continuing to be pennywise and pound foolish as a state, by rejecting this source of healthcare.

When I hear those who are in elected office and who have amazing medical insurance say things like, "They (the uninsured) can just go to the Emergency Room." or "They (the ERs) have to treat them." I am confounded. This statement in that context seems to say that we have solved the issue of health care for our friends and neighbors and let's move on.

We, you and I, as taxpayers in the Central Kenai Peninsula Borough, are co-owners of a valuable piece of property in Soldotna. I would hope you pay attention to the financial numbers in the quarterly reports of the Central Peninsula Hospital – the hospital that is our property. People whose only viable access to health care is via the ER, and very often ultimately the hospital stays that follow, are creating financial havoc – both for patients and for us as a borough/community and it affects EVEN those of us who are fortunate enough to have insurance.

More than a decade ago, I was treated for breast cancer. Obviously, I am a survivor. I had access to preventative care in the form of mammograms, and that itself led to the detection of cancer at Stage 1.

We had wonderful insurance, much like you as elected officials have now. Even at that, the out of pocket costs were in excess of \$20,000, with my early diagnosis. That's my story.

I can safely say, because of my time spent as a volunteer with cancer patients, that without access to preventative care, many people are not diagnosed until their cancers become symptomatic, in most cases that would be far beyond Stage 1. Ending up in the ER for one's first glimpse of their cancer is a nightmare for the person, as well as for the rest of us who share the burden in some way. The sad and horrific news is that often the later stage diagnosis is followed by much more drastic (ie expensive) treatment and the chance of death is greater. If you subtract the human suffering aspect, we, as a society/community are paying the cost of ER visits, surgeries, treatments, hospital stays...with death as a more likely result, but with much more financial output. Someone dies. Someone pays.

It's magical thinking to envision the ER as a place where one goes with an emergency and emerges whole on the other side. Its function is as a critical stopgap place that should be framed with care on the preventive side and care on the follow-up side. For those we are excluding it often becomes the only choice. It is expensive for people's health and certainly a financial drain on the rest of us, like you and me and our hospitals. It's the most expensive and least effective method of administering health care.

I admit that my level of concern is about the human beings in my community. Healthy people can be better workers, parents, volunteers etc. The shared reality is that people without appropriate access are costing us a fortune and I trust that for whatever reason, my state government will respond. And you know what? Those federal dollars are mine too and I want them used this way. I have no conflict of interest and nothing to gain except healthier people and communities. I encourage you to reread Becky Hultberg's article from March 13, 2015 ADN.

Sincerely,  
Susan Small

**Cc:** [governor@akleg.gov](mailto:governor@akleg.gov); Rep. Tammie Wilson; Sen. John Coghill

**Subject:** Medicaid HB148 testimony

Please support Governor Walker's efforts to reform and expand Medicaid. Vote to pass HB148. It is the right thing to do for thousands of Alaskans now and for Alaska's future.

Rep. Seaton, please share this message with the HSS Committee.

Thank you.

Linda File

Alaska resident since 1965

[REDACTED]

North Pole, AK 99705

**From:** Eric Knudtson [REDACTED]

**Sent:** Saturday, March 14, 2015 12:43 PM

**To:** Rep. Paul Seaton

**Subject:** Medicaid expansion

Senator Seaton,

I'm writing to urge you to support Medicaid expansion in Alaska. I believe that Medicaid expansion would enhance the well being of Alaskans and our state's economy. I'd also like to ask you to support the continued funding of the farm to school program.

Thank you,

Eric Knudtson

[REDACTED]

**Subject: Medicaid Expansion**

**Mr. Paul Seaton ,**

**I am writing today to ask you to please support Val Davidson and the Alaska State Medicaid expansion.**

**I work with Peninsula Community Health Services on the Kenai Peninsula and even though we accept Medicare, Medicaid, and commercial insurances, we still have a large number of patients who are not on insurance and make too much to qualify for our sliding fee.**

**They have worked with our eligibility specialist and are not eligible for Medicaid and do not make enough or work enough hours to be able to afford or be eligible for health insurance through their place of employment.**

**The Medicaid expansion is greatly needed to help those who fall short of qualifying for Medicaid under the current income and household guidelines and who cannot afford or receive insurance in other ways.**

**Many people that I know do not make enough to cover their rent, purchase healthy foods, pay for gas let along medical needs.**

**Your support of the Alaska Medicaid expansion would be greatly appreciated.**

**Thank you for your time and consideration.**

Dear Legislators,

I am writing to ask for your support and passage this session of the Medicaid expansion and reform bill introduced by Gov. Walker. I think that taking advantage of the opportunity currently available to Alaska to expand Medicaid coverage to more Alaskans, at so little cost to the state, is the fiscally and morally responsible thing to do.

The expansion would provide so many short and long-term benefits to the individuals who could access better medical care and their families, and to the overall state economy, that it seems inconceivable that we would pass it up. It is my understanding that Alaska can opt to bow out in future years if the federal government fails to provide at least 90% of the funding. I doubt that that will happen, but even if it does and the expansion to cover the bigger pool of people does not continue far into the future, I would seem terribly unwise to miss this opportunity to provide better access to health care for so many Alaskans in the meantime. Even a few years of better health care for more Alaskans will pay dividends to the state into the future.

With both the state and federal governments struggling with budget shortfalls, and the costs of medical care and medical assistance programs constantly rising, I don't believe that Alaska taking advantage of the opportunity to expand Medicaid eligibility now will diminish the motivation and pressure to continue making needed reforms to medical assistance programs.

Please work to gain passage of HB148/SB78 in the remaining weeks of this session.

Thank you.

Sincerely,

Mary McDowell

██████████  
Angoon, AK 99820

From: MARTHA MCQUISTON ██████████  
Sent: Wednesday, March 18, 2015 8:10 AM  
To: Rep. Paul Seaton  
Subject: I support Medicaid expansion!

Please support Medicaid expansion. I stand strongly with Governor Walker in this issue.

Sincerely  
Martha McQuiston

MARTHA MCQUISTON

██████████  
██████████ AK 99820

**subject: medicaid expansion please support**

**As a life long uninsured Alaskan I know personally the devastating effects of illness. Huge costs incurred, bankruptcy and no benefits.**

**I have worked hard all my life to see my savings disappear due to medical bills and a system over whelmed by the under insured working poor.**

**Please lend your support to Medicaid expansion in Alaska**

**Mike McLane  
Associate Broker  
Jack White Real Estate**

**From: MINDY HUNTER [REDACTED]  
Sent: Tuesday, March 17, 2015 9:24 PM  
To: Rep. Paul Seaton  
Subject: I support Medicaid expansion!**

**Please support medicaid expansion in our beautiful state. Make sure our children get their basic needs met, no matter what their family economic status may be. Help stop the cycle of poverty.**

**MINDY HUNTER  
[REDACTED]  
HOMER, AK 99603**

**Subject: Support Medicare Expansion**

I support the expansion of Medicare. It is way past due for Alaska to expand this to the 25-40,000 Alaskan's who may be eligible. Several reasons for supporting this;

- The Federal Government will pay 100% of these costs this year and eventually 90%
  - Alaskan's generally complain about paying taxes and this is one more way more of our taxes come back to the State
  - I'm also ignoring the fact that Alaska already generates \$2 for every \$1 paid in federal taxes already
- The complaint about how these dollars add to the federal deficit is a "red herring"
  - Many of the same people who say this applaud the delivery of the squadron of F-35's that may be coming to Alaska
    - One F-35 could pay for almost three (3) years of the proposed Medicare expansion
    - While Medicare is broken, we can at least see people helped; as opposed to a \$400 million dollar jet that still isn't certified to fly
- I'm embarrassed that a State that has been so rich for so long still allows for these people to fall through the medical insurance cracks
- The federal dollars expected to come to Alaska should support additional jobs in the State.

I would appreciate your support to expand Medicare. Thank you.

Bill Tremblay

[REDACTED]

Petersburg, AK 99833

[REDACTED]

**Mary Burtness**

**Margo Waring**

**Katherine George**

**Colleen James**

**Terri Nettles**

**Donald Robinson**

**Elizabeth Mensch**

**Shelly Vendetti**

**To: Rep. Paul Seaton**  
**Subject: medicaid expansion**

**I know one of the members of our legislatures believes that medicaid is a handout and that "these" people should take care of themselves. I want to tell you this story of a person who was on medicaid.**

**My mother had a stroke at 63 years of age and was never able to live alone. She worked all her life both raising a family and outside the home. She paid taxes all her life. When she had her stroke she was living from paycheck to paycheck. She was not looking for a handout. The Medicaid program helped my mother live and stay healthy. We were not able to financially help out, but she lived with us for 23 years. We kept her out of a nursing home, which would have been much more of an expense to the state. I would hardly call my mother's situation one in which she "should have taken care of herself"**

**So when you look at the medicaid expansion, think of my mother, who was not a "taker" but someone who needed some help after many years of paying in.**

**Please support medicaid expansion in Alaska. Take a stand to take care of those who need a bit of help.**

**Thank you for your time.**

**Mary C. Burtness**

Rep. Paul Seaton; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico; Rep. Geran Tarr; Rep. Adam Wool  
Subject: HB148

Dear House Health and Social Services Committee members,

I urge you to support passage of HB 148, expanding Medicaid in Alaska.

The State of Alaska has an opportunity to expand Medicaid at no immediate cost to the State through the federal Affordable Care Act. The Alaska Department of Health and Social Services states that an expanded Medicaid program would save the State millions of dollars in Medicaid payments, reduce the number of missed work days, and bring 4000 new jobs to the State. These new jobs would come with \$1.2 billion in wages.

In addition, expansion of Medicaid would help up to 42,000 of the State's most vulnerable citizens. Hundreds of people annually will be spared disability or death and the loss that this means for their families and communities. If one of these was a member of your family, I am sure you would want to be among those who see great benefits to all Alaskans in the expansion of Medicaid.

Please support HB 148.

Sincerely,  
Margo Waring  
11380 N. Douglas Hwy.  
Juneau, AK 99801

From: Katherine George [REDACTED]  
Sent: Tuesday, March 24, 2015 11:17 AM  
To: Rep. Paul Seaton  
Subject: HB 148

Hello Representative Seaton,

Thank you for supporting Medicaid expansion and reform.

Katherine George  
542 Mountain View Drive  
Homer AK 99603

**To: Rep. Paul Seaton**

**Subject: Our state needs expanded coverage**

**Dear Representative Seaton,**

**I am writing to urge you to support Medicaid expansion in Alaska because it is good for our local economy. Medicaid expansion could bring \$145 million a year of new federal money into our state and create 4,000 jobs.**

**According to Jonathan King of Northern Economics, the state's economy is headed for recession and federal Medicaid expansion money is one of the few bright spots on the horizon that could help mitigate that recession.**

**In 2013, Alaska's hospitals had more than \$92 million in uncompensated care costs. This gets passed on to all of us through higher health insurance rates. In other states, Medicaid expansion has resulted in a 20-30% decrease in uncompensated care.**

**Please help grow Alaska's economy and keep our health care costs under control.**

**Sincerely,**

**cjames  
40732 Waterman Rd  
Homer, AK 99603**

101 Rep. Terri Nettles

Subject: Close the health insurance gap

Dear Representative Seaton,

Please help close the health insurance gap in Alaska.

I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.

Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.

I encourage you to support the governor's proposal to implement Medicaid expansion with smart reforms. Thank you.

Sincerely,

Terri Nettles  
46290 Roosevelt Cir  
Soldotna, AK 99669

To: Rep. Paul Seaton

Subject: Close the health insurance gap

Dear Representative Seaton,

Please help close the health insurance gap in Alaska.

I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.

Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.

I encourage you to support the governor's proposal to implement Medicaid expansion with smart reforms. Thank you.

Sincerely,

Donald Robinson  
PO Box 149  
Kasilof, AK 99610

**Subject: Close the health insurance gap**

**Dear Representative Seaton,**

**Please help close the health insurance gap in Alaska.**

**I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.**

**Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.**

**I encourage you to support the governor's proposal to implement Medicaid expansion with smart reforms. Thank you.**

**Sincerely,**

**Beth Mensch  
PO Box 1228  
Kasilof, AK 99610**

*speaks louder than how we sit with the great."*

3/20/2015

Dear Representative Seaton,

I am watching Governor Walker and Val Davidson make history. I am so proud to be part of the Alaskans who support their efforts for Medicaid Reform and Expansion. Senate Bill 78 and House Bill 148 reflect the hard work and integrity of Governor Walker, his administration and the majority of Alaskans.

The current Medicaid system desperately needs reform; there is so much documented waste. Many suggestions regarding ways to save money have been forwarded to previous administrations and have been ignored. Now is the time for everyone to stand up; reform a system that is wasting our tax dollars and implement a system that is more accessible to the working poor and utilize the federal match that our federal tax dollars are already paying for.

There is abuse of any system; whether it is private insurance or the current Medicaid system, Denali Care, Housing assistance; even the credit card expenses for some of those in the Department of Education. This effort doesn't guarantee it will continue, in fact, with the suggestions for reform; the opportunities to abuse the Medicaid system will be less than before.

I am respectfully requesting that you support the Medicaid Reform & Expansion Bill as transmitted by Governor Walker on 3/18/2015; without further delay. There are Alaskan lives and families depending on you to do the right thing.

Sincerely,



Shelly Vendetti-Vuckovich  
Proud Alaskan

Advocate for the Special Needs & Disabled Community

8411 Berry Patch Dr.  
Anchorage, Alaska 99502  
(907)223-4102  
[vendettis@aol.com](mailto:vendettis@aol.com)

MEMBER NAMES FROM:

Lee Martin - Homer

Scott Simmons

Monte L. Jordan - Fairbanks

Cynthia Morelli - Homer

Michael Backus - Wasilla, AK

Shelley Gill - Homer

Joel Jackson - Kake

Sharon Whytal - Homer

Carol Griswold - Seward

Margaret Bauman - Knik

Cindy Lelake - Anchorage

Jeanette Pugh - Soldotna

Laurel Carlsen - Palmer

Ross Mullins

Sallie W. Rediske



Medicaid Expansion Bill HB 148

I am writing in regard to Medicaid expansion coverage and HB 148. My mother, Nadine Pence 98 years old has been waiting for three months for a resolution of her Medicaid Waiver denial. Nadine came to Alaska in 1937 on the Alaska Steamship to join her husband Ed Martin who came to Alaska in 1936. Ed Martin worked as a territorial policeman in Glennallen, Anchorage and Homer. They moved to Homer in 1955 and Nadine continued to work at her husband's side as the dispatcher taking calls over the radio and telephone, issuing driver's licenses along with many other duties. Nadine was one of the first members of the Homer Hospital Board and worked to better the medical care of the Southern Kenai Peninsula. In the 1970's she took a sabbatical and moved to Oregon/Arizona. In 2006 she moved back to Homer to be with family and friends.

Nadine lives at The Terrace Assisted Living in Homer. She is 98 and is in need of assistance. In 2010 she fell and broke her hip which required two major surgeries. She was able to pull through and only needed assistance for a few months after each surgery. Now she is at the point where she needs daily care and assistance. She needs help with medications, personal hygiene, and physical therapy. Nadine has applied for a Medicaid Waiver and was denied. She (her son) appealed the denial and she has been waiting for three months to get a resolution. This seems criminal. What are we to do? Set her out on an ice floe?

Thank you Governor Walker for your hard work to improve Alaska's health care through House Bill 148.

Now Legislatures do your job and do the right thing.

Sincerely,



Homer, AK 99603

Hello Representatives. Expanding Medicaid is a great step forward protecting all citizens of Alaska . Giving up this opportunity would be a disgrace to the ideal of humanity . If you so choose to vote against HB 148 , I fully expect you to rescind your Alaska state health insurance . Everyone is equal , everyone deserves the same quality health care . Some how I think your's is pretty good . Scott Simmons

---

Dear Ms. Hansen,

I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.

Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.

I request that the our Alaska Legislators support Alaskans by supporting the governor's proposal to implement Medicaid expansion with smart reforms.

Other commitments interfere with ability to attend the LIO in person, please extend my position and comments above as public testimony.

Please extend my comments

Thank you.

Monte L. Jordan  
[REDACTED]  
Erickson, AK



Dear Senator Seaton and Health and Social Services Committee,

When it came time to enroll our family in a health care plan under the Affordable Care Act for the first time, I went for help to an outreach navigator here in Homer. We discovered based on our 2012 income, that our family of four, both my husband and I self employed, working to support our family, did not earn enough to buy our own insurance, earned too much to qualify for medicaid and did not qualify for a subsidy for health care because our income was too low.

Our 19 year old daughter decided to emancipate, and as a family of three, we then qualified for a subsidy on the health insurance marketplace.

Our daughter buys her own insurance through her college. Again this past year, I nervously enrolled our family, as we did not have our income results complete for 2014, and was unsure whether we would continue to qualify for a subsidy for health insurance on the marketplace or fall in the "gap". We are a fiscally conservative family, and to perhaps indebt ourselves for thousands of dollars by enrolling in the health insurance system is unnerving.

To have no health insurance is equally unnerving.

I support expanded Medicaid for Alaska, and even more than that, I fully support a single payer national health insurance for Alaska and the entire United States.

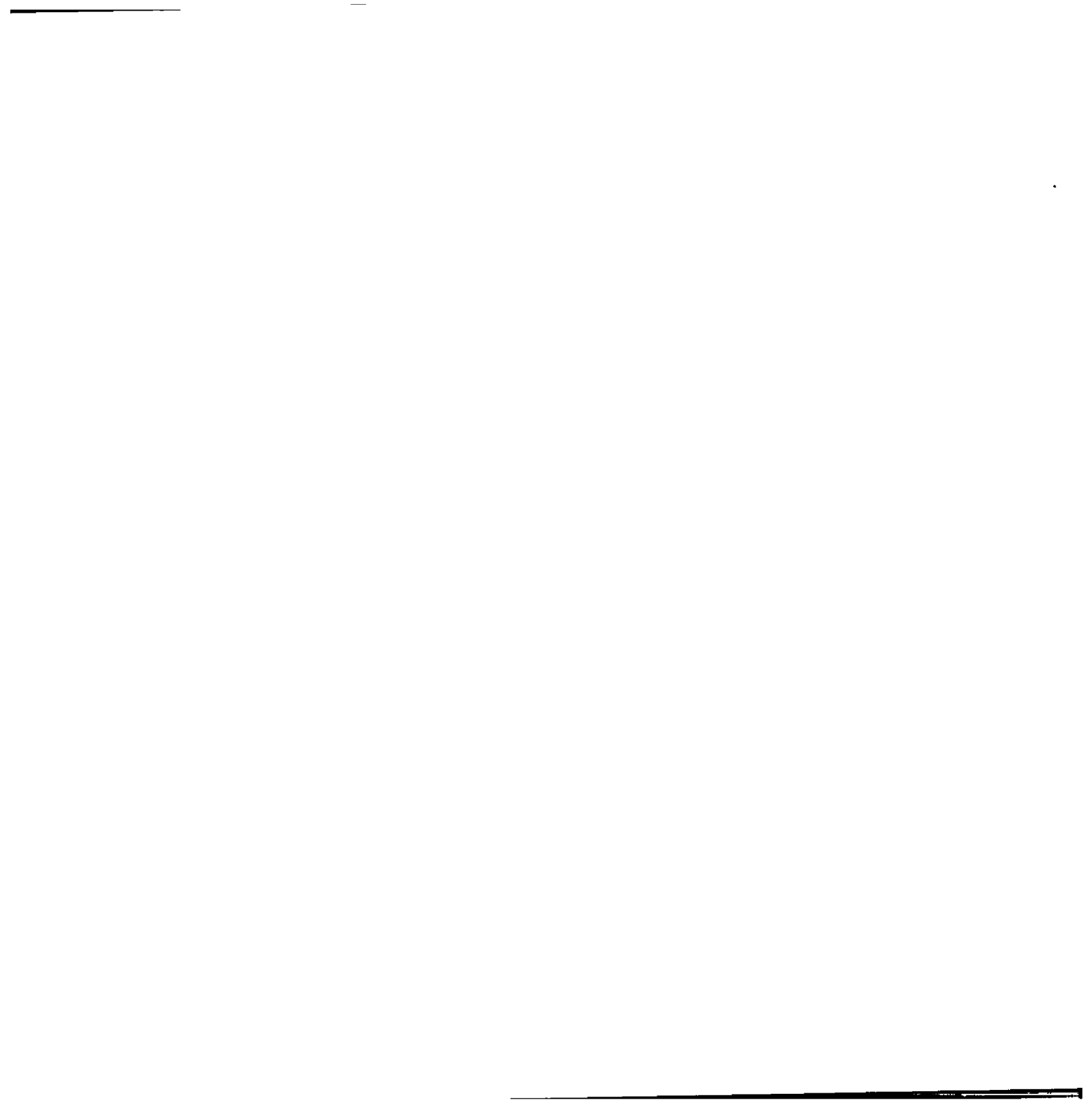
Sincerely,

Cynthia Morelli

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From what I understand, the expansion of medicaid in Alaska will bring in lots of federal dollars and will consequently have a very positive effect on our economy. However, I understand there is some concern about what the costs will be to the State in the future. I just want to say that if expanding health care does eventually cost the State money, I would be willing to pay more in taxes to ensure that everyone who needs health care in our state has access to it.

Michael Backus



From: [REDACTED]  
Sent: Friday, March 27, 2015 11:41 AM  
To: LIO Homer  
Subject: Medicare expansion

I strongly support expanding Medicaid to cover esp. Those Alaskans who live in the bush and because of a subsistence lifestyle don't make enough cash to qualify for Obama care as well as the poor and elderly. Parnell was wrong and it is time to fix his mistake!  
Shelley Gill  
Homer AK

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From: Joel Jackson [REDACTED]  
Sent: Friday, March 27, 2015 9:48 AM  
To: LIO Juneau  
Subject: HB 148

HB 148 is important to Alaska , our legislators need to support this bill , I wish I was in Juneau but will not be on sat to testify so please relay this message to them thank you  
Joel Jackson  
Kake Alaska

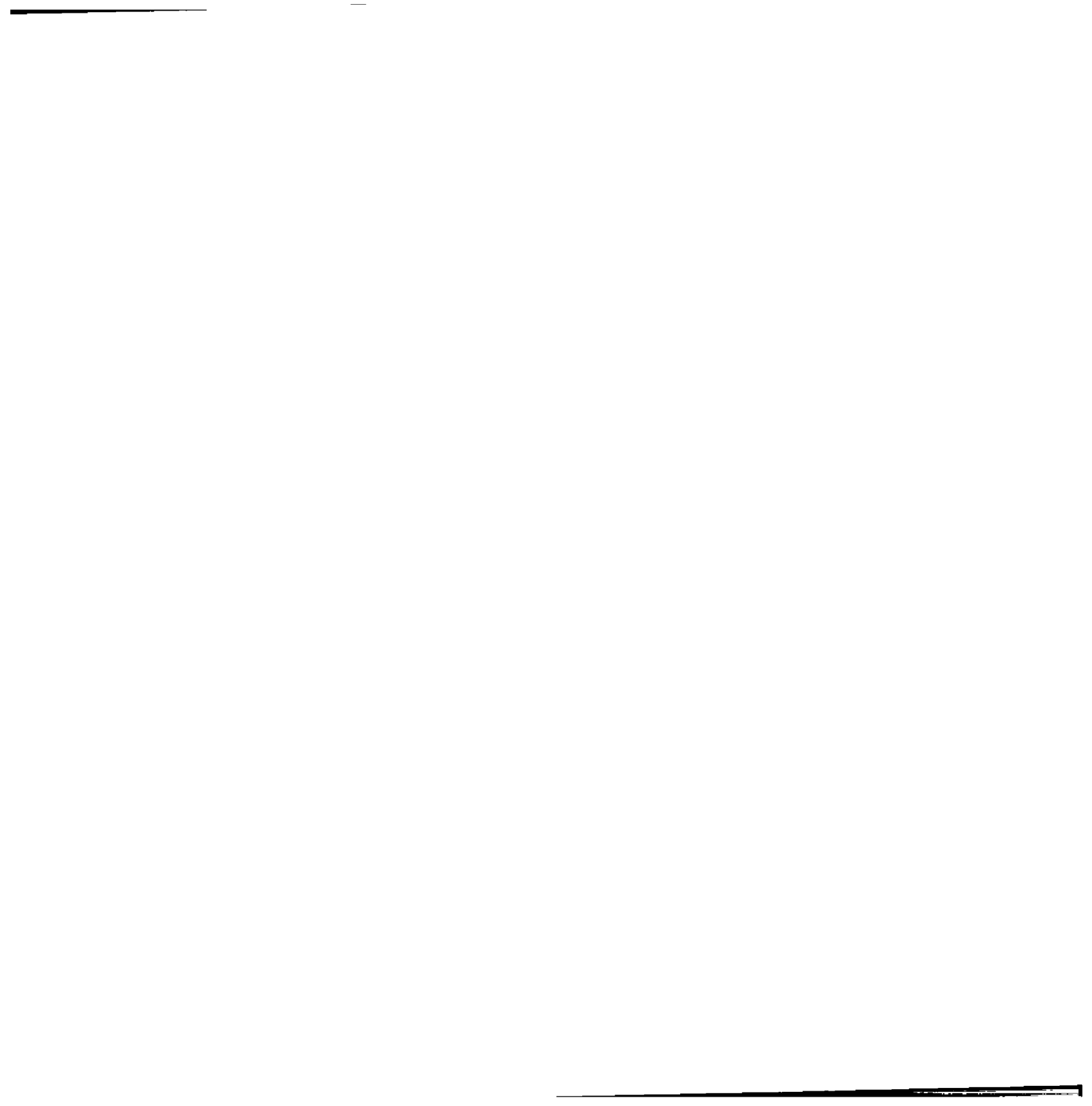
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Dear Committee members:

Please read my following comments into the record.

As a recently retired Public Health Nurse and an ongoing participant in community health improvement planning, I am writing to encourage your full support for HB 148; I am delighted that this bill has been so well crafted and that you are considering it. Gov. Walker, Commissioner Davidson and many others have worked hard to make this a viable option for Alaska, both financially and to increase access to healthcare for vulnerable populations in our state. Even more in this time of budget shortfall, AK is overdue to take advantage of this opportunity for sharing of large healthcare expenses with rightful federal assistance. There will be other improvements in funding and affordability of healthcare in the future; this bill creates solutions now. It is absolutely imperative that we address the inequities in present access to healthcare, and this bill extends coverage to many of our working poor or otherwise disadvantaged Alaskans who, with access to health can live productive, fulfilling lives. I urge you to pass this bill immediately.

Sharon Whytal, RN, BSN, BSW  
Homer  
235-2094



**From:** [REDACTED]

**Sent:** Friday, March 27, 2015 8:31 PM

**To:** Rep. Paul Seaton; Rep. Liz Vazquez; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico;  
Rep. Geran Tarr; Rep. Adam Wool

**Subject:** YES to HB 148 Medicaid Expansion Bill

Honorable Representatives,

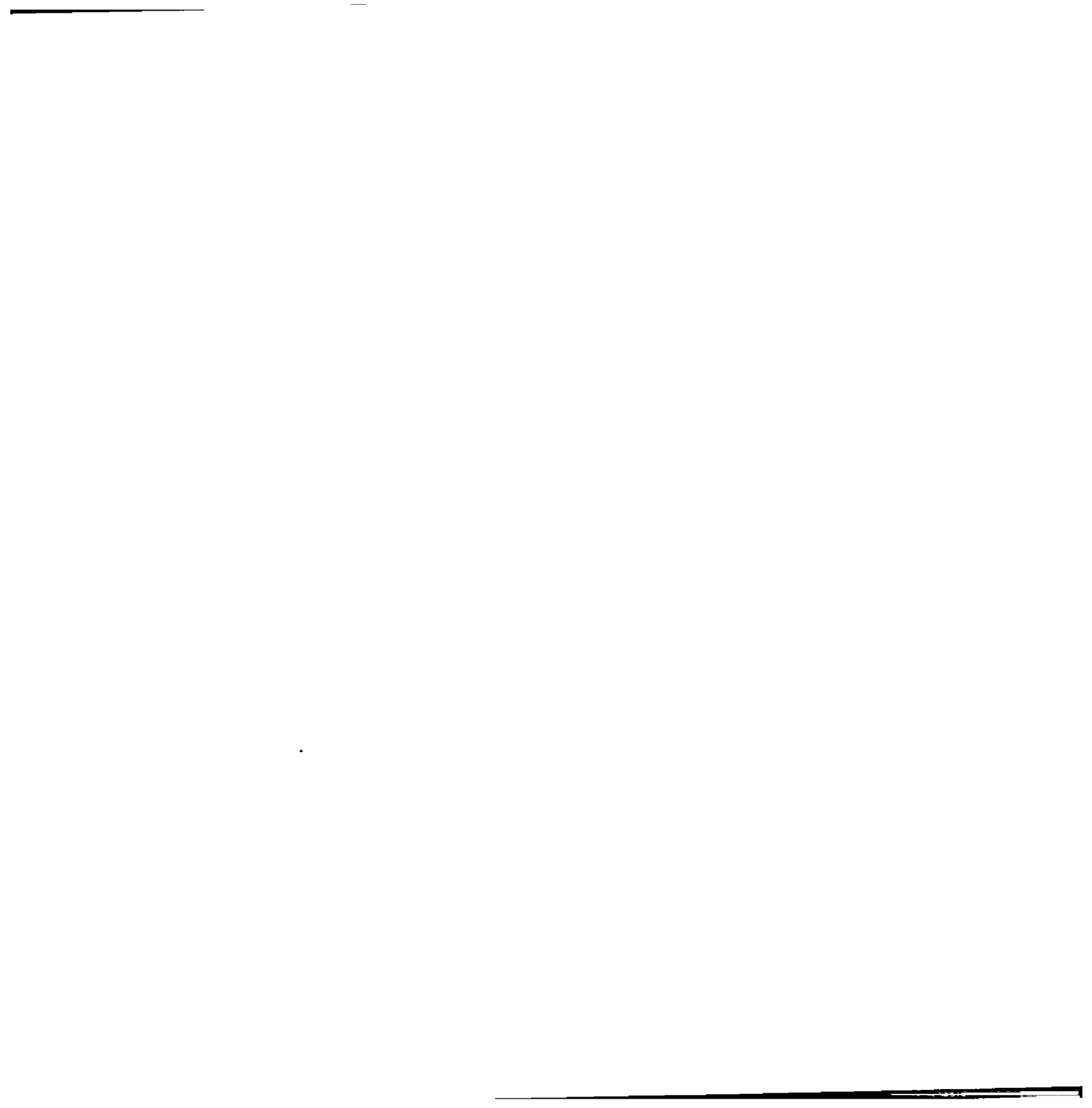
I urge you to expand Medicaid so that more people will be covered by insurance. We MUST get help to reduce expenses at our Seward health care facilities. Expanding Medicare will cover more patients and reduce the subsidy they now receive from the city and everyone else who pays for health insurance. It is a huge, unnecessary burden.

Thank you for your consideration.

Carol Griswold

412 First Ave

Seward, Alaska



To: Rep. Paul Seaton; Sen. Bill Stoltze; Rep. Mark Neuman  
Subject: please approve Medicaid reform and expansion

Please do all that you can to be sure that the Medicaid reform and expansion legislation put forth by the Walker administration is passed during the current session of the Alaska Legislature.

It is the right and decent thing to do for thousands of Alaska without any reliable access to health care, which means that these fellow Alaskans are not only not getting care when they have a serious medical condition, but none of the preventive care that might have avoided these issues.

There are times in people's lives when for one reason or another they are simply unable to afford health insurance, and they should not be condemned to live with serious illness or die because of this.

YES, I am fortunately enough to be have health insurance provided by the private company where I am employed, and NO, I don't mind chipping in, through taxes, to help assure that my fellow Alaskans will get health care when they need it.

Just a couple of years ago a woman I know who was under-employed, and consistently looking for a full-time job called me in desperation because she had a serious, painful dental problem and was refused coverage under Medicaid because she was in her 40s and had no dependents. She was finally able to get the antibiotics and other care she needed by driving from the Matanuska Valley to Talkeetna to a clinic willing to treat her at little or no cost. Under Medicaid, she could have seen a dentist in the Valley.

Often people are reluctant to say they need help because they don't want to appear to be begging, or they are people who put the needs of other family members above their own. I found out too late that a beloved cousin who lived in another state and whose husband couldn't afford to get health insurance for both of them died of cancer because she couldn't afford appointments or hospital costs for the surgery she needed. Like many Alaskans, her family income was a little too much to qualify for medical assistance, but too low to afford health insurance.

Alaskans have always been proud of our independence and, historically, our ability and willingness to take care of each other.

For a bunch of legislators who all have health insurance to deny their fellow Alaskans in need health care is inhumane.

When we are all healthy, it makes us all stronger.

Please support passage of the Medicaid expansion legislation. We will all benefit from it.

Thank you

Margaret Bauman  
Knik, Alaska



Dear Representative Seaton:

I am writing to express my support for HB 148.

Besides creating jobs and adding much-needed funds to Alaska's economy, this measure allows us to extend the benefits of good health care to many hardworking Alaskans and gives all of us the opportunity to enjoy improved quality of life.

I urge you and members of the committee to pass this measure expeditiously. It's the right thing to do.

Respectfully,

Cindy Lelake  
Anchorage

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From: Jeanette Pugh [REDACTED]  
Sent: Saturday, March 28, 2015 6:17 AM

Dear Representative Seaton,

Please help close the health insurance gap in Alaska.

I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.

Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.

I encourage you to support the governor's proposal to implement Medicaid expansion with smart reforms. Thank you.

I think this is a good option but I believe that before you can get medicaid that you should have to be drug tested. I work for a living and get drug tested to work. I believe by working I am paying someone else's insurance that they too should have to be drug tested.

Sincerely,

Jeanette Pugh  
[REDACTED]



Sent: Saturday, March 28, 2015 11:50 AM  
To: Rep. Paul Seaton  
Subject: Medicaid Expansion & Me -- Testimony

Medicaid expansion is really about promoting health and human dignity.

My life would be very different had Medicaid been an option for me 7 years ago when I was diagnosed with cancer. I was 22 at the time, had recently graduated from college, was working two part-time jobs (something a lot of working class people do in order to cobble together full-time work), and I did not have health insurance.

There was no safety net for me. I did not qualify for Medicaid because I had no children. An exception would have been if I had breast or cervical cancer. But I had lymphoma.

A cancer diagnosis is terrible enough, but it was made worse by the fact I had no way to pay for treatment.

My only option was to apply for permanent disability, which qualifies a person for Medicare. This was a very long and degrading process, which began with emptying what little I had in my bank account, quitting my jobs, and moving in with my sister. I had to prove that I had nothing and would die without chemotherapy. Meanwhile, bills totaling hundreds of thousands of dollars stacked up.

Some politicians claim that Medicaid expansion encourages people to live off government welfare and never look for work. But as you can see from my situation, which I now know is a common one, not allowing the able-bodied working poor an option for Medicaid leaves only 2 unacceptable ones: 1) seeking permanent disability status or 2) going without healthcare.

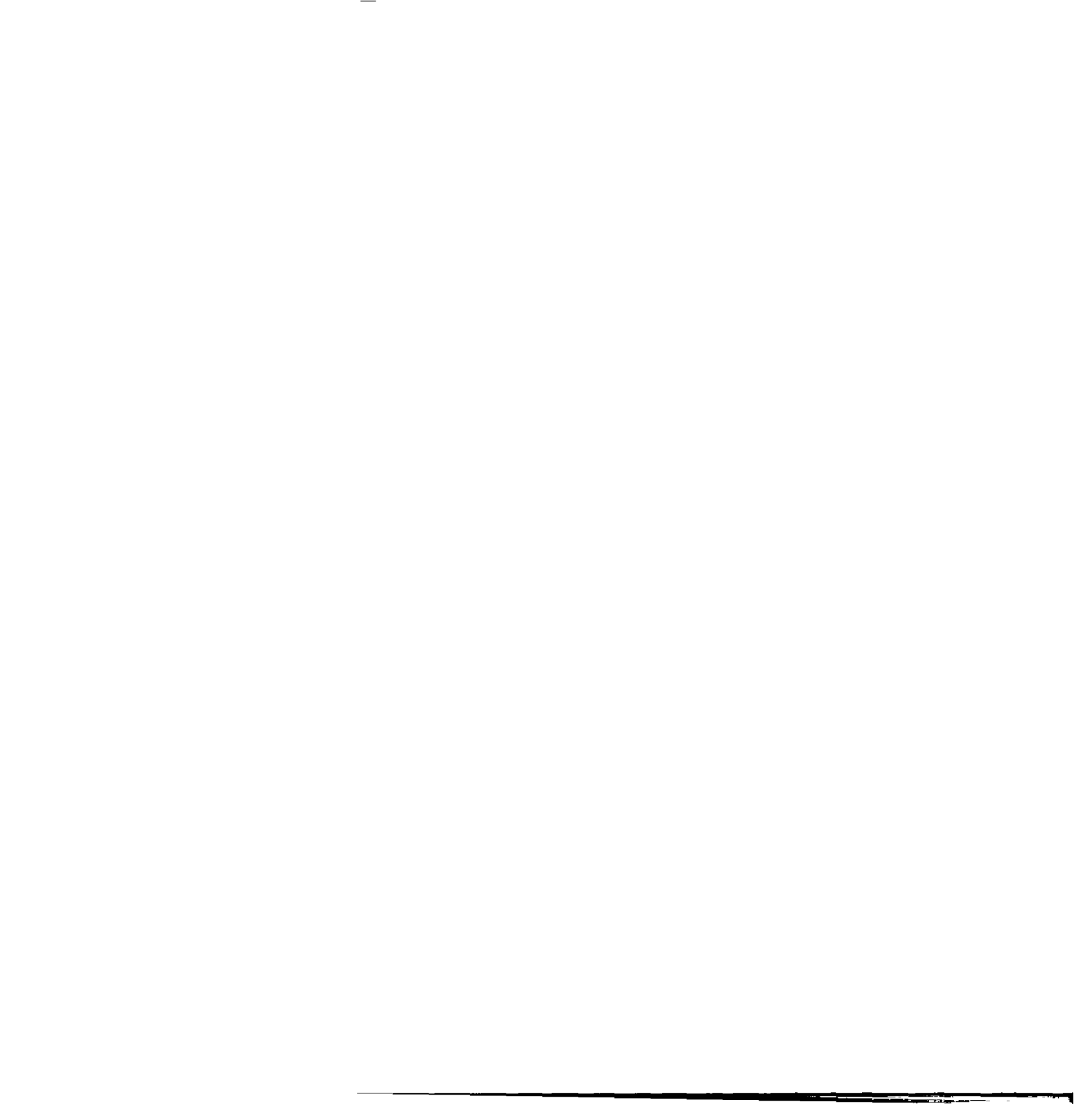
I am lucky to be alive today. I owe my survival to the charity of my community and local doctors. Other people are not so fortunate. We must extend our social safety net so that no one falls through the cracks. Everyone deserves access to healthcare.

Please do your part and vote to expand this basic right to those who are currently left behind.

Sincerely,

Laurel Carlsen

Palmer, AK



To: Rep. Paul Seaton  
Subject: Medicare Expansion

Dear Paul Seaton,

I applaud you for the objective way you are handling the Medicaid expansion issue before your committee. One thing that is troubling me is the lack of objectivity concerning the straw man issue put forth by many Republicans of the conflicting studies that are used to cause doubts in those that might otherwise support the expansion measure. Those negative studies all are using "stale data" that has no real bearing on future results.

Personally I believe that we Alaskans will have the ability to implement expansion in an intelligent manner that will lead to a much more successful result for our state than many predict. The prevention aspects alone will serve to reduce future costs in my opinion. Additionally expansion may contribute to the decision whether a person will remain in the state during this so-called austerity that the state is facing.

Please keep up the good work. We are watching this matter closely and the fact that it could actually save the state a few million \$ over time should not be discounted.

Thanks for your good work.

Sincerely,

Ross Mullins



**To: Rep. Paul Seaton**  
**Subject: Support HB 18**

Dear Representative Seaton,

Please vote to pass HB 18. I own Homer Physical Therapy. I see the effects daily on our community members who are uninsured. Since the passage of ACA, we have seen some remarkable things happen for people who had previously been unable to seek medical attention for a variety of life-challenging conditions - and certainly challenges that limited their ability to earn money due to pain and disability. Unfortunately, the gap between current Medicaid coverage limits and what was offered through the Medicaid expansion has left many in our community unable to access health care because they are trapped between the income guidelines established to qualify for ACA-approved plans and the current Medicaid guidelines. This is unfair and inhumane. It is also bad business.

Two examples:

1. Disabled from birth, an individual in Homer recently found a full-time job that meets their needs for their limited ability to communicate. The job pays more than minimum wage, but the wage is unlikely to rise significantly over time as this person's disability prevents them from assuming much more in the way of job responsibilities. They lost their Medicaid coverage (and other disability-related support) due to their new, hard-sought after income. So here is a person who by no fault of their own is disabled, seeks out a job they can perform - and actually finds one in Homer - and loses the security of health coverage. Absolute terror is what was conveyed in the eyes and face of this person when they told me of the letter they received resending their access to Medicaid.

2. Employed client who makes too little to qualify for ACA and is not eligible for Medicaid in its current form, lives in a dry cabin and relies almost exclusively on subsistence food sources in order to pay for health care needs that left them unable to perform their post-graduate level work nearly a decade ago. As if this life-style change was not humbling enough, they have to rely on pro-bono healthcare from my office in order to have enough money to see the doctor and obtain prescribed medications that enable them to continue to work. Desire to be a "contributor and not a taker" has prevented this person from filing for permanent disability. Suicide is not an uncommon thought for this person due to the seemingly unending series of hurdles they face on a daily basis associated with health care.

Sincerely,

Sallie W. Rediske, PT, WCS



*Jean Diamond - Anchorage*

*Allen Wilfong - Kasilof*

*Roberta Wilfong - Kasilof*

*Christy Favorite*

*Kerry Lee Kruckenberg*

*Gary and Eileen Sheridan*

*Robin Minard - Mat-Su Health*

*Sharon Geraghty*



Bankruptcy is a factor in healthcare crisis'. Most of the time, we never expect it. This month I had shoulder surgery from an old ski injury. The bills are in the thousands of dollars. Then last week, my husband had a bike crash and broke a bone in his hand, a concussion and stitches under his eye and chin. We have not seen the bill for the Emergency Room yet. The orthopedic surgeon will be seen on Monday. Between the two of us, without insurance, would bankrupt us. We are healthy and active people but never could have predicted these medical situations.

40,000 plus Alaskans will benefit from expanding Medicaid and it is up to the Republican Party to help us. Think about your own family and friends without health insurance and whether you would spend down your own saving to rescue them.

Help us,  
Joan Diamond  
Anchorage, AK

From: Allen Wilfong [REDACTED]  
Sent: Sunday, March 29, 2015 10:11 AM  
To: Rep. Paul Seaton  
Subject: Close the health insurance gap

Dear Representative Seaton,

Please help close the health insurance gap in Alaska.

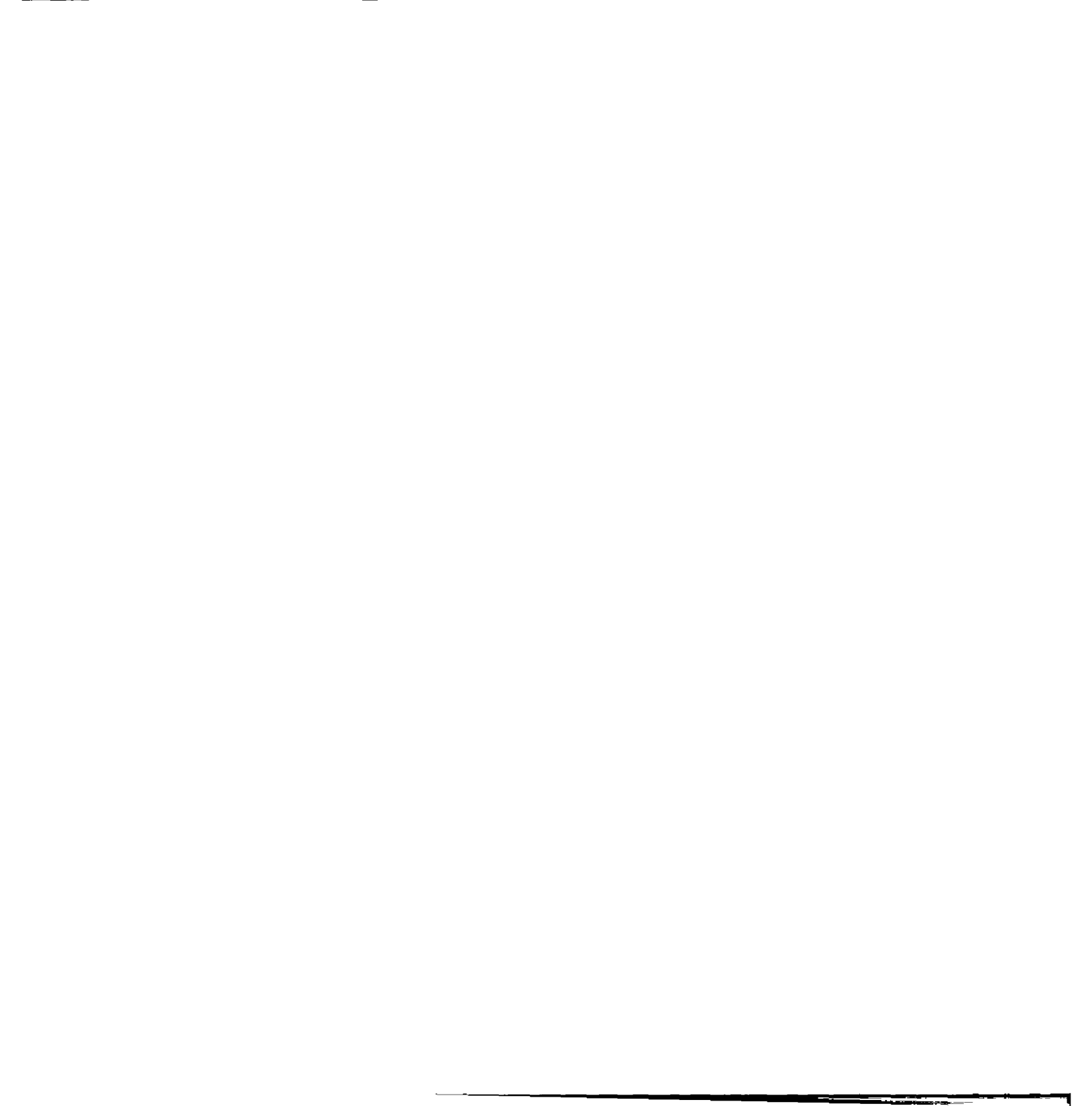
I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.

Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.

I encourage you to support the governor's proposal to implement Medicaid expansion with smart reforms. Thank you.

Sincerely,

Allen Wilfong  
[REDACTED]  
Kasilof, AK 99610



Dear Representative Seaton,

Please help close the health insurance gap in Alaska.

I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.

Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.

I encourage you to support the governor's proposal to implement Medicaid expansion with smart reforms. Thank you.

Sincerely,

Roberta Wilfong

[REDACTED]  
Kasilof, AK 99610

From: Christy Favorite [REDACTED]  
Sent: Sunday, March 29, 2015 1:33 PM  
To: Rep. Paul Seaton  
Subject: HB 148

Dear Representative Seaton:

Please vote in favor of HB 148. Medicaid expansion is the right thing to do for Alaska's people, from a number of viewpoints: a healthier population, more jobs, and peace of mind for the newly insured and those who love them. How often do you get to support legislation that provides so much good for so many people?

Thank you for your time and attention.

.-Christy Favorite



I'm not going to type out some long detailed letter why it just makes sense to expand medicaid. THIS IS JUST SOMETHING ALASKA NEEDS TO DO!

From: Gary and Eileen Sheridan [REDACTED]  
Sent: Monday, March 30, 2015 12:57 PM  
To: Rep. Paul Seaton  
Subject: Medicaid Expansion

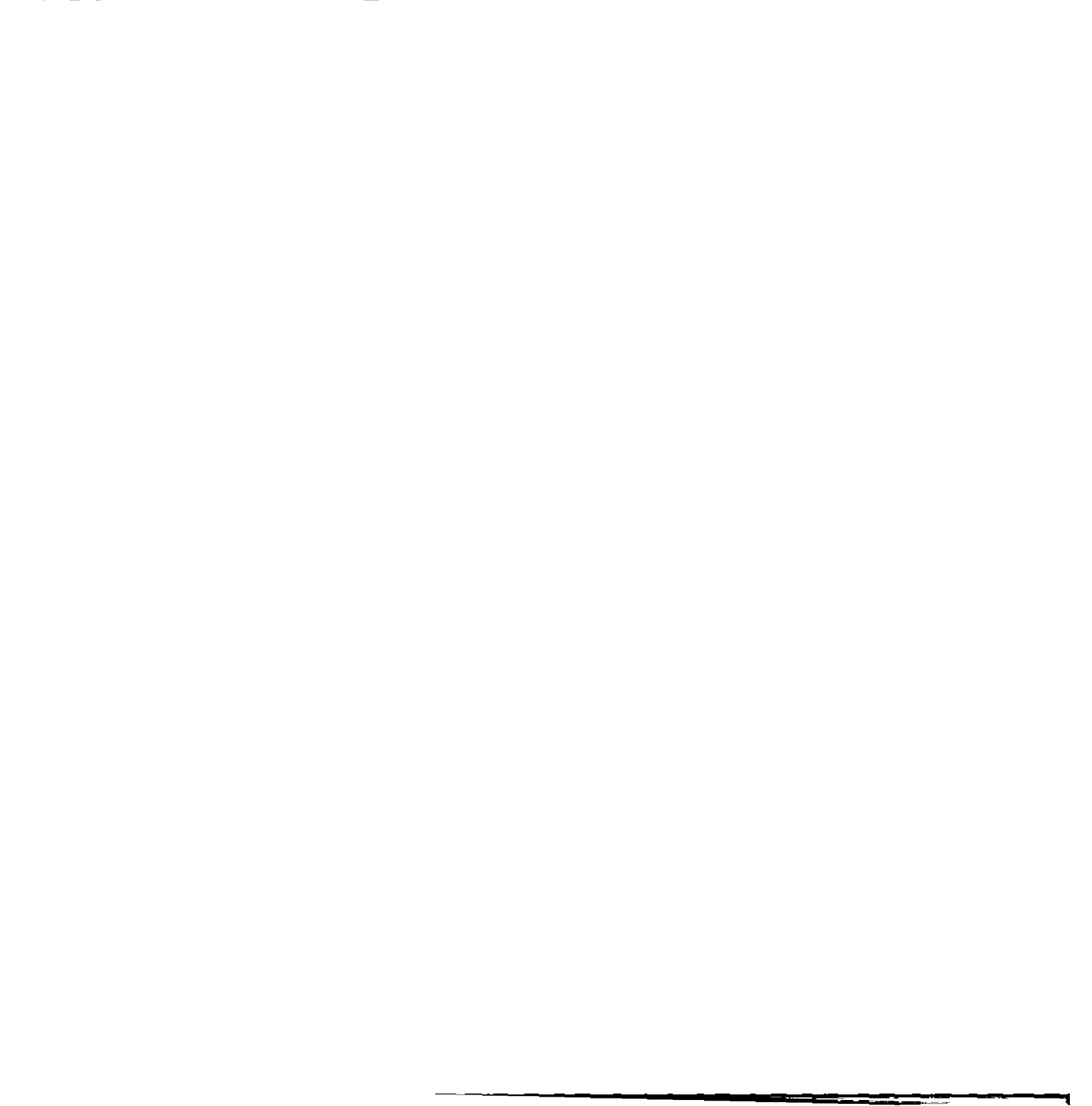
Dear Representative Seaton:

We understand you wanted your constituents opinions on the Medicaid Expansion. We are definitely in favor of the legislature passing that. Not having proper medical care in infancy and as a child grows up can affect their educational growth, also. Parents trying to work two jobs and get sick usually don't have sick time, and it can affect their economic growth, also.

Thank you for asking our opinion. We'd rather pay for early medical care, then having to pay for higher insurance payments, or subsidizing the hospitals which end up getting the more advanced health issues that might have been eliminated from earlier care by a doctor, or requiring special help in education due to lack of health, ear problems, etc.

Sincerely,

Gary and Eileen Sheridan  
[REDACTED]



Representative Seaton,

Thank you for all you are doing to support Medicaid Reform and Expansion! So many of the expansion population are the working poor who will greatly benefit from this opportunity to stay on the path to self-sufficiency. When we allow people to get preventive health care versus delaying things until they become emergencies, we have a healthier population and tremendous costs savings.

Alaska accepts Federal dollars for so many other programs, and I hope that we find a way to accept the Medicaid dollars too, ensuring a healthier population for years to come.

Thank you for your time!

Robin

**Robin Minard**  
**Director, Public Affairs**  
**Mat-Su Health Foundation**  
**950 E. Bogard Road, Ste. 218**  
**Wasilla, AK 99654**  
**(907) 352-2892**  
**(907) 352-2865 fax**  
**[rminard@healthymatsu.org](mailto:rminard@healthymatsu.org)**



There is a length story behind this testimony, but I will try to keep this brief.

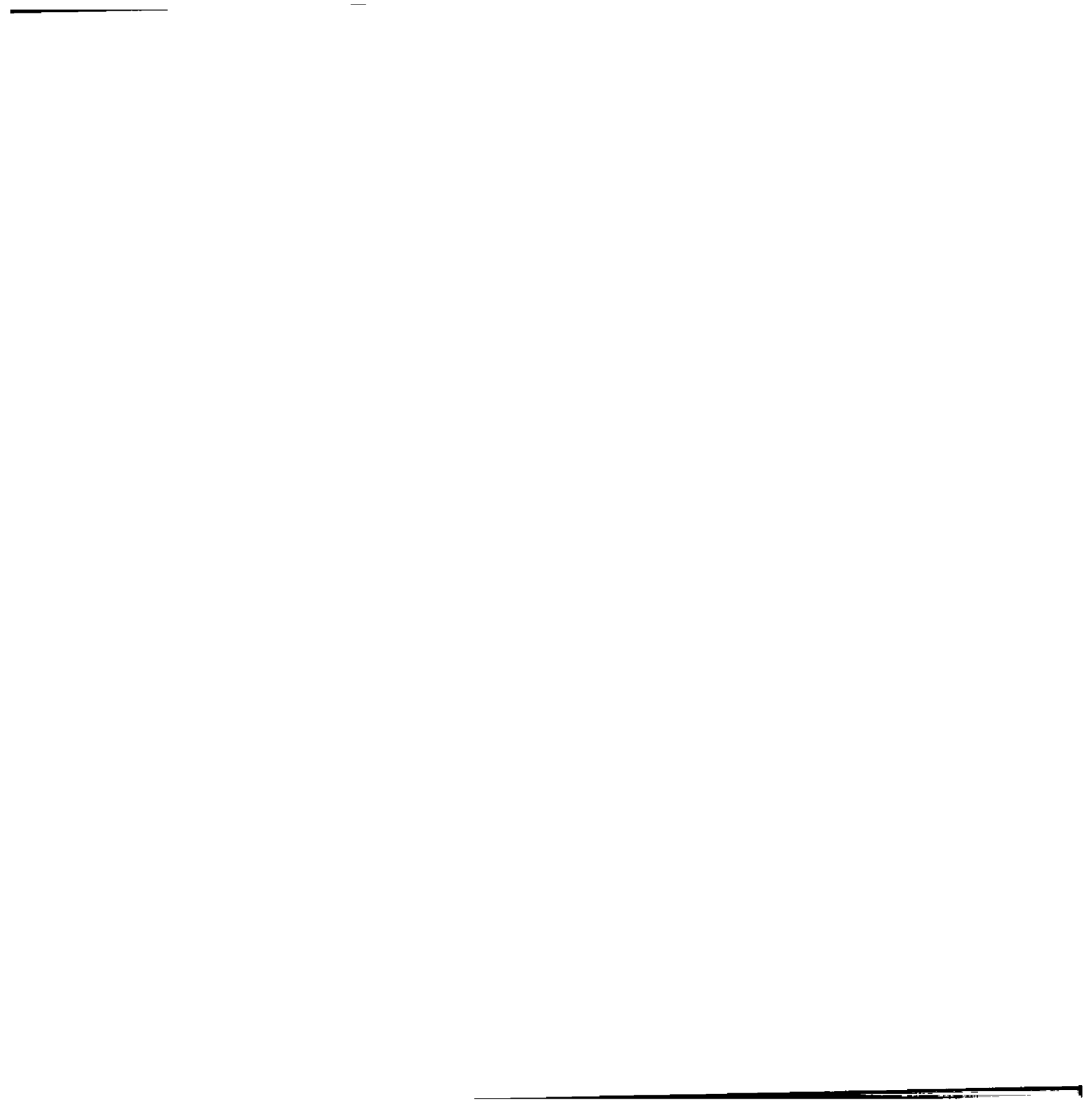
This is an example of what goes awry when we play games with poverty levels

- My brother was diagnosed with a terminal illness at 41 after working his whole life
- He applied for Public Assistance while waiting for Disability with Social Security to begin
- over a year later the Disability payments started and were \$30 over the limit for Medicaid eligibility
- we put great effort and expense into setting up a Miller's Trust for him so the health benefits would resume
- before these things were completed, he needed hospitalization twice
- Medicaid isn't covering the expenses from January because they say he didn't qualify for Medicaid in January due to the \$30. I know the medical transport company is facing a \$38,000 loss. There are multiple Doctors, two Hospitals who aren't getting paid.
- there is no estate to pay for these expenses as he qualified for Medicaid
- all the rest of us, including those of us who pay out of pocket for medical expenses will pay more to offset Medicaid's loopholes
- if Medicaid coverage was expanded, this whole thing could have been averted
- This is just what happened to our family. Surely there are many others who are experiencing the same problem

Why does medical coverage get cut off over such a small amount? Why is the limit for Medicaid less than \$1400/month? The money he was making on Social Security Disability wasn't enough to pay rent and groceries, let alone health insurance and medical costs. Here's where it gets even more ridiculous, he would have been allowed to have the medicaid maximum plus \$20 a month spending money. So we're really talking about \$10 a month for two months, and now several Alaskan companies are having to write these legitimate expenses off. This isn't good for Alaska, and it's not good for Medicaid patients who need health coverage in the future. If we don't pay the medical professionals who do their job in good faith of getting paid, they won't be here when we need them.

I'm not advocating for just giving money away to people. I know how painful the increased taxes can be on the middle class. It seems like there's got to be a better, more compassionate way than this. Another thing that seems ridiculous to me is that we gave another tax cut to oil companies last year. Now our State is in financial trouble and facing a loss of jobs and services. I sure hope increasing taxes for the oil companies is on the table for helping the deficit.

if you need more details, I can provide them. Thank you! Sharon Geraghty [REDACTED]



Given on March 26, 2015

*Included:*

Patricia Chesbro – Mat-5u

Delight Rose – Mat-5u

Whitney Lowell

John Murphy

Kendra Higgins, DPT

Lynn Wilbur – Stika

Lisa Eagan Lagerquist – Douglas

Tara Devlin

Mat-5u Health Foundation

Ernest Suoja – Homer

Mary Lynne Dahl- Ketchikan

The League of Women Voters

Daniel Duque - Anchorage

Lila Hobbs – Anchorage

Mave Alfonsi – Anchorage

Breanna James – Anchorage



## LIO Mat-Su

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**From:** Patricia Chesbro <chesbro@mtaonline.net>  
**Sent:** Thursday, March 26, 2015 9:03 AM  
**To:** LIO Mat-Su  
**Subject:** I support Medicaid expansion

On a recent visit to the Mat Su Regional Medical Center, I noted that during the last year, charity and uncompensated care amounted to \$34,713,284. Wow! This number is over half the amount spent for salaries and capital improvements at the Center. Just imagine how much would be saved with Medicaid expansion, just at this facility. Expansion will have huge economic benefits. However, the most important benefit is taking care of Alaskans. It is our responsibility as good people to take care of each other. Medicaid expansion makes good economic and compassionate sense! Thank you for listening and acting in a responsible way.

Patricia and James Chesbro  
District 12  
907-376-5433



## LIO Mat-Su

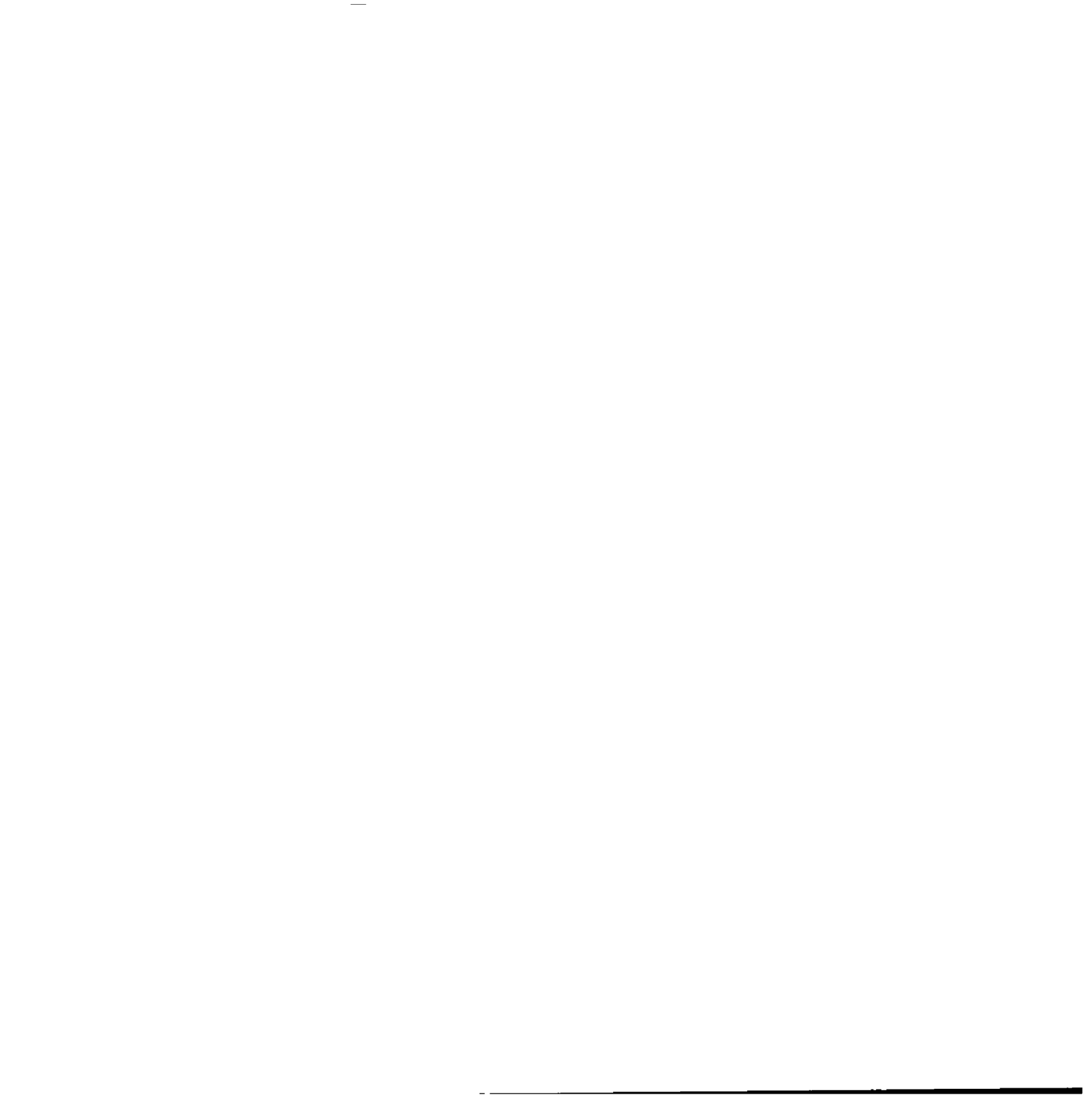
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**From:** Delight <delight@mtaonline.net>  
**Sent:** Thursday, March 26, 2015 9:51 AM  
**To:** LIO Mat-Su  
**Subject:** Medicaid expansion

Please let our legislators know that we Alaskans (not politicians) WANT medicaid expansion for those who cannot afford what the working wealthy Juneau-ites can afford. There has been nothing but political interests blocking this expansion in the face of facts showing how the expansion will NOT bankrupt Alaska — last administration already did that.

Please move forward with medicald, take the help from the Federal Government in the interest of real live people who are desperately in need of these services. Show some compassion for your fellow human beings and stop trying to block based on your political biased stubbornness.

Regards,  
Delight Rose  
Palmer, AK



State Capitol Building  
Juneau, AK 99801

Dear Mr. Seaton,

My name is Whitney Lowell. As a life long Alaskan, I am writing in support of medicaid expansion.

I believe medicaid expansion will benefit those in need as well as bring economic growth to our wonderful state. Saying no to 4,000 new jobs & 1.1 billion in new in new federal revenue is not wise. Everyone should have affordable access to healthcare, everyone should be able to get access to preventative care. We can not allow 20,000 Alaskans live with out access to healthcare.

The members of our community that are equal to or below the 138% of the FPL need care & medicaid expansion is the most efficient & economical way to accomplish this. Please vote in support of medicaid expansion.

Sincerely, 



Dear Representative Denton,

I'm writing today in support of Medicaid Expansion for Alaska. As a 20 year old Alaskan, I have many friends who have recently graduated and are getting their first jobs, and would be eligible for Medicaid if expanded. This is an excellent opportunity to provide crucial health insurance to young Alaskans who will soon be fully employed and purchasing private insurance. Medicaid will provide the bridge on their way to better employment and a healthy future.

As you know, from 2016-2021, an investment of \$61 million by Alaska will be matched with \$1.2 billion in federal funding, 95%, for Medicaid Expansion.

As the chairman of the committee for health and social services, you have the opportunity to insure 40,000 Alaskans, an opportunity I urge you to accept.

Sincerely,

DHN MURPHY



As a lifelong Alaskan, I strongly support Medicaid expansion. I am a practicing physical therapist in Alaska, and my patients' needs come first. Please give my current and potential patients access to coverage so I can help them be healthy, productive, and contributing members of Alaska.

Thank you for taking the time to listen.

Sincerely,

Kendra Higgins, DPT

Rep. Paul Seaton



**From:** kaleilw . <kalei.lw@gmail.com>  
**Sent:** Wednesday, March 25, 2015 11:10 AM  
**To:** LIO Sitka  
**Subject:** Medicaid expansion comments today

Please accept my comments for Medicaid expansion as I am unable to present in person.

My name is Lynn Wilbur and I have lived in Sitka Alaska for over 10 years. Before that I lived in Juneau for approximately 10 years. I have worked as a marine biologist, children's counselor, chemical dependency counselor, and I was a manager for a medical specialist in Juneau. I have advocated for veterans, the disabled, and for patients on Medicare and Medicaid in being provided quality care and timely payments to their practitioners. For several years that jobs that I have held provided me with basic health insurance coverage, which was affordable for my employers, although deductibles were frequently quite high for me to pay on the salaries that I received.

At this time, I am a middle aged working student without medical coverage. In the time that I have been in Alaska, I have seen the availability and affordability of health insurance offered by employers in serious decline. I do not have any type of coverage. I understand and have seen the risks and high costs involved when the public does not have access to affordable health coverage, which translates into crisis medicine; emergency room visits, loss of quality of life, insurmountable debt, loss of housing, and even death. There are those that say that access to healthcare is not a right, and I disagree. A society that cares for its members is a society that flourishes, and this is evidenced by a higher quality of life, lower costs and burdens on a society that cares for its underprivileged, and a productive workforce. And if a person has the right to refuse medical care in the event of an emergency, it logically follows that that person has a right to medical care.

I am fully in support of Medicaid expansion in the state of Alaska. Thank you.

--

Lynn Wilbur, B.S., PGDipSci, PhD candidate University of Aberdeen  
617 Katlian St., Sitka AK  
(907) 752-0011



107-111111-011111  
From: Lisa EaganLagerquist  
1102 Fifth Street  
Douglas, Alaska

Both my husband and I work full time and recently, as I was removing my sons shirt for swim lessons, I noticed about 10 red chicken pox looking bumps on his back. Not having yet met our deductible and trying to stick to our monthly budget I was reluctant to take him to the doctor since he had no other signs of illness. Luckily for me, as the bumps got worse, I did have the means to take him to the doctor and found out he needed antibiotics. This story ends happily for us, but what about the people who don't have \$150 to spare to go the doctor is get a minor rash checked out? What will happen? They won't go and it will get worse and worse. I have since found out if this rash went untreated it could be deadly.

With Medicaid expansion, thousands of people would finally have access to vaccines, cancer screenings and mental health services, and be able to proactively manage their diabetes, high blood pressure and other chronic conditions. With the federal government willing to fund 90% of this, it is common sense to accept the funds so *all* Alaskans have health insurance coverage.

I want to be part of an Alaska, that takes care of all our people in an economically smart way.

Thanks for taking the time today to hear testimony. Please support the Governor's efforts to expand Medicaid.

Lisa EaganLagerquist

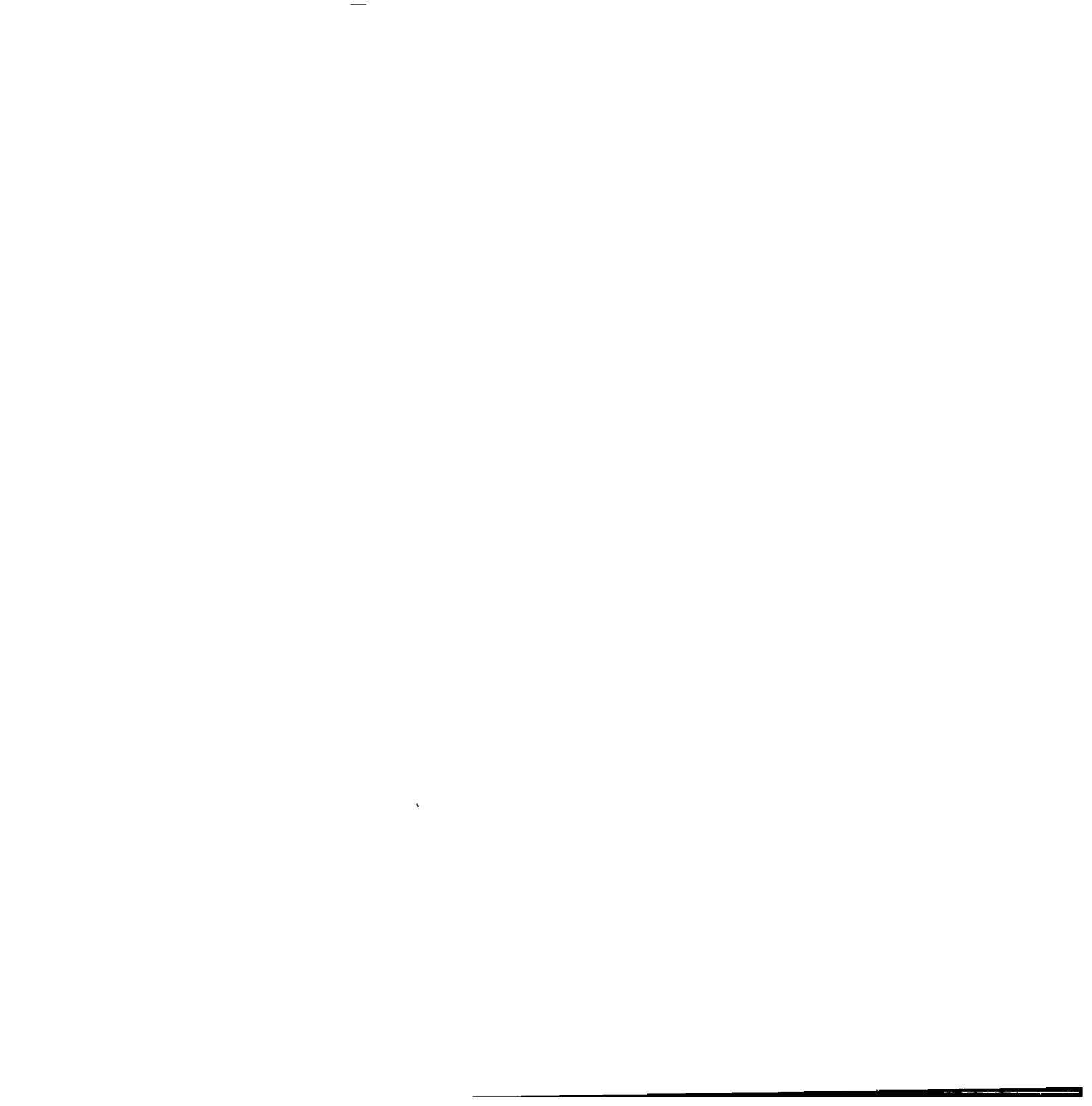


State Capitol Room 102  
Juneau, AK 99801

March 24, 2015

Dear Representative Seaton,

My name is Tara Devlin, a born and raised Alaskan who cares that my state stays both physically and economically healthy. I'm writing in support of Medicaid expansion as I've seen the Levin and Evergreen report, and it's obviously the right choice financially. But the health of myself and my fellow Alaskans is what is close to home. As a new business owner who started half-way through the year it meant that I didn't make enough to qualify for insurance subsidies under Obamacare, but wasn't poor enough for Medicaid. I just need help to get to where I want with my business and can't afford the gut-wrenching high insurance rates in my home state. Thank you for



March 26, 2015

The Honorable Representative Seaton  
State House of Representatives  
Alaska State Capitol  
Juneau, Alaska 99801-1182

RE: Support for HB148, for Medicaid Reform and Expansion

Dear Rep. Seaton:

The Mat-Su Health Foundation strongly urges the Alaska Legislature to pass HB148 because it takes steps toward meaningful Medicaid reform for a more sustainable Medicaid program AND also expands Medicaid for the benefit of Alaskans and the Alaska economy. In particular, the MSHF Board supports

- Expanding Medicaid to cover more Mat-Su (and Alaska) residents so they can access care in more cost-effective ways to lead more productive lives.
- Using Medicaid expansion dollars as a catalyst to reform Medicaid to control costs and make the program more sustainable.
- Designing Alaska's Medicaid expansion as a path to self-sufficiency for individuals to ensure they enter or remain in the workforce.
- Building an "opt out" provision into State statute if the federal government reneges on its obligations.

Access to care in the appropriate setting improves health outcomes and controls costs. Hand in hand, reform and expansion can actually improve access to care. MSHF recently published the first report of a Behavioral Health Environmental Scan on the Mat-Su's Behavioral Health Crisis Response System. The report, which includes a "deep dive" on Mat-Su Regional Emergency Department (ED) utilization in 2013, shows that reform measures could control health care expenditures for all payor groups, including Medicaid patients, and Medicaid expansion could prevent costly ED visits by those without insurance coverage.

#### Medicaid Reform

2013 ED charges (not including physician charges) for Medicaid patients totaled \$15.7 million to just the Mat-Su Regional ED. These costs do not include expenses for residents who went directly to Anchorage for care and bypassed the Mat-Su Regional ED. Sixteen percent of all Mat-Su Regional ED visits were made by "high utilizers" who bounced back to the ED five or more times in the same year. Fifty-six percent of all high utilizers presented with behavioral health diagnoses. Of these, 28% were covered by Medicaid. In 2013, 187 Medicaid patients had five or more visits to the Mat-Su Regional ED for any diagnosis. One Medicaid super utilizer patient had 165 visits to the Mat-Su Regional ED in 2013. Clearly, the care of these high utilizers needs to be managed more effectively. Reforms built into HB148 in Section 10 could do this.

When a patient keeps returning to the ED over and over, it is apparent his or her health needs are not being met. Reform measures could institute a shared savings methodology that allowed for care coordination of these patients and incentivized the hospital and its partners to more effectively manage these people in lower cost settings and prevent them from bouncing back. Reforms built into HB148 in Section 10 could do this.



### Medicaid Expansion

Sixteen percent of these high utilizers had no form of reimbursement to seek care upstream in lower cost settings. If a portion of these folks were covered by Medicaid through expansion, they could get access to care in lower cost settings. There are at least 2,150 Mat-Su residents who have some type of mental illness who would be eligible for Medicaid coverage if expanded.

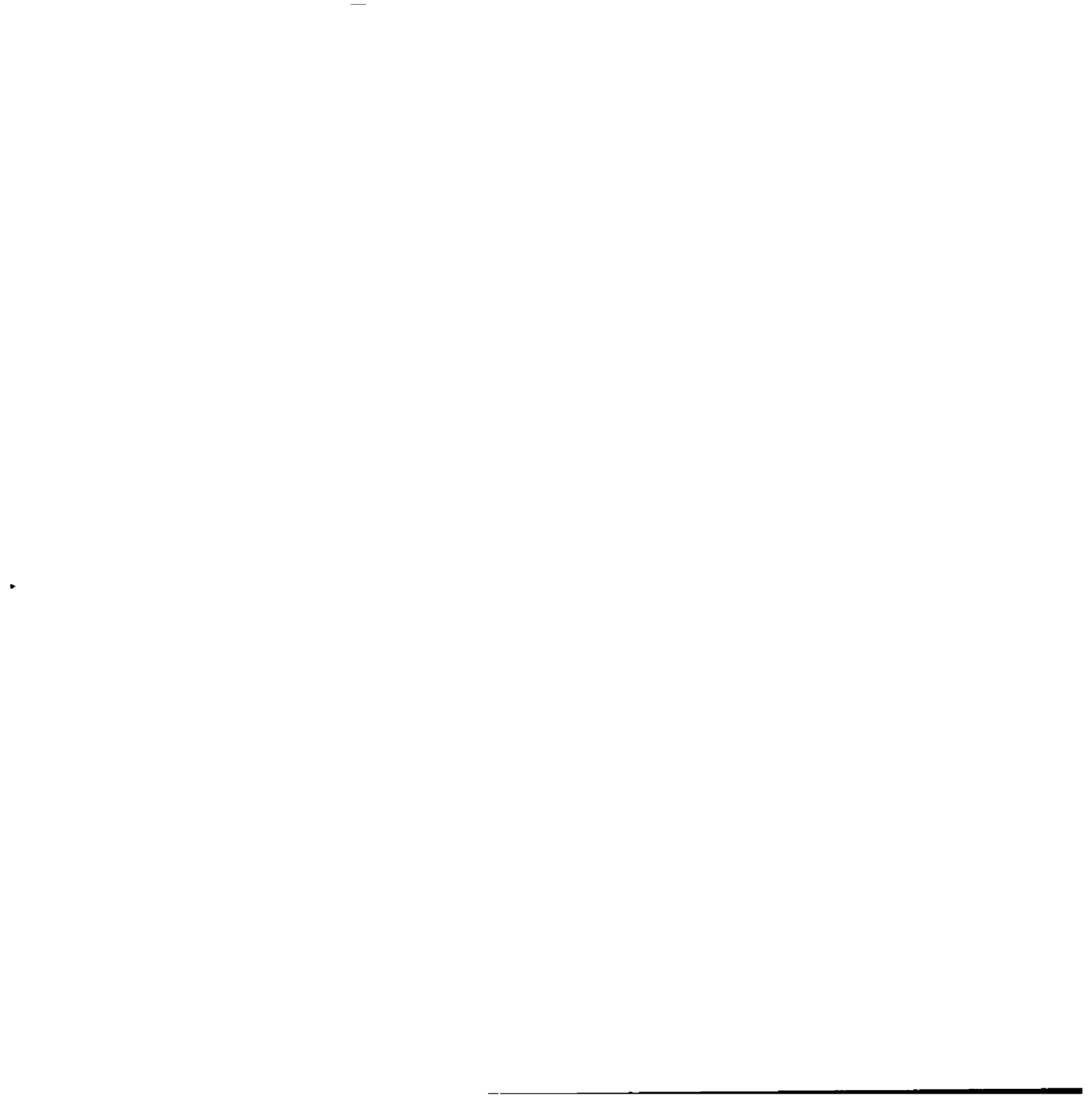
Mat-Su Regional's ED sees *five times* the number of people with behavioral health issues than our community mental health center. The Mat-Su population nearly doubled from 50,000 people to 98,000 people since 2000 but Mat-Su's community mental health center grants from the Department of Behavioral Health stayed flat. State funding mechanisms for this safety net population literally drove people to seek care in the ED instead of in lower cost settings. Instead of getting care in a timely way from our community mental health center, these folks delayed care until it was a crisis and presented to the ED. Because they couldn't pay the bill for those ED services, the ED recoups those dollars by cost-shifting to other payors and the public.

Medicaid expansion would improve access to care for these behavioral health issues and prevent costly ED visits. Medicaid expansion would reduce this cost-shifting and help lower healthcare costs across the system. Medicaid reform would ensure that we manage our costs and prevent unnecessary and preventable ED visits through care coordination. HB148 takes steps in the right direction to pair meaningful reform measures with expansion to improve access to care and reduce costs. MSHF endorses HB148.

Sincerely,



Elizabeth Ripley  
Executive Director  
Mat-Su Health Foundation



March 27, 2015

Alaska House of Representatives - *House Health & Social Services Cmte.*

Medicaid Expansion Bill HB 148

Title: Urging the Alaska Legislature to Expand Medicaid Coverage

As President of the Homer Senior Citizens, Inc., I am very concerned about recent Medicaid Waiver denials. Due to the State overbooking hearings, one resident has been waiting over three months for a resolution to a Medicaid denial. In the meantime, services are not being paid and this results in a large account balance due if the State continues to deny a waiver for needed services.

These denials are putting seniors and families in extremely difficult situations. There are two residents who were denied after many years of being eligible for a Medicaid Waiver. I understand that this is a statewide issue. Could these denials be a thing of the past if we had Medicaid Expansion?

Medicaid expansion will affect our employees, residents, family members, friends and neighbors by having the opportunity to gain health coverage resulting in improved preventive and primary care access.

Expansion would bring in federal revenue, create jobs, improve the economy, cut state spending and would lay the groundwork for healthy happy Alaskans.

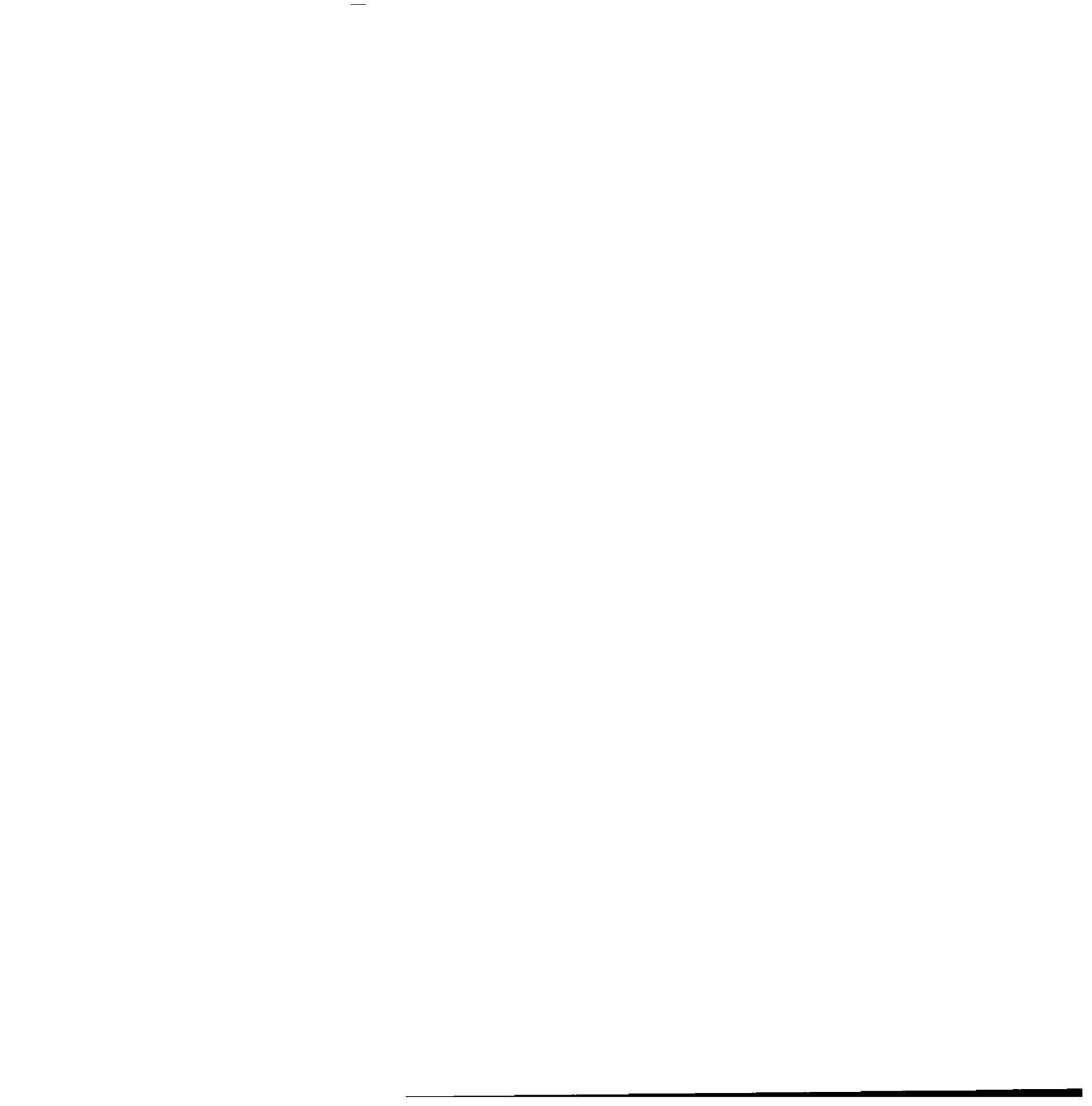
Yes there are some stipulations to be met, but in all it is a win-win for Alaska especially in preparing for the Silver Tsunami.

Please put all differences aside and Expand Medicaid coverage. (Get it done.)

Respectfully submitted,

*Ernest Suoja*  
Ernest Suoja

Homer, Alaska



**From:**  
**Sent:**  
**To:**  
**Subject:**

Mary Lynne Dahl <dahlfacemid@gmail.com>  
Friday, March 27, 2015 3:19 PM  
LIO Ketchikan  
Medicaid **HB 148**

I urge our legislators to accept Federal Medicaid funding and work hard to reform Medicaid in Alaska. It is past time to act on this .

Mary Lynne Dahl  
Ketchikan , Alaska



March 9, 2015

**OFFICERS**

Dear State of Alaska Legislators:

**President**

Pat Redmond

**Vice-President**

Carol Dickason

**Past President**

Linda Witt

**Treasurer**

Shari George

**Secretary**

Hetty Barthel

**DIRECTORS**

Judy Andree

Gail Knopf

Diane Mathisen

Marianne Mills

Lois Pillifant


The League of Women Voters of Alaska fully supports the expansion of Medicaid. The League of Women Voters of the United States (LWVUS) has long fought for basic health care for all citizens, stating the following in their Position Statement on Health Care: "Every U. S. resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care." The League also supports cost control efforts for health care that would go hand-in-hand with universal coverage as well as equity in the allocation of health care resources.

The State of Alaska has an opportunity to expand Medicaid at no immediate cost to the State through the federal Affordable Care Act. Reports from Alaska's own Department of Health and Social Services state that an expanded Medicaid program would save the State millions of dollars in Medicaid payments, reduce the number of missed work days, and bring 4000 new jobs to the State. These new jobs would come with \$1.2 billion in wages. All of these projections bring positive results to the citizens of Alaska. Expanding Medicaid seems like a wise choice for the entire State.

In addition, expansion of Medicaid would help up to 42,000 of the State's most vulnerable citizens. There is no more honorable cause for a free and democratic government than to assist the most vulnerable of its citizens. We urge all Senators and Representatives to expand access to quality health care for all Alaskans through Medicaid expansion. We are attaching the full LWVUS Position Statement for your reference.

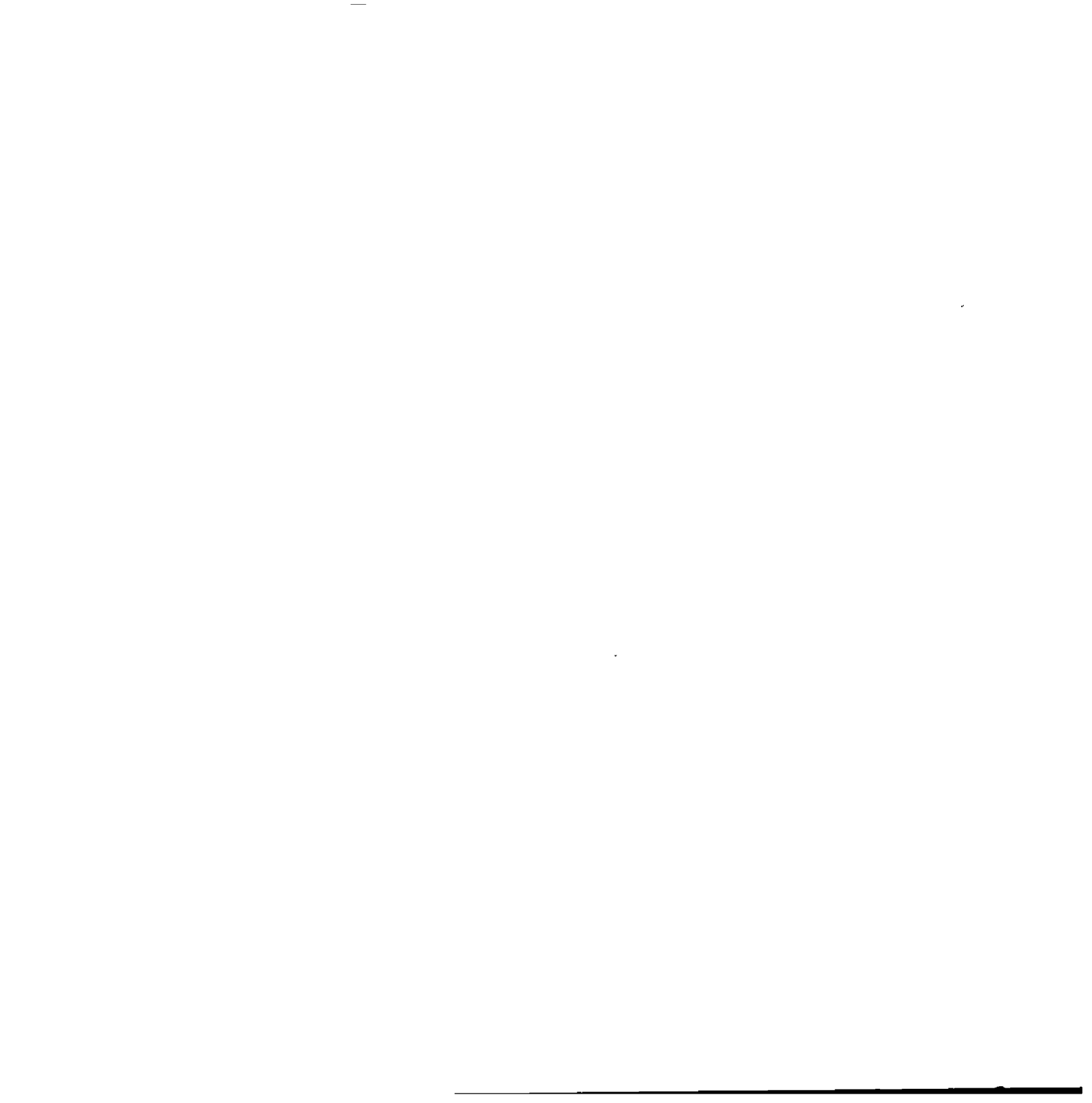
Thank you for your service to Alaska.

Sincerely,

  
Pat Redmond, President  
League of Women Voters of Alaska

  
Judy Andree, Chair  
LWVAK Legislative Action

cc: Governor Bill Walker, Lt. Governor Byron Mallott, DHSS Commissioner Valerie Davidson



the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care.

**BASIC LEVEL OF QUALITY CARE:** Every U.S. resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care. Dental, vision and hearing care also are important but lower in priority. The League believes that under any system of health care reform, consumers/patients should be permitted to purchase services or insurance coverage beyond the basic level.

**FINANCING AND ADMINISTRATION:** The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League. The League supports administration of the U.S. health care system either by a combination of the private and public sectors or by a combination of federal, state and/or regional government agencies. The League is opposed to a strictly private market-based model of financing the health care system. The League also is opposed to the administration of the health care system solely by the private sector or the states.

**TAXES:** The League supports increased taxes to finance a basic level of health care for all U.S. residents, provided health care reforms contain effective cost control strategies.

**COST CONTROL:** The League believes that efficient and economical delivery of care can be enhanced by such cost control methods as:

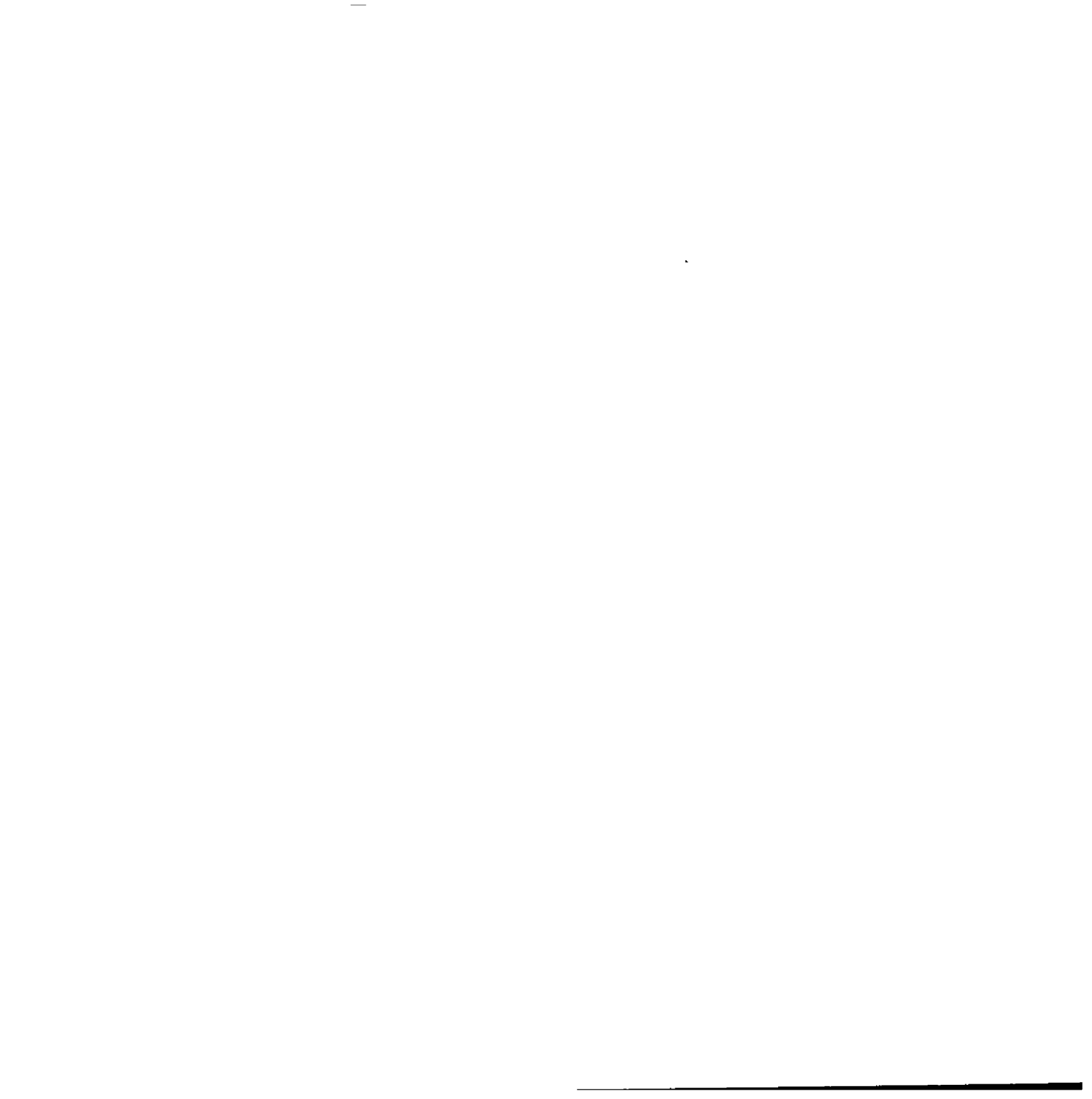
- ▲ the reduction of administrative costs,
- ▲ regional planning for the allocation of personnel, facilities and equipment,
- ▲ the establishment of maximum levels of public reimbursement to providers,
- ▲ malpractice reform,
- ▲ the use of managed care,
- ▲ utilization review of treatment,
- ▲ mandatory second opinions before surgery or extensive treatment,
- ▲ consumer accountability through deductibles and copayments.

**EQUITY ISSUES:** The League believes that health care services could be more equitably distributed by:

- ▲ allocating medical resources to underserved areas,
- ▲ providing for training health care professionals in needed fields of care,
- ▲ standardizing basic levels of service for publicly funded health care programs,
- ▲ requiring insurance plans to use community rating instead of experience rating,
- ▲ establishing insurance pools for small businesses and organizations.

**ALLOCATION OF RESOURCES TO INDIVIDUALS:** The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of health care resources. Limited resources should be allocated based on the following criteria considered together: the urgency of the medical condition, the life expectancy of the patient, the expected outcome of the treatment, the cost of the procedure, the duration of care, the quality of life of the patient after treatment, and the wishes of the patient and the family.

(Source: League of Women Voters of the United States. Impact on Issues: 2012-2014. Online.  
<http://lwv.org/content/health-care>)



Rep Paul Seaton

se support the Governor's Medicaid reform  
expansion bill.

**It's the Right  
Thing to Do!**

Daniel Duque

e)  
945 Karluk St Apt 3

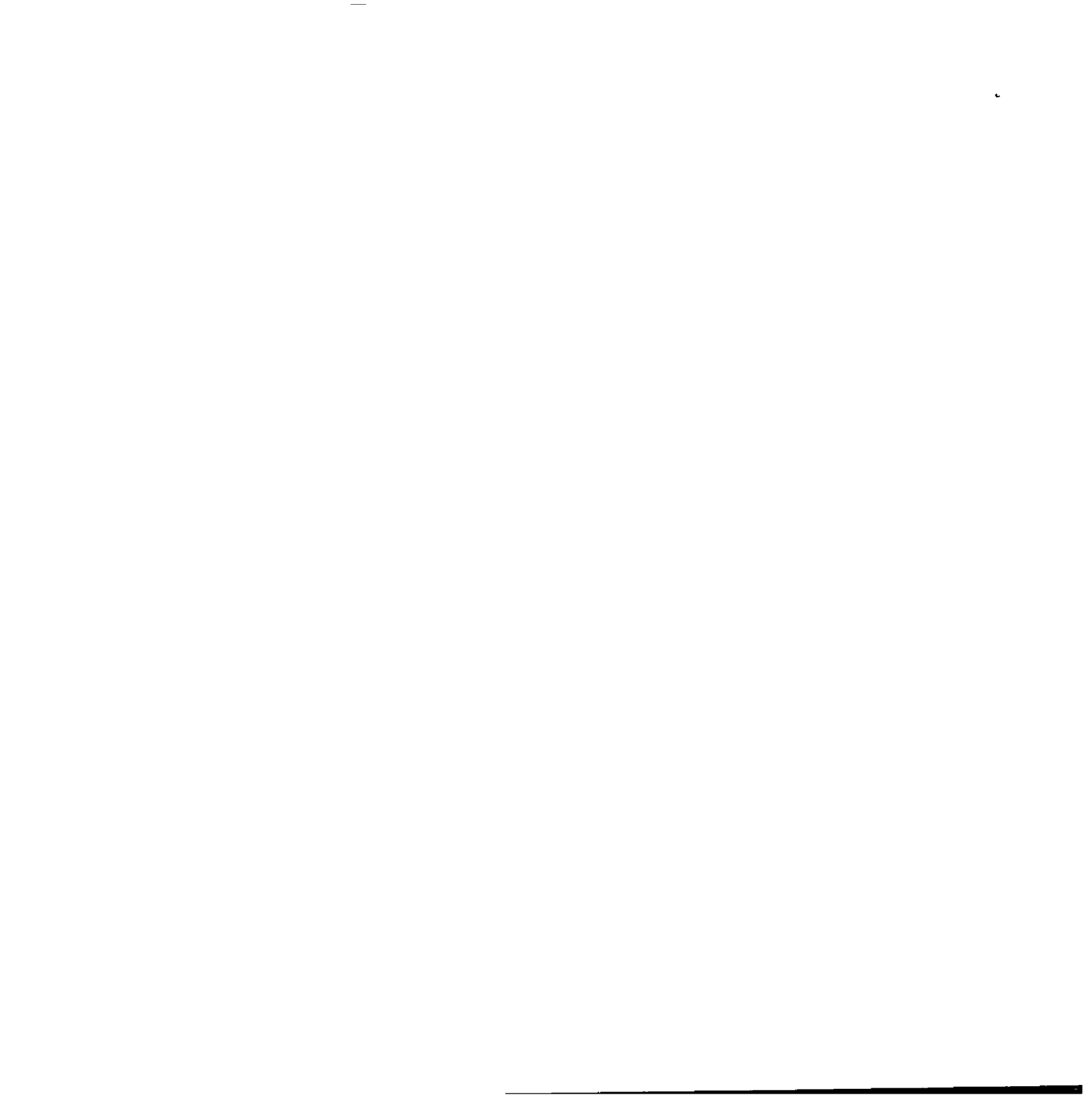
ess)  
nch, AK 99501  
State, Zip)

B07322.16

Rep Paul Seaton

State Capitol, Rm

Juneau, AK 99801



and expansion bill.

# It's the Right Thing to Do!

Lila Hobbs

(Name)

525 W. 3rd Ave Apt 604

(Address)

Anchorage, AK 99501

(City, State, Zip)

807313.0



Rep. Seaton  
Alaska legislature  
State Capitol, Room 11

Juneau, AK 99801

Dear Rep Paul Seaton

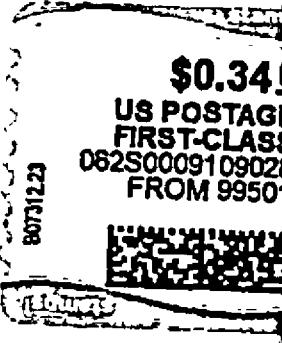
Please support the Governor's Medicaid reform  
and expansion bill.

# It's the Right Thing to Do!

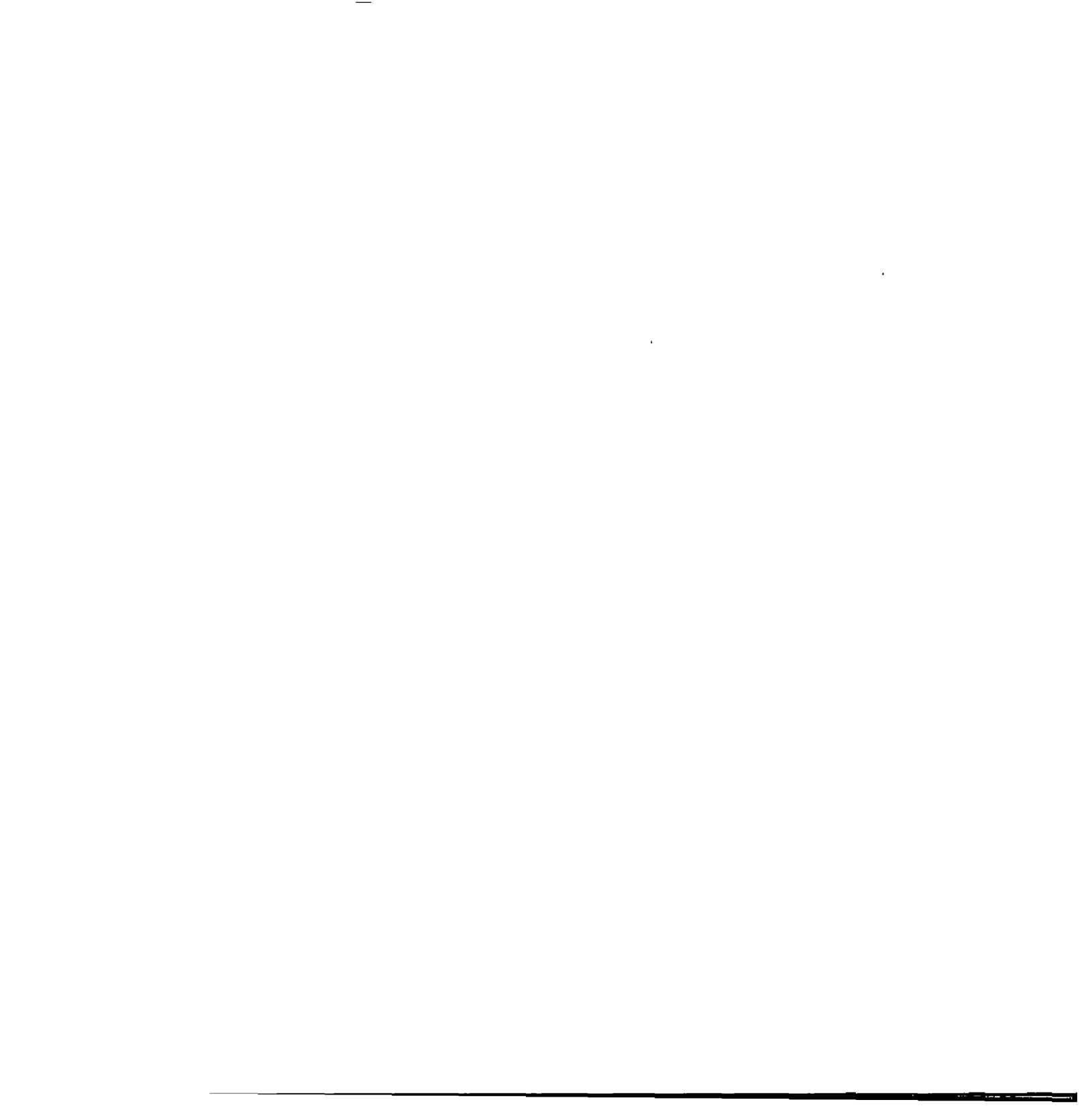
Marie Alfonsi

(Name)

841 Shakespeare Circle



Rep Paul Seaton  
Alaska Legislature  
State Capitol Room 102  
Juneau, AK 99801



# It's the Right Thing to Do!

Breanna James

(Name)

1517 Kepner Dr.

(Address)

Anchorage, AK 99504

(City, State, Zip)

80731

Rep. Paul Seaton

Alaska Legislature

State Capitol Rm 102

Juneau, AK 99801

Dear Paul Seaton

Please support the Governor's Medicaid reform  
and expansion bill.

# It's the Right Thing to Do!

Whitney Lowell

(Name)

1900 K St.

80732Z

\$0.34

US POSTAGE  
FIRST-CLASS  
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FROM 995

Paul Seaton

Alaska Legislature

State Capitol Rm 102

Juneau, AK 99801



*Included Testimony:*

Annette Alfonsi

John and Judi Morack – Anchorage

David Devlin

Andrea Stalden

Joanne Rousculp- Palmer

Christel Petty – Mat-Su

Karen Murdock, Judy Winn, Lisa Whip, Bill Marshall, Marcia Honea, Mary Frueis, Lyn Maslow, & Barb Veeck- Homer

AFACT: Anchorage Faith & Action – Congregations Together

Chad Saitre

Laura Valinske

Peter Reidland



Please expand Medicaid during the 2015 legislative session.

In 2012 I was a passenger in a severe rollover car accident as a result of a reckless driver. I sustained multiple injuries. Up to that point, I was employed in a corporate office which afforded me a good income as well as excellent health benefits, which I didn't have to use because I was perfectly healthy. Within months of injuries sustained during this accident, I was without a job.

Currently my mother graciously allows me to live with her and I am paying for private insurance out of my savings. My medical bills are getting paid and I am not using state-funded services. However my mother is a senior citizen and my insurance company is dissolving and will cease to exist at the end of this year, while my savings will be depleted. My current situation is not realistically sustainable.

Before the car accident, I lived an independent and productive life, contributing to this community, this state and this country. I fully intend to return to an independent life with a job that includes a livable wage and private insurance. In order to be able to do this, I currently require medical maintenance for my chronic but manageable condition, the same way people with diabetes require management and maintenance of their condition in order to function.

Because I did not receive appropriate medical care for over two years despite my efforts, my condition worsened and I am currently unable to work full time. But I've recovered more in the last six months by finally seeing the right medical specialist than in the previous two and a half years. I am looking forward to increasing my currently low volunteer hours and eagerly anticipate rejoining the workforce when I can consistently and responsibly maintain employment. However I may still continue to need medical management for a time.

When my insurance company dissolves, I will not qualify for Medicaid under the current system. If I do not yet have private insurance through employment, my manageable condition will spiral until it is no longer controlled, taking a situation which is currently improving and forcing a backslide so I am not employable. I would deteriorate to the point of needing state-funded services – which I don't want to use – in order to survive. This is frankly ludicrous compared to the reasonable alternative.

Medicaid expansion is the bridge to get me from where I am now to where I could realistically be again, contributing to Alaska's economy. If I am appropriately medically managed, I can obtain and maintain employment, which in turn would allow me to get off Medicaid.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to support informed decision-making.

3. The third part of the document focuses on the role of technology in modern data management. It discusses how advanced software solutions can streamline data collection, storage, and analysis, thereby improving efficiency and accuracy.

4. The fourth part of the document addresses the challenges associated with data security and privacy. It provides guidelines for implementing robust security measures to protect sensitive information from unauthorized access and breaches.

5. The fifth part of the document explores the importance of data quality and integrity. It discusses strategies for identifying and correcting errors in data collection and ensuring that the information used for analysis is accurate and reliable.

6. The sixth part of the document discusses the ethical considerations surrounding data collection and use. It emphasizes the need for transparency in data practices and the importance of obtaining informed consent from individuals whose data is being collected.

7. The seventh part of the document provides a summary of the key findings and recommendations. It reiterates the importance of a data-driven approach to organizational management and offers practical advice for implementing effective data management practices.

8. The final part of the document includes a list of references and a glossary of key terms. This section is intended to provide additional resources for readers interested in further exploring the topics discussed in the document.

experience and my college degree to have a career while contributing to Alaska. To refuse a state responsibility of approximately \$210 million despite a federal payment of \$2.1 billion\* is to declare that partisan politicking is more important to you than ensuring a person in her twenties has the medical care necessary to be a productive member of society for decades to come.

There is no question a person with unmanaged diabetes could not realistically sustain employment over time. Similarly, my condition requires medical maintenance for now. I want to work again. The question is: Will you let me?

Thank you for your time. Please do what is right for Alaskans and expand Medicaid immediately.

Sincerely,


A handwritten signature in black ink that reads "Annette Alfonsi". The signature is written in a cursive, flowing style.

Annette Alfonsi

\* Based on the 2013 Lewin Group Analysis of a January 2016 Medicaid expansion



to support the expansion of Medicare with smart reforms. We have a family member who has a medical condition which makes full time work impossible and as a result he has not been able to get medical care. There are many Alaskans who are in this situation and Medicaid will enable many of these Alaskans to get medical care and will save the state money in the process. We should expand Medicaid immediately and not miss out on the Federal monies that are available. As federal taxpayers we feel that we should get our share of the monies that go for this program. Let's get this legislation passed and get these much needed monies into our economy.

  
John and Judi Morack

1621 Wolverine Lane  
Fairbanks, AK 99709

474-2676



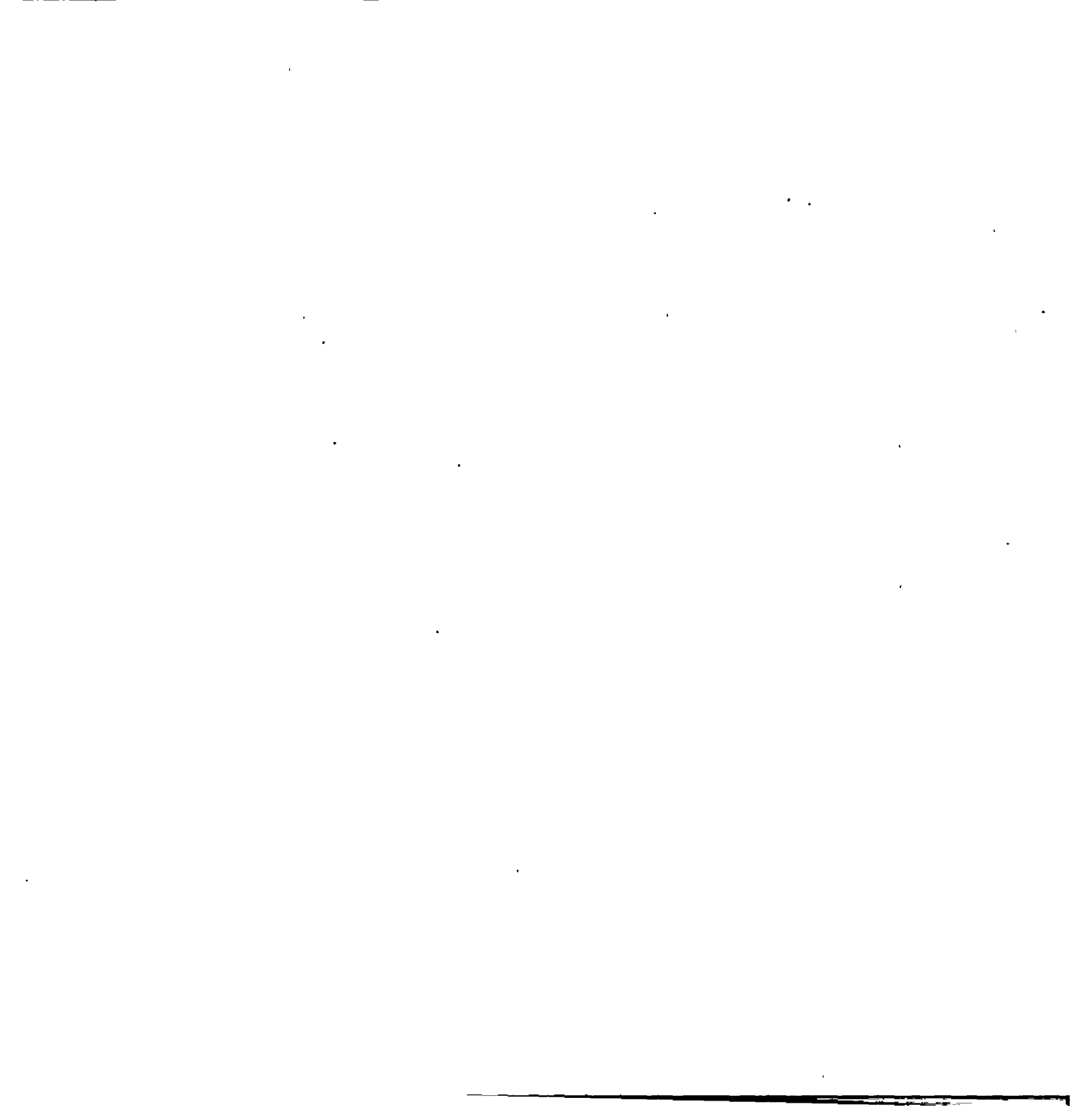
Juneau, AK 99801

Dear Representative Paul Seaton,

My name is David Devlin, I'm a life Long Alaskan writing in support of medicaid expansion. I'll be finishing up my time at UAA soon and would like to stay in Alaska and start my own business, though I'm aware medical expenses can be high. Thank you for keeping an open mind about medicaid expansion.

Sincerely, David Devlin

David Devlin



11210  
Thank you for allowing testimony today. Since my retirement, I follow Gavel to Gavel closely. Its unfortunate that more people can't, because your actions affect all Alaskans.

I am very impressed with the new commissioner, Valerie Davidson. She understands the health care problems here and has the insight and intelligence to bring real, positive changes. Medicaid expansion will allow her to allocate new federal funds to bring about overall cost reductions for all of us. Let her do that!

Care management will be available and will have a huge impact on reducing costs. Some people need help understanding the system, and sometimes hand holding. I know of a woman in Fairbanks with serious mental illness, who failed to go to appointments that she needed for daily IV antibiotics. After several days, she showed up at the ER. She had a middle of the night medivac flight from Fairbanks to Seattle where she underwent spine surgery, and a 4 month hospital stay. I have no idea what that bill was, but 50% of a huge amount is a huge amount.

The expansion population, who currently have no care, are going to be the kind of people who disregard or discount medical issues until they become critical and perhaps even life-threatening. You don't need to officially cover them, but my medical bills, absolutely reflect it.

Ms. Davidson and the Governor want to make reforms and I know that they will. But Medicaid Expansion has a deadline that we can't afford to miss.

And to ~~Rep.~~ <sup>Sen</sup> Dunleavy, it won't personally help me. Some of us just care about our State and the people in it.

Thank you,  
Andrea Stalder  
Anchorage, Alaska



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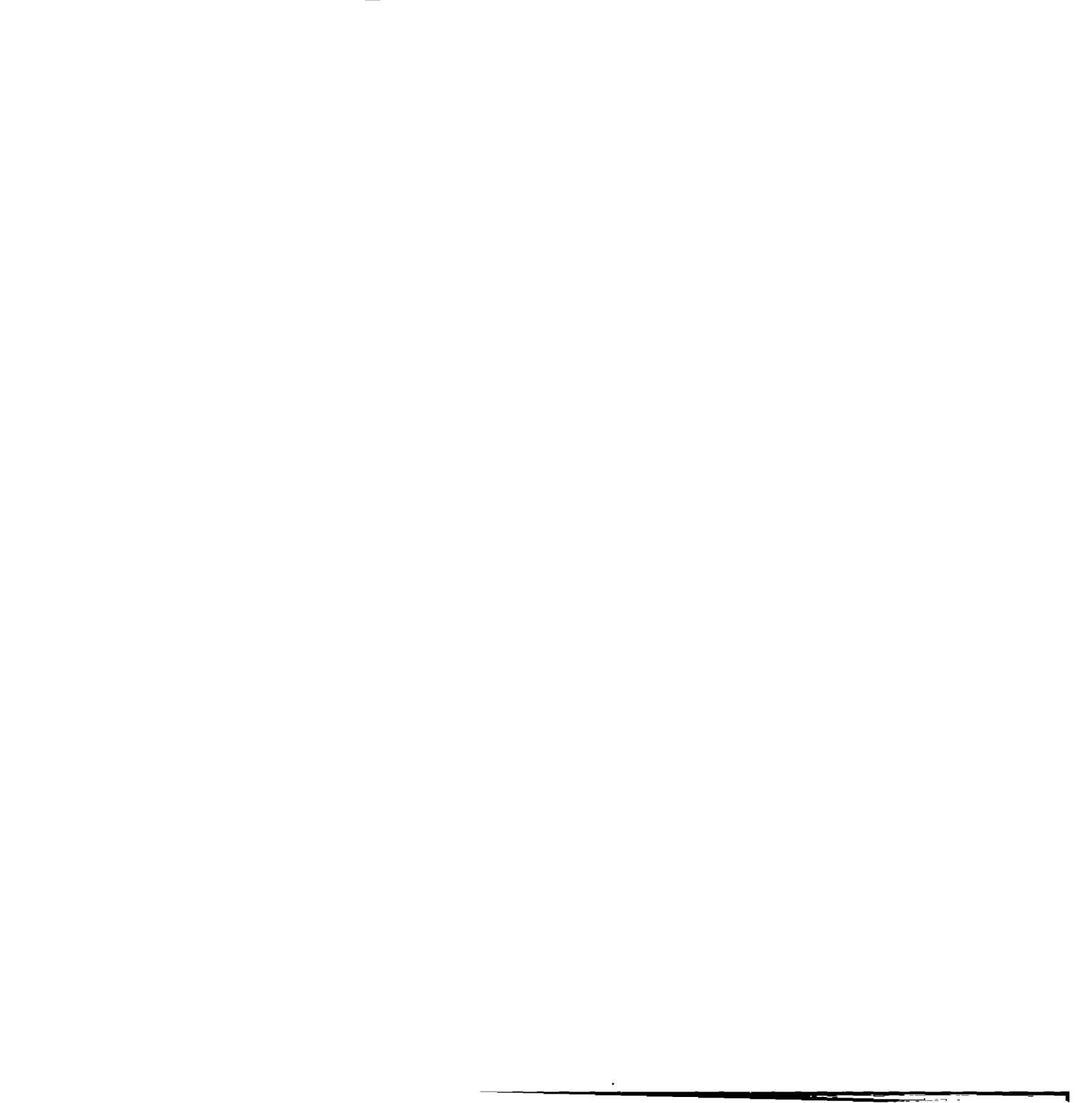
**From:** Joanne D. Rousculp <jspuffin@mtaonline.net>  
**Sent:** Friday, March 27, 2015 5:34 PM  
**To:** LIO Mat-Su  
**Subject:** Medicaid Expansion bill

I am writing in support of House Bill 148 on Medicaid Expansion and also Senate Bill 78. I am dismayed that our state is not able to use federal medicaid money to provide health care to Alaskans who can't afford health insurance. I am glad that these bills will lay out a path to reform Medicaid in Alaska so our program is affordable over the long term.

I live here in the Mat-Su Valley and care deeply about people having access to basic necessities like health insurance. The Affordable Care Act was a godsend for our family as it allowed our 21 year old son to be insured under his father's policy when he struggled with cancer. We could never have afforded the chemotherapy treatments without insurance and you just never know when you will be faced with something catastrophic.

Please don't leave anyone hanging out there without insurance. It is not a privilege to have health insurance. It is a basic right and necessity.

Thank you,  
Joanne Rousculp  
Palmer, Alaska



**From:** Christel <christel@gci.net>  
**Sent:** Monday, March 30, 2015 7:36 AM  
**To:** LIO Mat-Su  
**Subject:** HB148

**I would like the MAT-SU legislatures to pass HB148. I think this is a good bill and desperately needed in this state, where insurance and medical/dental cost are out of control.**

**Thank you,**

**Christel Petty**



RE: Medicaid Expansion Bill HB 148

We urge to support and pass HB 148 which will bring health care insurance to approximately 40,000 uninsured Alaskans. This bill makes moral, ethical and fiscal sense. The prohibitive costs of health care can drastically stop the uninsured from pursuing medical treatment. No insurance is synonymous with no health care, which can and does result in a death sentence due to financial circumstances.

HB 148 actually saves the state money, with projections of 6 million dollars not being used from the general fund. It will bring in 146 million dollars of federal money.

It's the right thing to do. It's fiscally responsible to support this bill.

Thank you,

Karen Murdock  
55200 East Rd  
Box 1622  
Homer, AK 99603  
235-7016

Bill Marshall  
55200 East Rd  
Box 1622  
Homer, AK 99603  
235-7016

Marcia Honora  
2038 Churchill Dr  
Anch. AK 99517  
907-276-0717

Mary Jones  
39958 Highway Ct  
PO Box 2209

JUDY WINN  
P.O. Box 1272  
HOMER AK  
99603  
235-8712

Lisa Whip  
57637 Kalamo R.D.  
Homer, AK  
99603 235-2151

Lyn Maslow  
PO Box 468  
Homer, AK  
99603 235-2245

Bonb Veete  
PO 2553  
Homer, AK 99603



## Statement of Support for Medicaid Expansion in Alaska

We offer unqualified support to Medicaid Expansion in Alaska on the following grounds:

**COMMUNITY-** All people are children of God (Colossians 1:16) and we are, thus, bound beyond our differences and disagreements. As brothers and sisters in the Alaskan community, we are all entitled to the benefits of being together in a system that sees and treats all citizens as equal.

**HEALTH-** Healthy citizens are productive citizens. "Or do you not know that your body is a temple of the Holy Spirit who is in you, whom you have from God, and that you are not your own?" (1 Corinthians 6:19) We do not allow the desecration of *buildings* that glorify God. Thus, we cannot allow disregard or disrepair to the *bodies* of Alaskans, which are also God's temple, due to lack of access to affordable healthcare.

**FISCAL-** The Alaska State Constitution prohibits the creation of debtor's prison. (Article 1.17) Failure to provide a community safety net for emergencies, regular checkups, mental health services, or treatment programs means that many Alaskans are but an accident or a diagnosis away from serious debt or bankruptcy. Allowing this to happen creates a de facto debtor's prison, which violates the spirit, if not the letter, of our constitution.

**MORAL-** Jesus leads his disciples' into caring for one another by example. In John 13, he washes their feet, a very necessary task at the time, and commands them to do the same for one another. The commandment extends to any who will join them in their cause. Now we who would dare to call ourselves disciples and must look to how Christ humbled himself, said how *no person* is greater than any other in word or deed, and called us all to service in loving our neighbors by attending to their most basic needs.

**LEADERSHIP-** By expanding Medicaid in this state, we can indicate to the rest of the country that Alaska is not the "last frontier" when it comes to caring for its citizens. We can be part of leading the way, breaking the cycles of oppressive fear, lack of choice, and debt that characterize the lives of many in our state. We can heed the word of the prophet and align ourselves with God's direction to "tear off every yoke". (Isaiah 58:6)

**SPIRITUAL-** St. Paul explains that nothing can separate us from the love of God (Romans 8:37-39), yet we are all capable of causing others to *feel* separated from the love of God through our actions. Medicaid Expansion reminds a specific portion of our neighbors, brothers and sisters, and fellow Alaskans that they are not forgotten. They are not taken for granted. They are not outside of God's love or memory, nor ours.

Just as AFACT has answered the call to speak out in the name of faith, we trust that our elected officials in Juneau will answer their call to keep all Alaskans healthy so that no seat at God's table is left empty.



*The time for prayer and dialogue  
by the people of Alaska is*

# NOW



## AFACT

Anchorage Faith & Action • Congregations Together

P. O. Box 143294

Anchorage, AK 99514-3294

907-297-7737

[www.anchoragefact.org](http://www.anchoragefact.org)

[www.facebook.com/AFACT.Anchorage](https://www.facebook.com/AFACT.Anchorage)

AFACT is a 501(c)(3) nonprofit corporation.

# UNDERSTAND *Medicaid Expans*



## *A Guide for People of Fa*



Alaska's faith leaders are often the first people to whom turn in times of need. Clergy know the pain surround the spiritual needs of their people, but also the physical needs such as the need for food or rental assistance. In recent years, pastors are hearing about the need for health care and the lack of affordable health insurance.

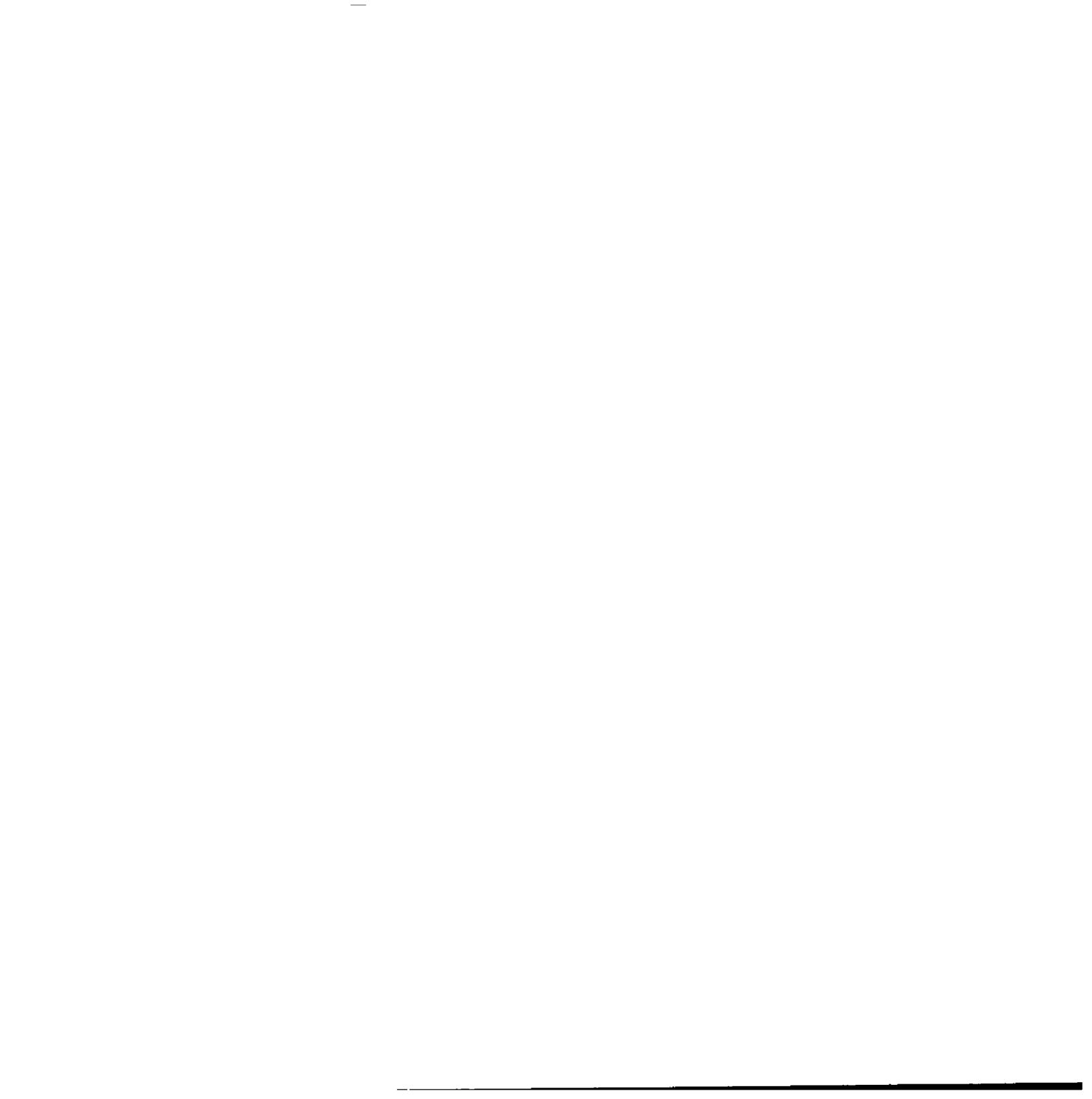
In 2013, Alaskans are asking whether an expansion of access to Medicaid is in the best interest of the people of the state. In order to answer this question, faith leaders are exploring the economic and moral questions related to Medicaid under the Affordable Care Act.



Most important, this booklet provides information about Medicaid expansion in Alaska. This booklet provides information about Medicaid expansion in Alaska. This booklet provides information about Medicaid expansion in Alaska.

Most important, this booklet provides information about Medicaid expansion in Alaska. This booklet provides information about Medicaid expansion in Alaska. This booklet provides information about Medicaid expansion in Alaska.

<sup>1</sup> This document is based on information and studies available to the public as of August 2013. An analysis of the impact of Medicaid expansion in Alaska has not been released to the public and is therefore not referenced. A statement from the Department of Health and Social Services states, "The Department is withholding the April 12, 2013, 'An Analysis of the Impact of Medicaid Expansion in Alaska,' as it is exempt from disclosure under Alaska public access regulations."





## **WHY** does the faith community care about health care?

When people of faith consider issues in the public square, they care about more than facts and figures, dollars and cents. Alaskans also care about how best to love their neighbor as themselves.<sup>2</sup> In Jesus' public ministry, Jesus acted with compassion.

*Jesus took a good look at all the people and he had compassion for them, so he healed the sick.<sup>3</sup> A crowd of people had been following Jesus for three days, to hear his teaching. Jesus knew that the people were hungry and in*

*of food. He had compassion on them; he fed them.<sup>4</sup> Jesus noticed s needs, hurts, and sufferings. He noticed the widow in Nain who out to bury her only son. He had compassion for her, and so he e breath of life back to her son.<sup>5</sup> In compassion, Jesus healed a leprosy<sup>6</sup> and two men of their blindness.<sup>7</sup>*

sion means that Jesus had a deep response to people's needs and e was so deeply moved that it hurt, like someone had kicked him in He was upset by what he witnessed, and so he did something about for the same compassion from us. Thus, we teach: "As God's chosen d beloved, clothe yourselves with compassion."<sup>8</sup>

e of faith, we know that our God of compassion cares deeply for the creation, including the medical health of the people of Alaska. It is e for Alaska to consider the facts and figures, the dollars and cents, aid expansion. In the final analysis, our state budget becomes an our values.

ark 12 31, Luke 10 27

## **WHAT** is the status of health care and benefits in Alaska?

Employers are feeling the weight of rapidly rising health care costs. Businesses are paying an average of \$11,926 annually per employee for health benefits. As the price of benefits rises, fewer employers are willing to offer these benefits. Families, too, are feeling the pinch.

A recent article in the Alaska Department of Labor's *Alaska Economic Trends* calls the increase in health care expenses "meteoric."<sup>10</sup> In fact, health care costs in Anchorage grew 70 percent between 2000 and 2013.<sup>11</sup> By 2010, the average annual cost of regular health insurance for a family in Alaska was \$14,230.<sup>12</sup>

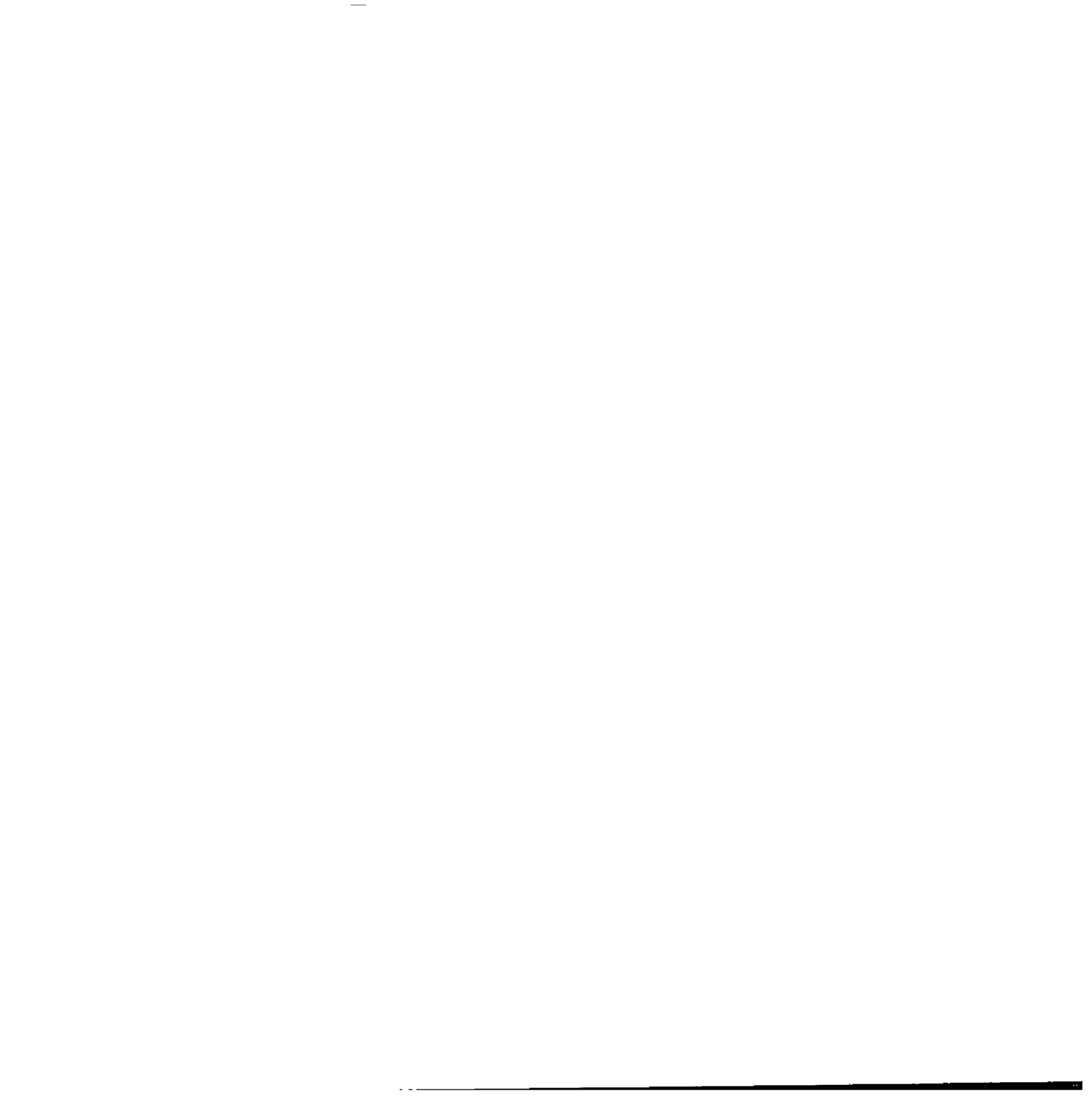


<sup>9</sup> Tim Bradner, "Health care costs are biting Alaskans, businesses harder," *Alaska Journal of Commerce*, Issue 4 2012.

<sup>10</sup> Neal Fried, "The Cost of Living in Alaska," *Alaska Economic Trends*, July 2013, Alaska Department of Labor.

<sup>11</sup> See note 10, page 7.

<sup>12</sup> See note 9, Bradner.





## HOW does Medicaid help?

Medicaid is a program of medical aid for those families unable to afford regular medical insurance or services. Medicaid is financed by both state and federal governments. In 2010, more than 135,000 Alaskans were covered by Medicaid, at a state cost of \$1.2 billion.<sup>14</sup>

## WHAT would Medicaid expansion mean for Alaskans?

Eligibility for Medicaid is based on a percentage of income under the federal poverty level (FPL).<sup>14</sup> For example, in 2013 an individual in Alaska with an income of \$14,350 falls within the federal poverty guidelines.<sup>15</sup>

Based on 2010 census figures, about 17,000 children and 94,000 adults in Alaska have no medical insurance—public or private.<sup>16</sup> The Affordable Care Act fills in current gaps in coverage for the poorest Alaskans by creating Medicaid income eligibility. Beginning in January 2014, individuals with incomes below 138 percent of the federal poverty level are eligible for Medicaid.<sup>17</sup> Each state must decide for itself whether to expand Medicaid.

For the first time, low-income adults without children can be eligible for Medicaid in every state, and parents of children can be eligible at a uniform income level across all states.<sup>18</sup> The chart below shows the changes possible in Alaska under the Medicaid expansion.

POPULATION GROUPS	CURRENT ALASKA MEDICAID COVERAGE	MEDICAID EXPANSION
Working Low-Income Parents	Up to 81% of FPL	Up to 138%
Non-working Low-Income Parents	Up to 76% of FPL	Up to 138%
Childless Adults (19-64 years)	None	Up to 138%

If Alaska chooses to expand Medicaid, nearly 40,000 uninsured Alaskans with incomes below 138% of federal poverty level will become eligible for Medicaid's health insurance coverage.<sup>19</sup> If more people are insured, Alaskans could expect more people to receive preventive care, a decrease in statewide mortality rate, and a healthier Alaska.

<sup>14</sup> See 2013 Federal Poverty Guidelines, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/Eligibility/Downloads/2013-Federal-Poverty-level-charts.pdf>. See also Alaska Medicaid standards and federal poverty guidelines, <http://dhs.alaska.gov/dpa/Documents/POLICY/PDF/2013%20MedStandards.pdf>.

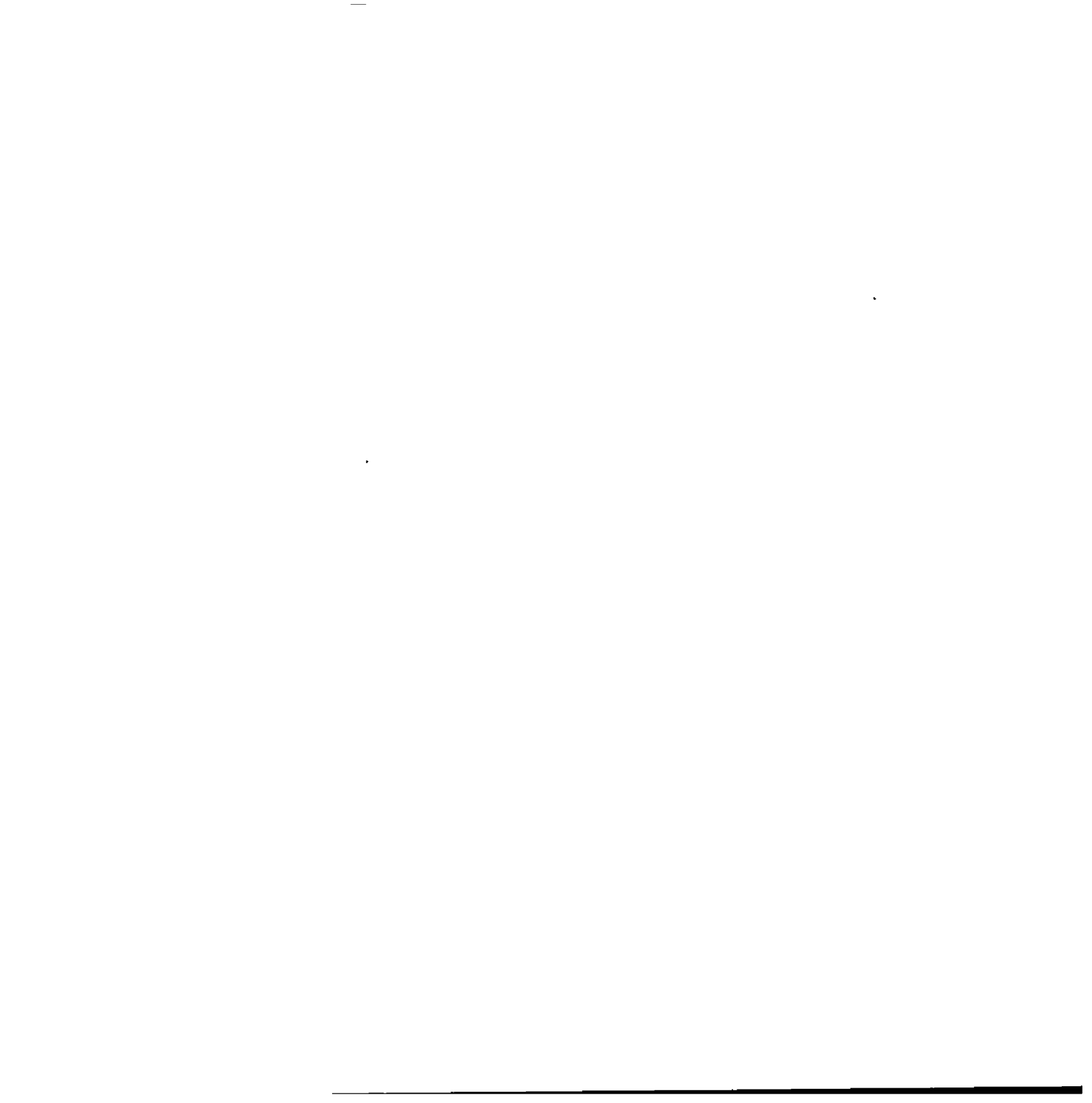
<sup>15</sup> Children and pregnant women will be largely unaffected by the Medicaid Expansion in Alaska as they are already covered by Medicaid/Denali KidCare with incomes up to 175% of the federal poverty guidelines. People over 65 and disabled persons may also receive medical benefits through Medicare. According to Karen Perdue, State Hospital and Nursing Home Association, hospitals need Medicaid expansion and extra revenue from the Affordable Care Act, providers in Alaska could lose up to \$25 million dollars per year in Medicare net revenue. Peter Granitz, "Health Care Providers Push Governor Parnell to Expand Medicaid," Alaska Public Policy Center, 2012.

<sup>16</sup> Mark Foster and Scott Goldsmith, "Alaska's Health-Care Bill: \$7.5 Billion and Climbing," U.S. Social and Economic Research, University of Alaska Anchorage, August 2011, p. 1.

<sup>17</sup> Federal law provides expansion of Medicaid to all individuals whose income is at or below 133% of FPL. The ACA's income calculation makes the effective eligibility 138% of FPL.

<sup>18</sup> Affordable Care Act, Eligibility, [Medicaid.gov](http://www.Medicaid.gov), Keeping America Healthy.

<sup>19</sup> Matthew Buettgens and Christopher Hildebrand, "Medicaid in Alaska Under the ACA," Health Policy and Urban Institute, Feb. 2, 2013, p. 7.



## WHAT is the economic impact of Medicaid expansion?

The federal government will pay 100% of the cost of Medicaid expansion from 2014 through 2016. The cost will eventually transition to the federal government paying 90% in 2020 and beyond and the state paying 10%. Over the six-year period of 2014 to 2020, Alaska will spend nearly \$90.7 million for the expansion, while receiving \$1.105 billion in new federal funds.<sup>20</sup>

Medicaid expansion is also expected to produce some economic benefits in Alaska. In 2010, hospitals in Alaska lost \$178 million because people couldn't pay their bills. Those unpaid bills show up in increased costs to those Alaskans who have insurance

their bills.<sup>21</sup> Even the state, as an employer, is adversely affected by uninsured care provided to the uninsured. A legislative report found that the state of Alaska paid an extra \$18.9 million for state employee benefits because of the price increase caused by uncompensated care.<sup>22</sup> If more people have Medicaid in Alaska, health care providers could see a dramatic reduction in debt and uncompensated health care costs. Employers, such as state government, could expect other cost savings as a result of the expansion, which could offset the cost of Medicaid expansion. For example, beginning in 2014, prison inmates could be eligible for Medicaid coverage for hospital care, providing substantial savings to Alaska's prison budget.

## WHAT'S next for Alaskans?

The Medicaid expansion option is just that—an option. Each state must choose whether or not to expand Medicaid and provide health insurance to more people. Twenty-six states, as of June 14, 2013, have accepted the Medicaid expansion option.<sup>24</sup> If Alaska decides to expand Medicaid eligibility, it could later choose to reduce it if necessary.<sup>25</sup>

Alaska could also consider other ways to insure those under the 138% of poverty level. The U.S. Health and Human Services Secretary Kathleen Sebelius has said she will work with states that wish to pursue alternatives to Medicaid expansion.<sup>26</sup> Alaska Health and Social Services Commissioner Bill Streur recently indicated that he was looking at how Alaska might accept the federal Medicaid expansion dollars, but use those dollars to purchase private insurance through the health exchange instead of making those dollars eligible into the Medicaid program.<sup>27</sup>

In Alaska, Governor Sean Parnell recently chose not to accept the Medicaid expansion at this time. However, the Governor plans to revisit that decision in December 2013 as part of his annual budget proposal.<sup>28</sup> The time for dialogue by the people of Alaska is now.

**Update—  
November 2013, Governor  
Parnell introduced bills in House &  
Senate to expand Medicaid. (HB290 &  
SB200)**

<sup>24</sup> "Where the States Stand: June 14, 2013" (map), The Advisory Board Company <http://www.advisory.com/2012/11/09/MedicaidMap#lightbox/1/>.

<sup>25</sup> Conversation with Susan Johnson, US Department of Health & Human Services, Region 10 Director. See also Dylan Scott, "CMS: States Could Adopt Medicaid Expansion, Then Drop It," 8/6/2012, <http://www.federal.gov/cms-no-deadline-for-state-decisions-on-medicaid-expansion.html>.

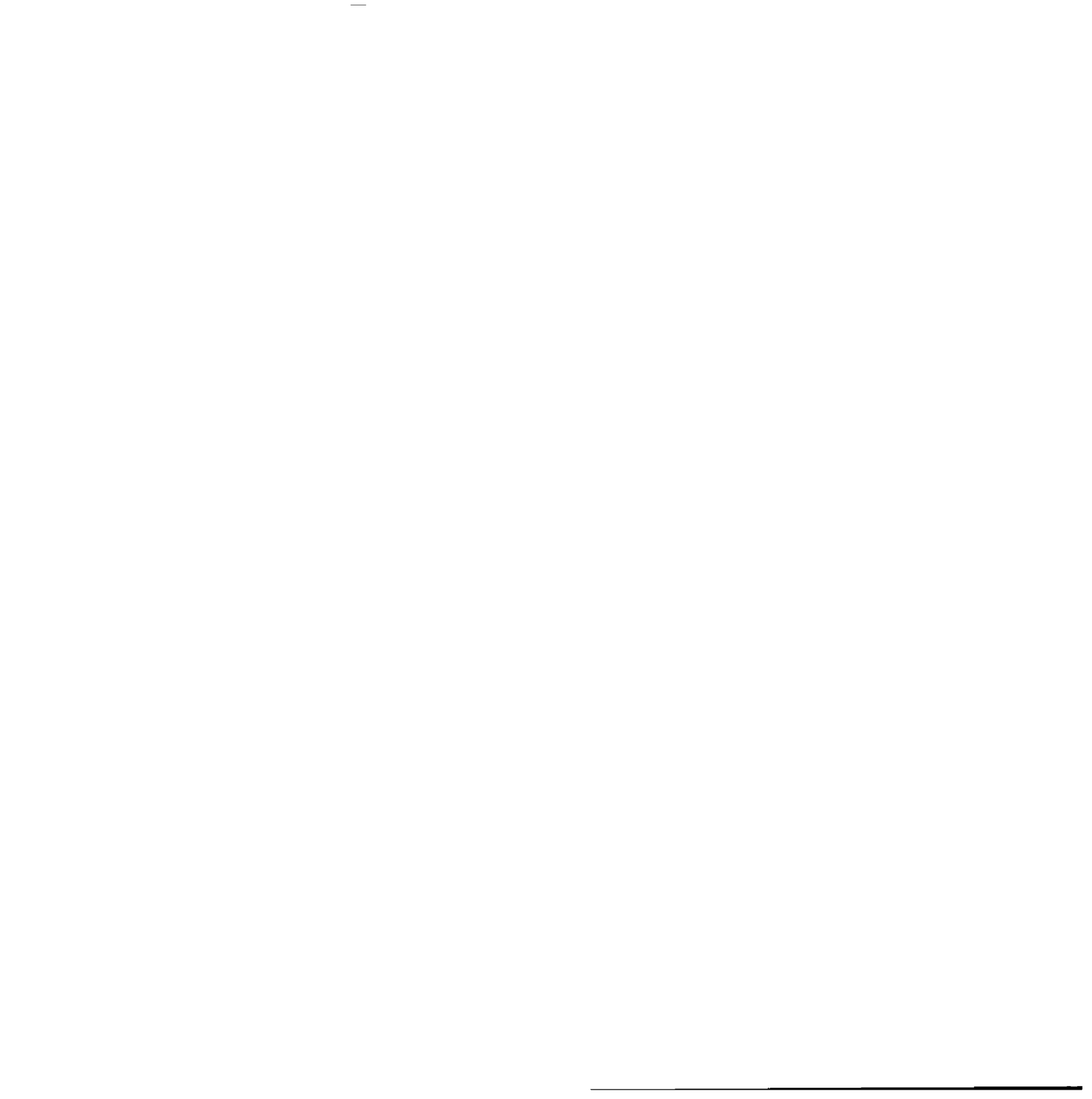
<sup>26</sup> "Sebelius Signals Openness to State Alternatives to Medicaid Expansion," Kaiser Health News, Aug. 23, 2012.

<sup>27</sup> "Alaska health official eyes Arkansas plan," Anchorage Daily News, August 23, 2013.

<sup>28</sup> Alexandra Gutierrez, "Parnell Says No To Medicaid Expansion For Now," Alaska Public Media, February 28, 2013.



rgens, pp. 13-15  
ort: Alaska health care industry booming," Alaska Journal of Commerce (AJC), January 2012.  
abriele LeDoux, "Affordable Health Insurance for All Alaskans, Frequently Asked Questions," Alaska  
2007-08 [http://www.housemajority.org/ledoux/pdfs/25/hb0242\\_faqs.pdf](http://www.housemajority.org/ledoux/pdfs/25/hb0242_faqs.pdf).  
Medicaid Expansion Seen Covering Nearly All State Prisoners, The Pew Charitable Trusts, October 18,





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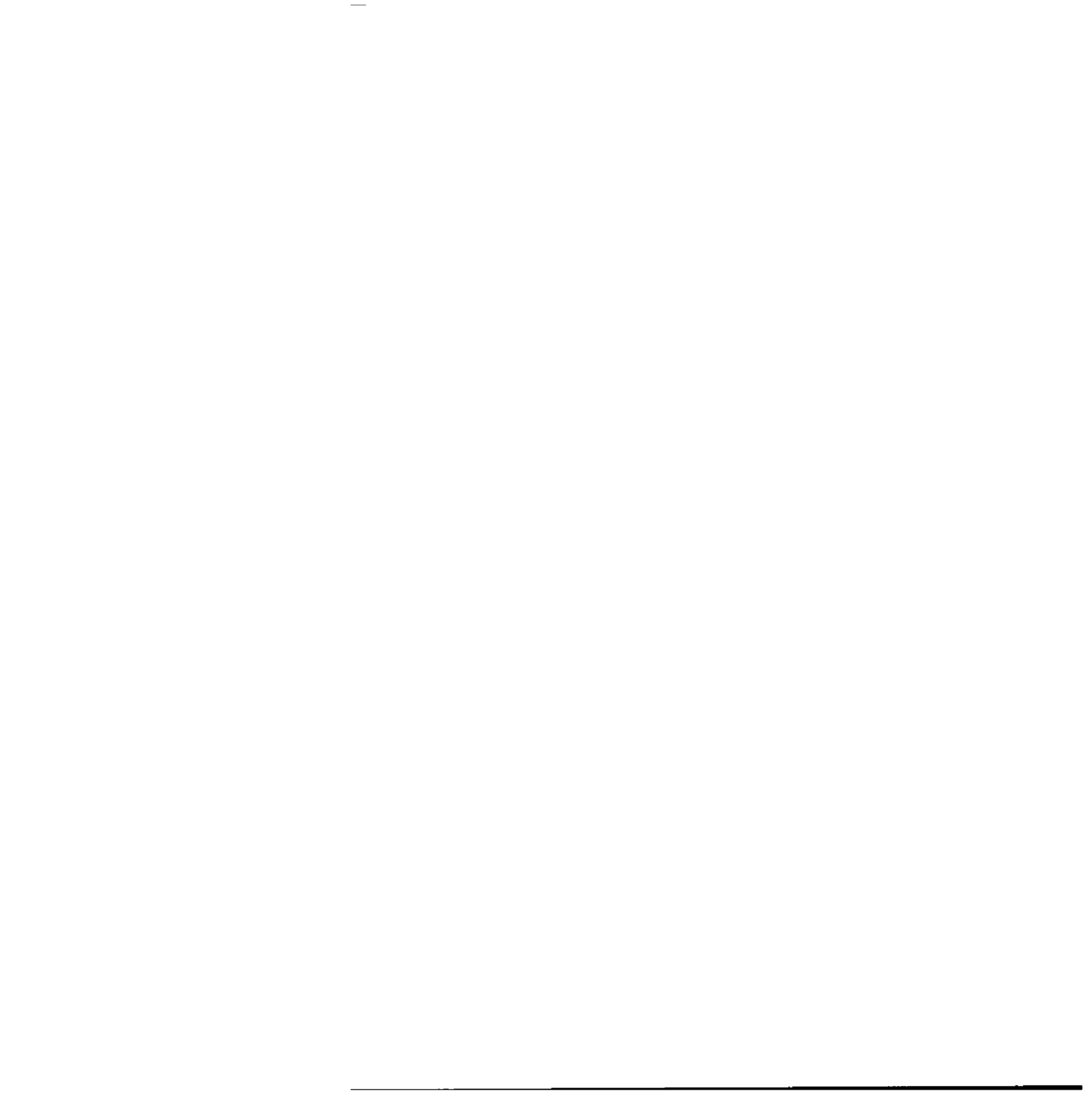
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New Hope Baptist Church  
Our Lady of Guadalupe Catholic Church  
St. Anthony Catholic Church  
St. Mark Lutheran Church  
St. Mary's Episcopal Church  
Youth Making a Change (YMAC)

For further information contact AFACT, 907-297-7737.



and expansion bill.

# It's the Right Thing to Do!

Ched Sakre

(Name)

P.O. 292

(Address)

Goodwood AK 99587

(City, State, Zip)

AK Legislature

State Capital Room 10

Juneau AK 99801

Dear

Paul Seaton

ANCHORAGE AK 995

Please support the Governor's Medicaid reform  
and expansion bill.

27 MAR 2015 PM 1 T

# It's the Right Thing to Do!

Laura Valinske

(Name)

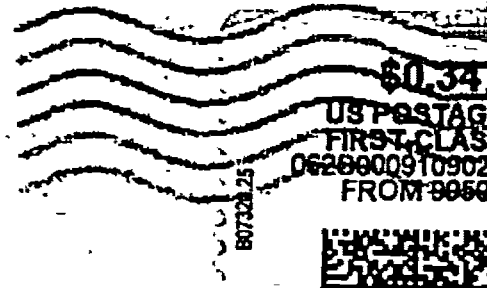
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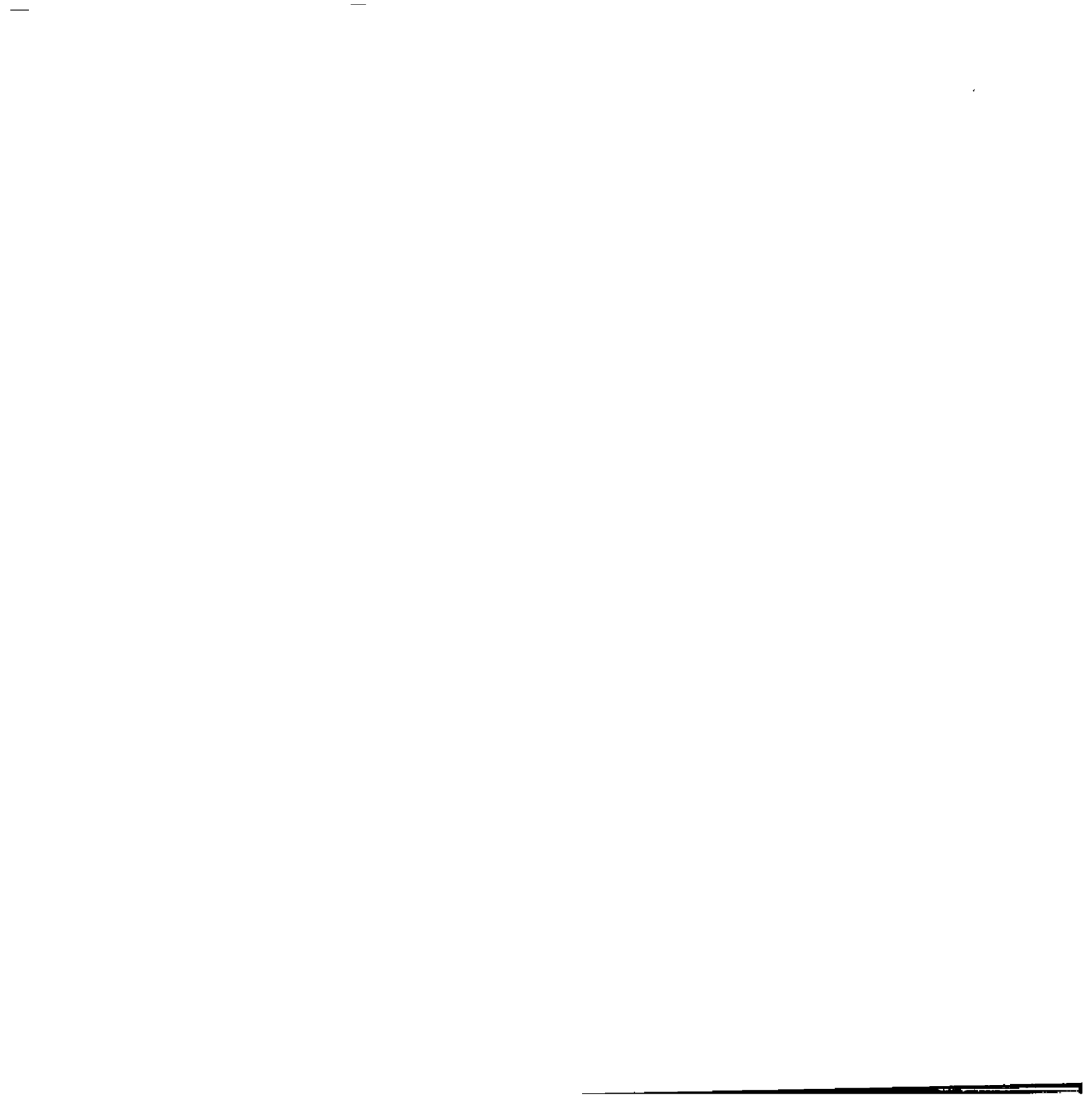
Paul Seaton

House of Representative

State Capital Juneau AK

99801-1182





Paul Seaton  
ANCHORAGE AK 995

17 MAR 2015 PM 1 T

Use support the Governor's Medicaid reform  
expansion bill.

**It's the Right  
Thing to Do!**

AK legislator

State Capital

Juneau AK

Peder Reiland

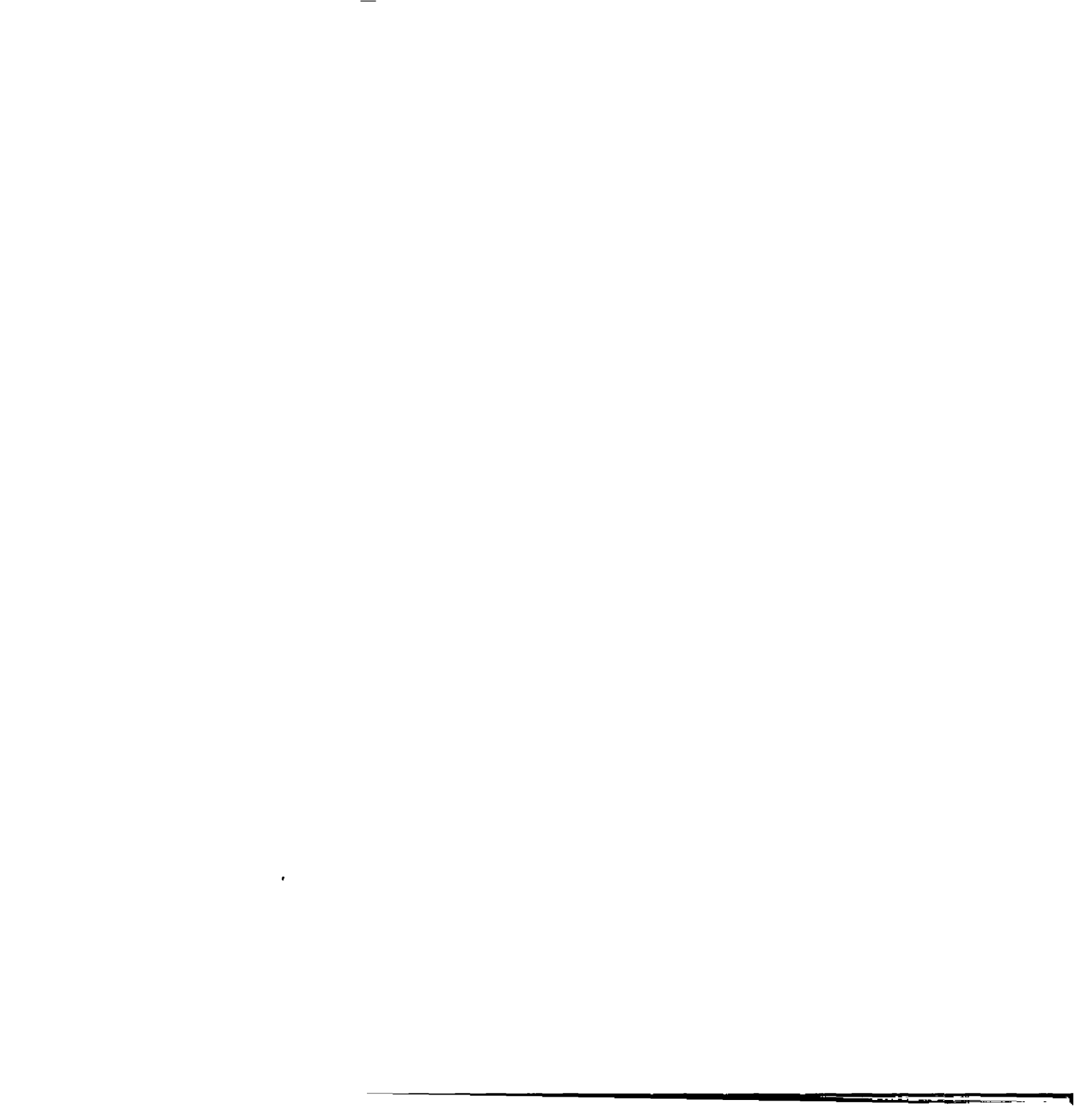
700 W 31st

Anchororage, AK 99517

State, Zip)

807327 04

Postnet



...related entities from:

Deborah Hackenberger

Cheryl Seese

Mike coons – Palmer

Greg Stoddard



**To: Rep. Paul Seaton**  
**Subject: Medicaid Expansion**

Dear Representative Seaton;

I am writing due to my concern about the governors push to expand Medicaid using funds offered by the federal government. At a time when our state budget is already over by \$3.5 billion (or so) and the federal government is in debt by \$16 trillion is expanding Medicaid a wise thing to do? Please do not misunderstand me, I am most likely one of the people expansion would help, but how are we going to pay for this expansion in 6 years, or 2 years if the federal government can no longer keep the promises made to fund the Medicaid expansion.

The price of a barrel of oil does not appear to be significantly increasing and basing our state budget on anything more than \$40 a barrel is fool hardy at best. Is the state legislature going to be so callous as to expand Medicaid, discover that we have just driven over a fiscal cliff, then proceed to cut the program back thereby kicking off the 200,000+ people who basically just qualified for the program?

Before the legislature has a discussion on Medicaid expansion perhaps you should all be very honest and up front with the people of this state and tell them that if Medicaid is expanded the state will have to impose a sales tax of 5%, or perhaps you will vote to create one more incentive NOT to work by imposing an income tax, to insure the costs are covered. If you and your fellow legislatures are going to have discussions about expanding Medicaid, make sure those discussions also include ways to keep the program solvent in the next 20 years.

On a side note (since bring up a problem without a solution is whining) how about creating a sliding "fee" scale for a state run insurance program?

Thanks for your time.

Sincerely

Deborah Hackenberger



To: Rep. Paul Seaton  
Subject: Medicaid Expansion

Dear Sir,

Please do not burden us with more people on government welfare. I am tired and upset that only half the country pays taxes. Please it is so unfair to those of us who work and have seen our incomes come down while the cost of living has risen, groceries especially. I know of people from other countries here who are on SSI and never worked an American day in their lives. We have got to fix this country. I also oppose Obama's immigration plan too. Teach people to stand on their own two feet make them responsible for themselves. I am sick and tired of so much giving and so little getting. And my husband and I work and have our own business. Please help us!

Thank you very much for your support.

Respectfully,  
Cheryl  
Sent from my iPhone



To: Rep. Adam Wool; Rep. David Talerico; Rep. Geran Tarr; Rep. Liz Vazquez; Rep. Louise Stutes; Rep. Neal Foster; Rep. Paul Seaton  
Subject: Testimony against HB 148

I have read the text of this bill, comments follow.

Page 1 lines 10-13

(3) the Department of Health and Social Services, after consulting with stakeholders, submit to the legislature not later than January 25, 2016, a proposal to authorize a provider tax up to the maximum extent allowed by federal law to offset some of the cost of the Medicaid program.

So, the projection is 4,000 new medical jobs (per proponents) created by Medicaid Expansion, really? Docs have to take less money for Medicaid, and then on top of that be assessed a tax on top of that? Really?

Then the audit changes. Has anyone here seen what and how the audits from the feds are like? I'm sure the State audits will have to follow the guidelines of the feds so more attacks if a code was not done right. Another reason that Docs do not want to deal with Medicaid or Medicare! Medical coders take away a lot of money that the Docs business generate with regular patients!

Lastly, as to the "projected increase in medical jobs". To even get to the "4,000 new jobs", that would mean another 1,000 new doctors hiring 3 new employees. Or taking those existing doctors who still take Medicaid patients and they have to hire many more Certified Medical Assistants (CMA), Front Desk, Medical Coders, etc., all while being "taxed", having less income for the number of "new patients". I am a retired Paramedic and I worked as a CMA for a short time. Doctors are running away from Medicaid and Medicare and with what little they get paid, no way is there going to be a hiring increase, in point of fact, as Doctors leave, jobs will be lost!

I have read the text of this bill, vote NDI

Mike Coons

Palmer, AK 99645

From: Greg Stoddard [REDACTED]  
Sent: Saturday, March 28, 2015 10:46 AM  
To: [GOV.AllLegislators@alaska.gov](mailto:GOV.AllLegislators@alaska.gov)  
Subject: NO to Medicaid expansion!!

All Representatives,

No doubt you've seen this letter before. We can't afford to keep drifting toward the "11" v







~~Stephens Taylor – Anchorage~~

Bonnie Cameron

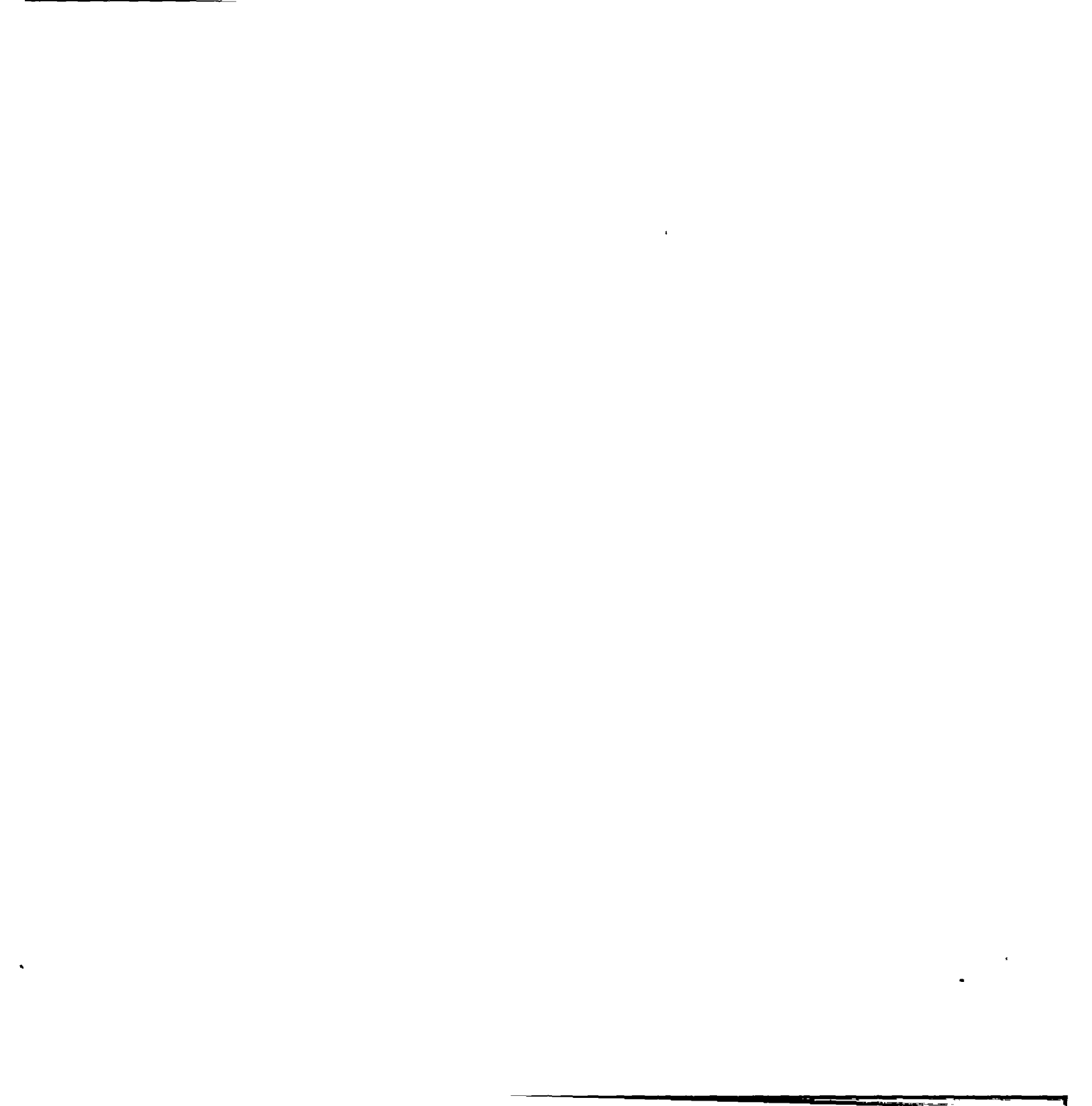
Lee Ann Kreig – Anchorage

• Ray Kreig – Anchorage

Susan Stafford

Linn McCabe – Anchorage

Judy Eledge – Anchorage [Documents included]



Subject: Don't expand Medicaid!

Dear Representative,

I am writing to oppose Medicaid expansion. This idea has been floated for some time; it sounds great, affordable, and very compassionate.

Here's the problem: The Medicaid/Medicare system is broken.

Legislators have also been saying this for a very long time, but nothing has been done to address it. It would be unwise, unproductive and very expensive to add more people to the roles of such a flawed system. The money from the Feds sounds great, but in reality it's not real money because the government doesn't really have it. It's only adding to the deficit. Furthermore, the states have no way of knowing what kind of a financial commitment we are really making. To say that we can cut back if it gets too costly is ludicrous and people would never allow it. Once it's expanded, it will only continue to grow.

Fix Medicaid. Make that the priority. Getting rid of all of the fraud and other problems could conceivably avail the money needed to pay for this. People on Medicare and Medicaid have so few available doctors.

It's unconscionable to make people believe that expanding Medicaid will give them access to the health care they need. Not only will they not be able to find a doctor willing to see them, it will further limit access to those already on the rolls. When are we going to stop looking to the Federal government to pay for everything? That's why our country is in such dire financial straits now. Don't take the bait. Our state has enough fiscal problems to deal with without adding this blank check to the problem.

Please do not expand the Medicaid system.

Sincerely,

Stephanie Taylor

[REDACTED]  
Anchorage, AK 99504

From: [rbcameron1997](#) [REDACTED]

Sent: Saturday, March 28, 2015 4:09 PM

NO to Medicaid Expansion!

Expanding programs like Medicaid only serve to hurt the community and nation. It makes men quit in their natural role of leading their families because the government takes over the husband and father role. It makes more dependents on the system.

If people have to work for their needs and wants we will have a healthier community and economy.

My husband and I will not support anyone who votes for this Medicaid expansion; in fact, we will work to actively unseat anyone who has voted in favor of the welfare expansion. It is wrong economically and it is wrong morally. Simply put (ahem, Governor Walker), "It's the WRONG thing to do!"



**Subject: Medicaid Expansion (HB148) Testimony**

I oppose this bill to expand Medicaid in Alaska.

I agree with the testimony (and hard work and research) of Dr. Ilona Farr which has been submitted at: [www.legis.state.ak.us/basis/get\\_documents.asp?session=29&docid=4710](http://www.legis.state.ak.us/basis/get_documents.asp?session=29&docid=4710)

Summary of just one of her points:

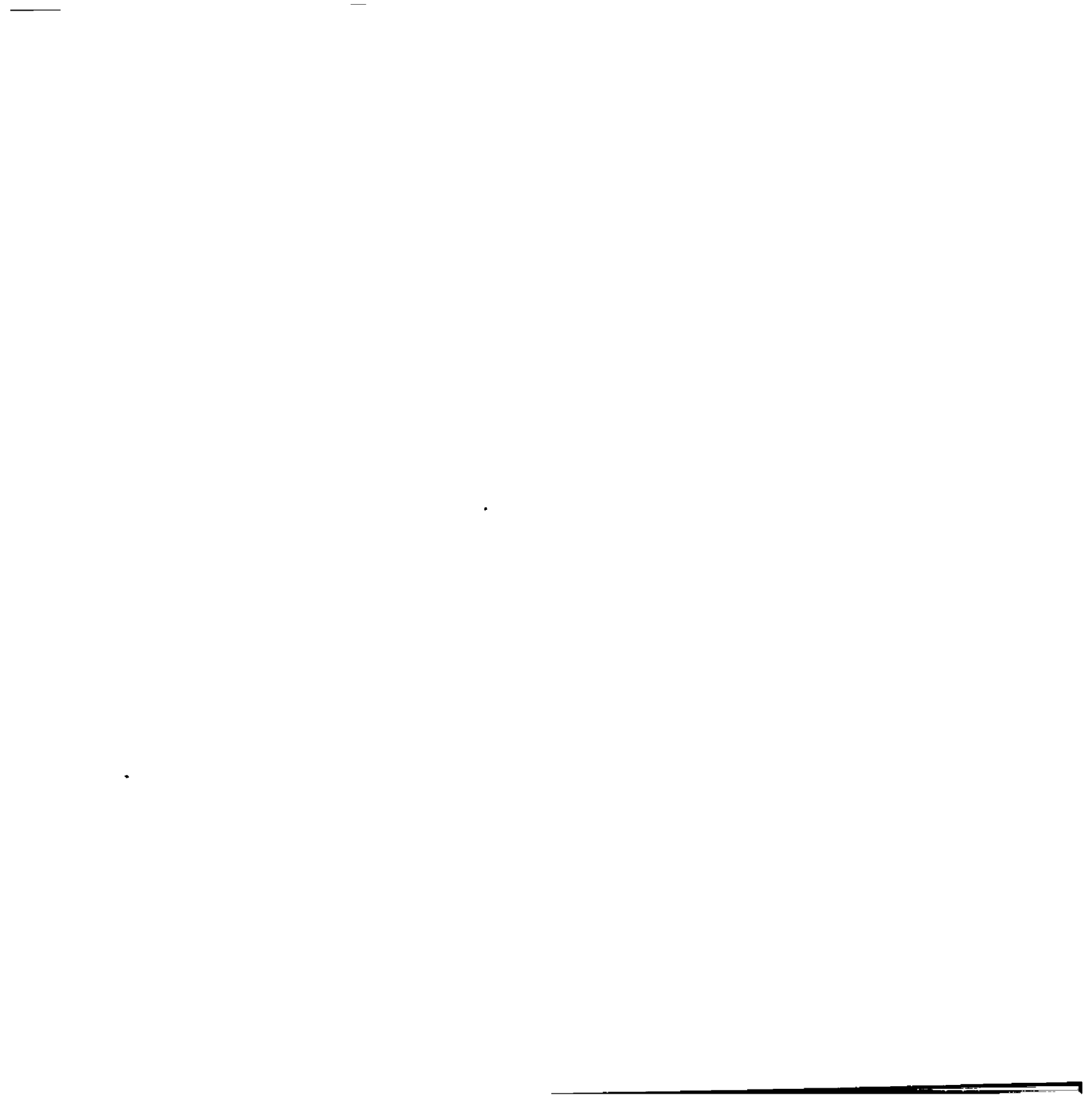
**“The waste, fraud, and abuse in the current system is rampant. From patients trying to take advantage of the system (5400 tickets with no associated appointments — MRAG meetings 2014) to frequent over users who are a drain on the program. There are numerous examples. One patient cost \$1.2 million for medevacs while another patient had 250 therapy appointments in one year.”**

What more needs to be said?

It should also be more prominently noted that the major beneficiary of this Medicaid expansion is the Alaska Native Tribal Health Consortium. DHSS Commissioner Valerie Davidson, being a former manager at ANTHC, should NOT be advocating this Medicaid expansion. It's an obvious and flagrant conflict of interest.

Sincerely,

Lee Ann Kreig  
Anchorage AK 99517



**Subject: Please NO to Medicaid expansion [HB148]**

Dear Chairman Seaton and Vice Chair Vazquez,

Please, do not expand Medicaid. Alaska cannot afford this.

Better would be to reform Medicaid and in fact all health delivery to get back to a Medical Savings account approach where the patient is in more control. For those in need, the government would need to pay part or most of the costs but the patient should always pay part.

Also, I have been on Medicare for the past few years and my long time doctor can no longer take Medicare. If you expand Medicaid, then it pays 40% more than federal Medicare for the same doctor visits. It will make it even more difficult for me to find a doctor because I will be crowded out by welfare patients. THAT IS TOTALLY SCREWED UPI

Again, please: No to Medicaid expansion in Alaska.

Sincerely,

Ray Kreig

=====

Ray Kreig  
RA Kreig & Associates  
201 Barrow #1  
Anchorage Alaska 99501-2429



... at Alaska regional hospital. I worked as a neonatal nurse (1990 - 1995) and Tom as an oncology nurse (1990 - 1997). Since then we have worked in a number of medical offices.

We adamantly oppose HB 148 100% since its main purpose is to put private practice medical providers out of business in favor of large institutions. That would severely damage medical care. This bill calls for a healthcare provider tax when providers are already under-compensated by government programs making it difficult for private providers to meet the expenses of maintaining an office. It would increase costs on us private citizens to pay for the additional costs in HB 148. Many of the people to be covered by the "Medicaid Expansion" as it is called are already covered by the Indian Health Service and this would provide double coverage for them. Where/how would that extra money be spent? We understand that large numbers of people are flown from outlying communities to Anchorage for health care, but they never appear for their appointment(s). Some have told me to my face that they use it as a "taxi service" when they want to come to Anchorage so they don't have to pay for the trip. Private practice providers receive as much as 10 times less than large institutions for seeing the same patient for the same reason. This is an unnecessary waste of money we worked so hard to earn. Oppose HB 148 in every way.

Sincerely,

Susan Stafford

From: Linn McCabe [REDACTED]  
Sent: Saturday, March 28, 2015 4:07 PM  
To: Rep. Paul Seaton  
Subject: Medicaid

Honorable Paul Seaton,

Please DO NOT accept the expansion of Medicaid. There is no such thing as "free money!" We do not need any more federal strings! Accepting this money creates more disincentives for people to look for work. It also causes private insurance rates to be raised because the payouts by Medicaid are too low and somebody has to cover the shortfall.

The Federal government is broke and the money for this program is created through more borrowing, and more national debt...and meeting the Obama administration's goal of transforming America. The cost is far greater than the benefit.

I am currently sitting at the LIO in Anchorage listening to the testimony and hear so many in favor. They are not thinking of the greater good. The big picture says the price is too high!

Again, please say "NO!"  
Thank you!



Subject: Medicaid expansion

Dear Representative Seaton,

As an Alaskan over the age of 65 I am writing in strong opposition to Medicaid expansion. There are several reasons. One we are in a budgetary crisis and cannot afford to do so. It seems to me the Federal government is trying to lock us into funding Obamacare. It also seems they would very much like to pass on promises they made to AK Natives by having the State fund all of Native Health care.

Though the biggest reason is the fact that it is almost impossible to find a doctor in Alaska that will take Medicare. Many of us have lost our family doctors. Medicaid pays more than either Medicare or Tri-Care (Veterans and families). We have paid into Medicare for years. Do we now go to the back of the line? Adding 50,000 people to the Medicaid rolls will not make care more accessible.

So, I ask that you and others think long and hard before committing this State to expansion while breaking promises to Seniors and Veterans. We won't have just a budget crisis but one in the medical community when unable to support. Testimony from special interest groups and lobbyists on this issue is just that. Testimony that rewards them not the citizens of Alaska. The rest of us can't afford to come to Juneau and live during session. For one I am tired of paying over 30% of my income tax to benefit the 50% that do not. Expanding Medicaid to people above the poverty level is not for helping those truly in need.....those below the poverty level, mentally ill, etc.

I appreciate your consideration,  
Judy Eledge  
Anchorage Alaska

PS: I have tried to testify by phone but extremely difficult to wait hours online to do so. It would be most respectful to hear public testimony before the experts, lobbyists and special interests.

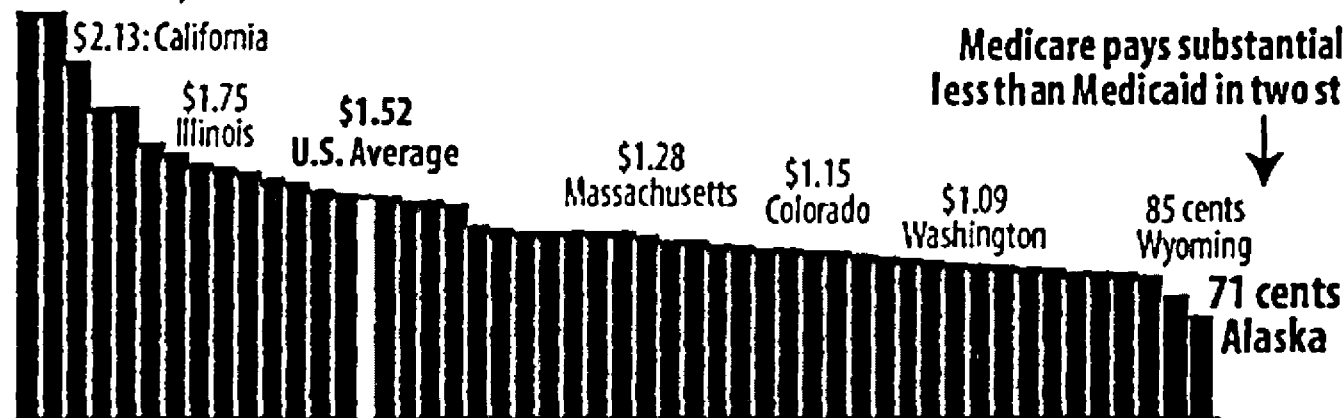
*Documents included with Judy Eledge testimony:*

*Medicaid vs Medicare payment – ISER*

*Primary Care for Older Alaskans – ISER*



\$2.78: New York, Rhode Island



Medicare pays substantially less than Medicaid in two states



\*Keep in mind that while Medicare pays the same in all states (except for geographic differentials that take into account higher costs), Medicaid payments vary by state, because states have some discretion in setting payment levels.

Source: Medicare to Medicaid Fee Index for Primary Care, Urban Institute, 2008 Medicaid Physician Survey



**ADDITIONAL MISCELLANEOUS TESTIMONY**



Dear Senators and Representatives,

I thank you for your service to our great state, especially during this time of fiscal uncertainty. As you grapple with tough decisions affecting Alaska's economic future, please consider these thoughts on Medicaid expansion under the Affordable Care Act (ACA). Physicians will be directly impacted by any changes to Medicaid so I respectfully ask that you oppose the expansion, and instead focus on honestly bringing down the cost curve by enacting real, substantive reforms.

The rising cost of Medicaid services in the state is alarming and unsustainable. From 2002-2009, Medicaid spending by the state and the federal government combined, hovered at or below \$1 billion. Yet, since that time, costs have rapidly climbed upward and are now projected to surpass \$6 billion by 2032 with the state paying \$2.8 billion that year.<sup>1</sup> This cost projection is without taking the expansion into account. And while the Lewin Group study estimated the expansion would cost the state \$198-305 million through 2020<sup>2</sup>, the true cost of the expansion to the state will be much higher in the years to come. One new cost to the state is paying for the treatment of over 2,000 existing Medicaid patients with hepatitis C estimated to cost \$300,000 per patient; this needs to be budgeted for before expansion is considered.

As you know, the federal reimbursement share to providers for Medicaid expansion beneficiaries will settle at 90 percent via the ACA. However, keep in mind this year Medicaid reimbursement rates revert to pre-ACA levels, which the Urban Institute estimates will be a staggering 42 percent drop in rates across the country.<sup>3</sup> While Alaska is not affected by this, the volatility in reimbursement rates is worth noting. I am not confident that the 90 percent match will endure for long.

The waste, fraud, and abuse in the current system is rampant. From patients trying to take advantage of the system (5400 tickets with no associated appointments – MRAG meetings 2014) to frequent over users who are a drain on the program. There are numerous examples. One patient cost \$1.2 million for medevacs while another patient had 250 therapy appointments in one year. While these might be extreme examples, the case for reform is clear. Reforming the existing system should take place well before consideration is given to expansion. Reforming the system applies to Xerox as well. While many of the 800 defects in the system have been fixed, many providers have still not been paid. These administrative problems must be ironed out so providers are paid in an acceptable timeframe and costs are not increased by more audits, pre-authorizations and burdensome regulations.

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<sup>1</sup> [http://dhss.alaska.gov/Commissioner/Documents/mrag/MESA\\_2012-32.pdf](http://dhss.alaska.gov/Commissioner/Documents/mrag/MESA_2012-32.pdf) (p.23)

<sup>2</sup> [http://dhss.alaska.gov/Documents/Lewin\\_Final\\_Report.pdf](http://dhss.alaska.gov/Documents/Lewin_Final_Report.pdf) (p.2)

<sup>3</sup> <http://www.fishes.com/sites/merrillmatthews/2015/01/05/doctors-face-a-huge-medicare-and-medicaid-pay->

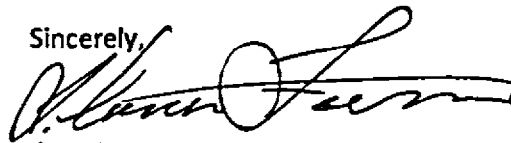


healthy, working-age, childless adults into the system, the very individuals that Medicaid was intended to serve, could get lost in the shuffle.

The final issue to highlight is of particular importance as it directly impacts our livelihoods. Large medical facilities receive significantly higher Medicaid reimbursement payments compared to private practice doctors. For instance, Alaska Native Medical Center receives a reimbursement per patient per visit as much as 10 times higher than what private practice receives. Adding more individuals into Medicaid will further compound this inequity where private practice doctors lose money and large facilities are subsidized.

I thank you for your time and attention to this important matter. Please oppose the Medicaid expansion and focus on cutting back on the abuse in the current system, and budget coverage for those already in the Medicaid system. If you expand Medicaid under the ACA, the state will incur huge unsustainable budget increases, private practices will be decimated, and many cuts will be made to the system which will adversely impact the medical care for those that truly need care, the children and the disabled. Please do not expand Medicaid, as this will be devastating for future generations of Alaskans and Americans who will be forced to pay for this costly, unsustainable government program.

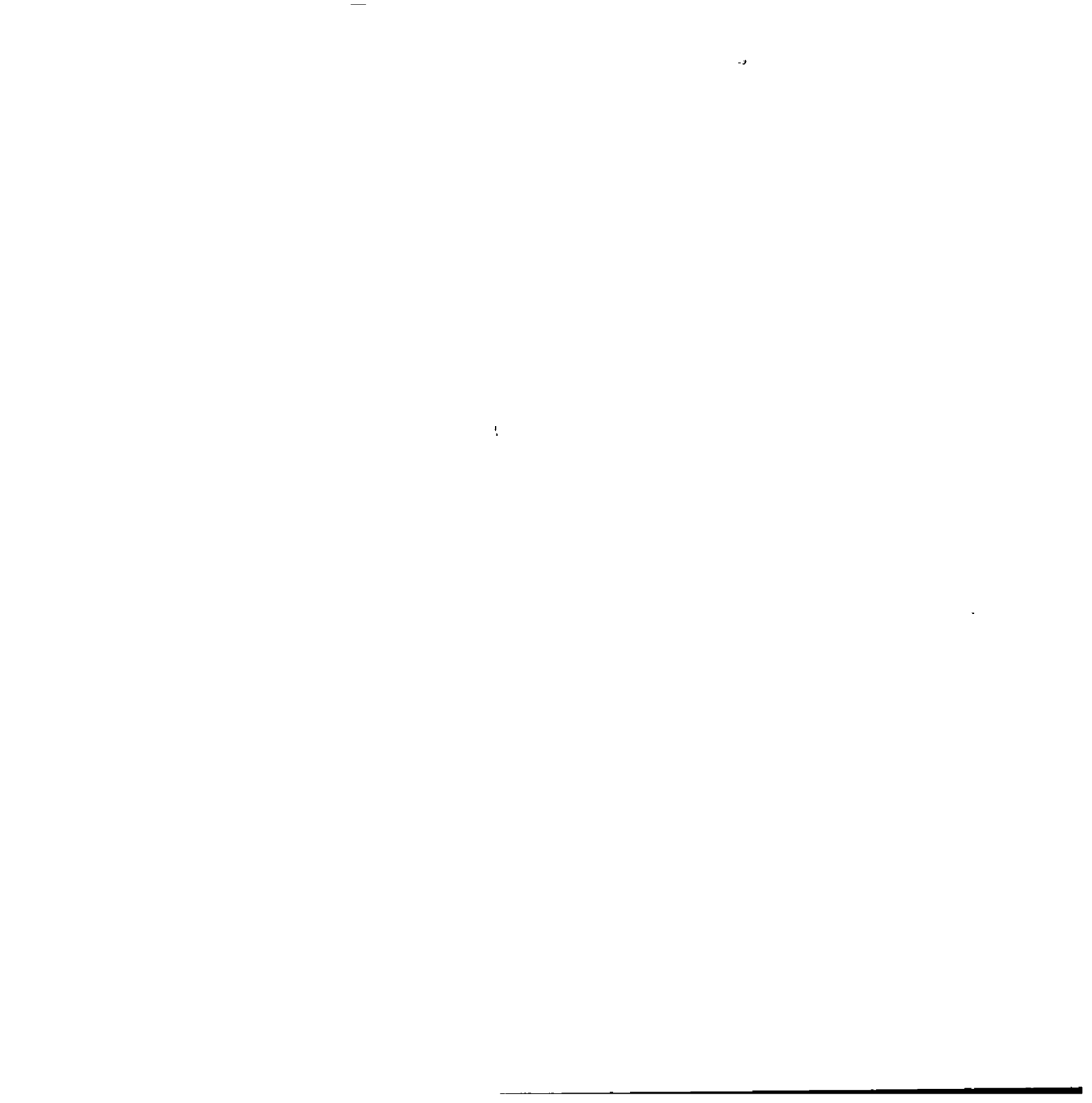
Sincerely,

A handwritten signature in black ink, appearing to read 'Ilona Farr', with a large, stylized flourish at the end.

Ilona Farr M.D.

Alaska Family Medical Care

Medicaid Reform Advisory Group Member



Alaska State Legislature  
120 4<sup>th</sup> Street  
Juneau, Alaska 99801

March 24, 2015

Dear Senators and Representatives,

Please vote against HB 148, and do not expand Medicaid, as this is an unsustainable, costly program (\$6.2 billion by 2032 without expansion) that will soon consume the entire budget, drive providers out of business, and eventually bankrupt us as a state.

We now have about 160,000 patients on Medicaid. It is estimated that the expansion population is approximately 40,000; 27,000 of these people are already covered via IHS, and 29% are already covered under other insurance programs. Other states that have expanded Medicaid have greatly underestimated the enrollment, having triple or quadruple more enrollees resulting in dramatic tax increases or deficit spending to cover these unexpected costs. HSA accounts linked to insurance are a much better option for these uncovered low income single adults and would not indebt us further as a state.

HB148 places undue regulatory burdens, more audits, a change in reimbursement and now a special tax on providers that are only being paid to see Medicaid patients at or below their cost. Over 1000 providers have stopped providing care to Medicaid patients from 2010 to 2014 and this will rapidly accelerate in the future if this bill is passed. You will see many providers go out of business, and many more close their doors to Medicaid in a desperate attempt to stay solvent.

There are problems with providers getting paid now via the new system and this will only increase as more people are added. The state now pays the federal government \$80 million a year just to keep Medicaid patients enrolled during the month of October so they can get their PFDs with the dramatic increase in numbers of enrollees this number will increase. It costs about \$900/year per enrollee in administrative costs, it is \$7500 approximately for a young person per year on Medicaid and costs \$65,000/year for older more sickly patients. However there are 2000 Hepatitis C patients to be treated at \$300,000/per person that has not yet been budgeted for in the new budget that I can find. Where will all these funds come from?

There is much fraud and abuse in the current system that needs to be fixed to make this program sustainable for future generations including 5400 plane tickets with no provider visit, \$1.2 million in medevacs for one person, 250 therapy visits for one patient in a year, etc. Please vote no on HB148 or any other bill to expand Medicaid and instead focus on meaningful reform that does not result in increased costs, taxes, or audits to those of us that are actually caring for these patients.





The Honorable Paul Seaton  
House of Representatives  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Seaton:

I strongly urge the Alaska Legislature to expand Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy.

Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half, improving preventative and primary care access, and providing substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion, which will bring more than \$1 billion in new federal revenue to our state, 4,000 new jobs, \$1.2 billion more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic activity over the first five years. We should view Medicaid expansion as an economic driver that will positively impact our state's economy as we are faced with declining oil prices and the resulting budget challenges.

In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget. We encourage the continued internal evaluation to identify other potential savings and offsets attributable to expansion and reform.

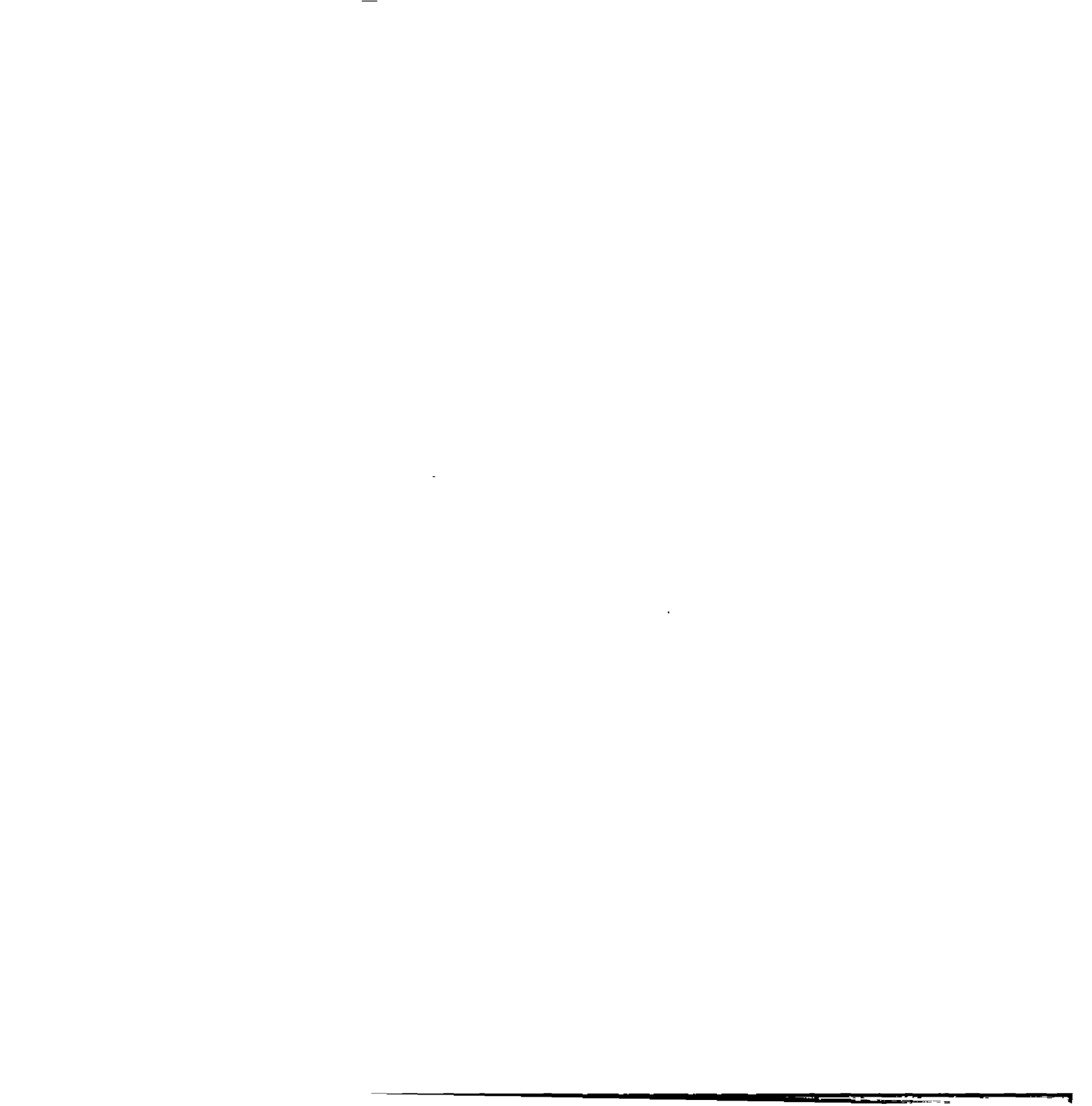
Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. Though reform of the current Medicaid program should be of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

I support Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,

Sean Jones  
Care Coordinator



Anchorage, Alaska 99508  
907 562 4045

Alaska State Legislature  
120 4<sup>th</sup> Street  
Juneau, Alaska 99801

March 24, 2015

Dear Senators and Representatives,

I am writing in support of the WWAMI medical program and respectfully request that the intent to get rid of this program by 2020 wording be removed from the current house budget bill. There will have to be cuts in funding and in programs, and this program may have to raise tuition and use other modalities to become more self supporting in the future, however this decision needs to be made at the more local university level after public comment.

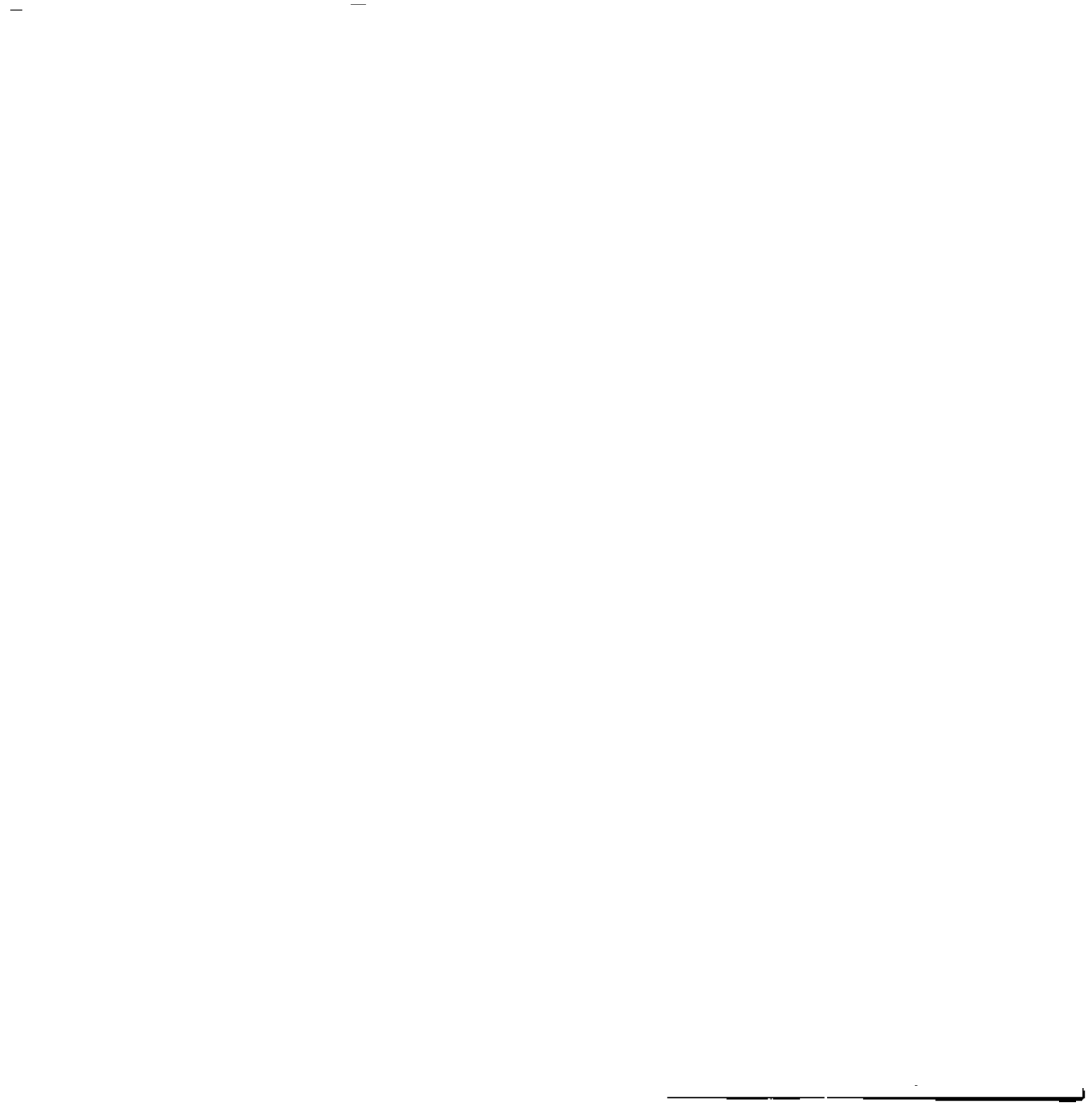
There are over 200 physicians that are practicing in Alaska now that attended the WWAMI program over the last 44 years. It has been a well established top ranked program in the US for training primary care MDs. Alaska has had difficulty retaining and recruiting MDs for decades and this program has helped train Alaskans who wanted to practice here at home. I was raised in rural Alaska, graduated from East High, and attended the WWAMI program in Fairbanks starting in 1979. After residency, I returned home and have spent the last 29 years providing care to thousands of Alaskans in Seward, Kotzebue, Barrow, and Anchorage in family medicine. Without the WWAMI program many current providers, including myself, could not have afforded to become MDs. Once closed this program could take decades to be reestablished if it even could be done.

Tuition is very steep for medical school \$95,000/year now at some private universities. It is also very difficult to get into medical school if you do not reside in the state where the school is located. There are currently over 300 job listing online for physicians in Alaska. Closing the WWAMI program will result in a more significant shortage of physicians in Alaska in the near future, difficulty in recruiting new physicians to Alaska who are \$400 to 500,000 dollars in debt after medical school, and have a dramatically negative impact on the healthcare of all future Alaskans.

Please remove the intent to get rid of the WWAMI program by 2020 from the budget language, and include support language for this valuable medical school program.



Ilona Farr MD  
WWAMI 1979  
Family Medicine



March 19, 2015

**BOARD OF  
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*info@akcommonground.org*

Dear Senators and Representatives:

On March 18, 2015 the Board of Directors of Alaska Common Ground voted to express their support for the expansion of Medicaid. This letter is to communicate our support to each of you.

Our reasons are twofold:

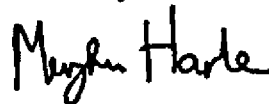
First, Medicaid expansion will have a **positive fiscal impact** at a time when it is greatly needed. As your economists have explained, the infusion of new money into the state will have multiple positive ripple effects, benefiting not just the health care industry, but other businesses, employees and families.

Secondly, and most importantly, many of our fellow citizens are suffering and dying because they cannot afford health care without insurance. Other than last minute, often too late, emergency treatment, they do not have care. As the nun from Anchorage Faith & Action Congregations Together (AFACT) expressed so well, we all have a **moral imperative to be our brother's keepers.**

In conclusion, we want to emphasize that your approval of Medicaid must happen this session or Alaska will lose another whole year of potential economic and social benefits.

Thank you for your service for all Alaskans.

Sincerely,



**Mary Lu Harle**  
Acting Chair, Board of Directors  
Alaska Common Ground



To the Honorable Paul Seaton,:

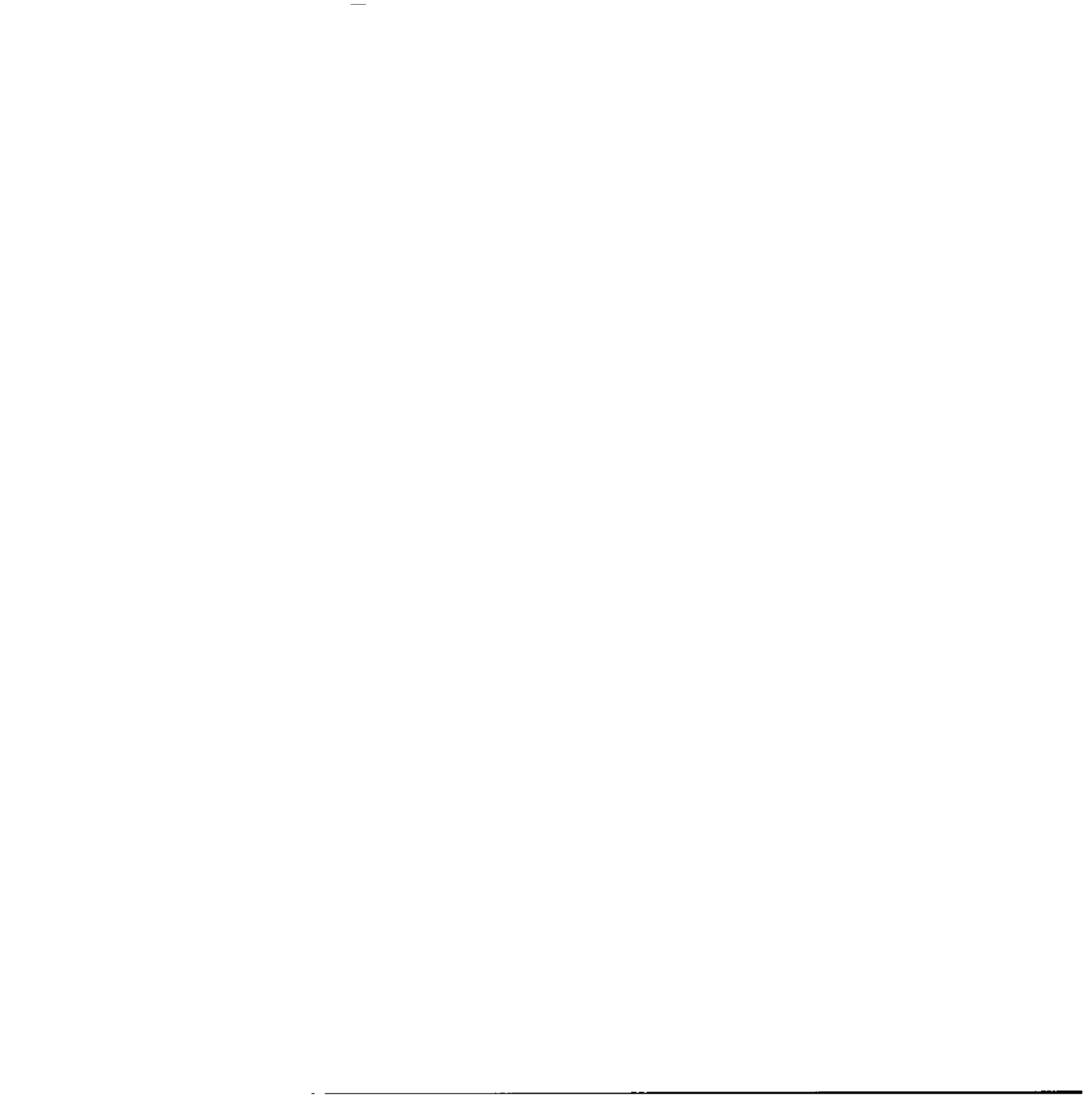
Thank you for giving me the opportunity to address the House Health and Social Services Committee Saturday, March 21, 2015 on the important topic of expanded Medicaid coverage in Alaska.

As I highlighted in my brief remarks, the state can realize significant savings, and also many other desirable outcomes, by introducing a voucher program with the expanded Medicaid coverage. In brief, the proposal would entail the following:

- Since the expanded Medicaid coverage would nearly eliminate uncompensated coverage provided by the myriad of grant-funded institutions in Alaska, the state could realize substantial savings by eliminating the grant-funding altogether. At a minimum, such a savings would include state granting, but it's entirely possible that the state could convince the federal HHS to direct those federal grant dollars to cover other areas of state health expenditures;
- We estimate that combined state and federal grant-funding savings would total at least \$10 million annually;
- In addition, the state should provide newly-eligible Medicaid beneficiaries with vouchers with which to purchase health coverage. Although purchases initially would be directed to existing health institutions, over time these dollars would be used to purchase health services from new competitors, including tele-health providers.
- As such, the voucher program would introduce a level of competition that simply doesn't exist in the Alaska's health care system, where many health centers enjoy a monopoly on services locally and thus have absolutely no incentive to ensure efficiency or effectiveness.
- The savings from such a program are difficult to quantify, but unquestionably these savings would grow year by year as consumers adopt to new technologies (e.g. tele-health) and purchase services from more efficient competitors.
- Moreover, under a voucher program, the state would have to re-think other longstanding, outdated restraint-of-trade policies -- such as current Certificate of Need requirements -- which may no longer be necessary in a more dynamic, technologically-enabled environment.

Please know these points cover the topic only at the most general conceptual level.

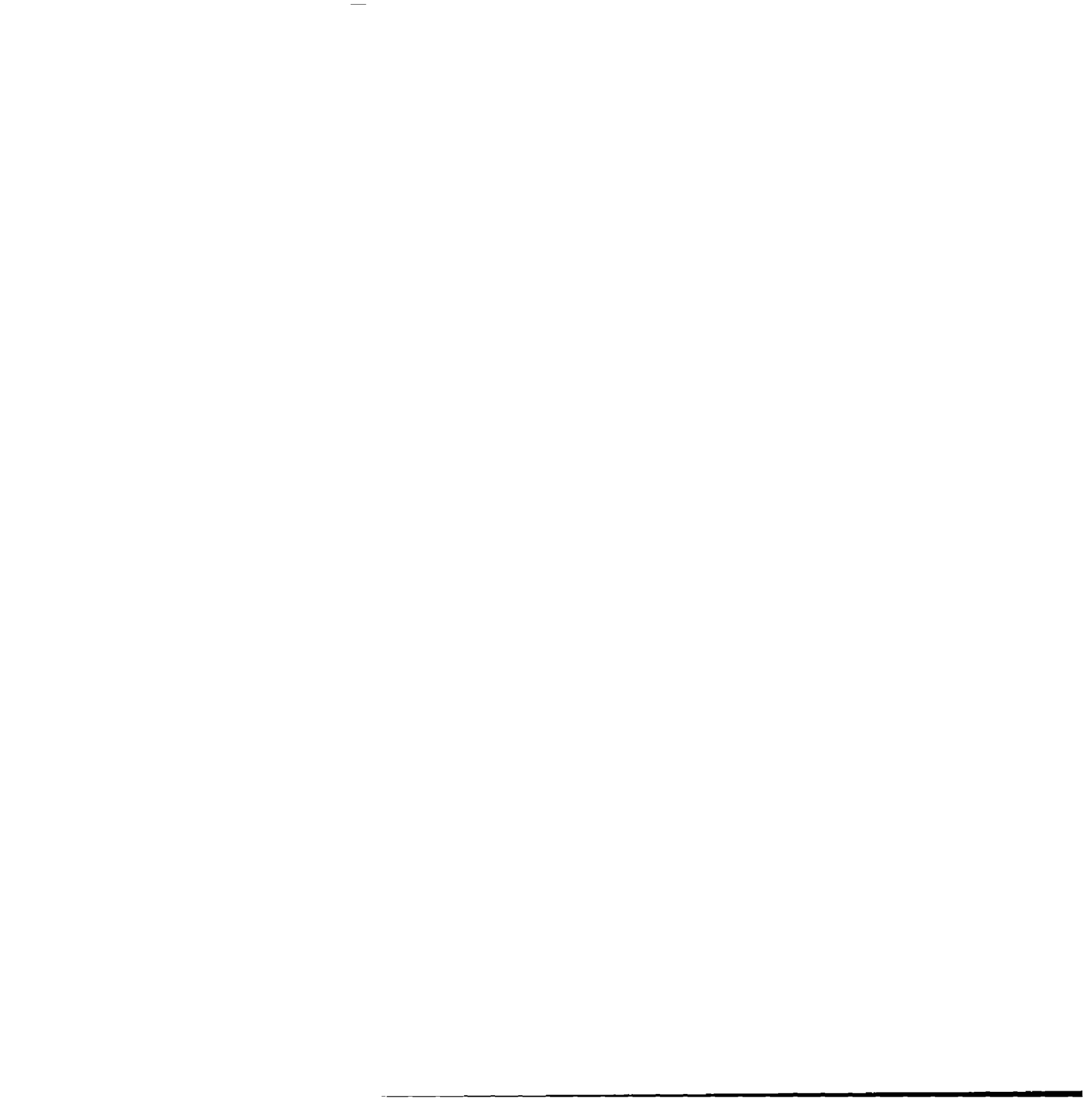
However, we believe the state has an opportunity with Medicaid expansion to fundamentally re-think its current healthcare delivery system by introducing a level of competition and flexibility which currently does not exist. Indeed, in the end such a program could likely constitute the greatest-single offset to what is the fastest growing portion of the state budget.



I would be happy to answer any follow-up questions you may have on this topic. My work number is: 907 790 1249.

Sincerely,

John Hughes  
Practice Administrator  
Juneau Urgent and Family Care



Thank you for the opportunity to comment. Attached please find the map which outlines the location of the Community Health Centers (CHC's) in Alaska. The 28 CHC's operate more than 170 clinic sites across the state. Together CHC's see more than 100,000 individual patients for medical , dental, mental health, vision and enabling services. CHC's are responsible for over 500 jobs, and Alaska Health Center funding generates more than 61 million dollars in enhanced economic impact to the State of Alaska.

Community Health Centers are federally mandated to provide these services to anyone who walk through our doors *regardless of their ability to pay*; which means that uncompensated care is a major issue for us.

---

**From:** Taneeka Hansen [Taneeka.Hansen@akleg.gov]  
**Sent:** Monday, March 23, 2015 6:30 PM  
**To:** David D'Amato  
**Subject:** Following up on Saturday's meeting

David,

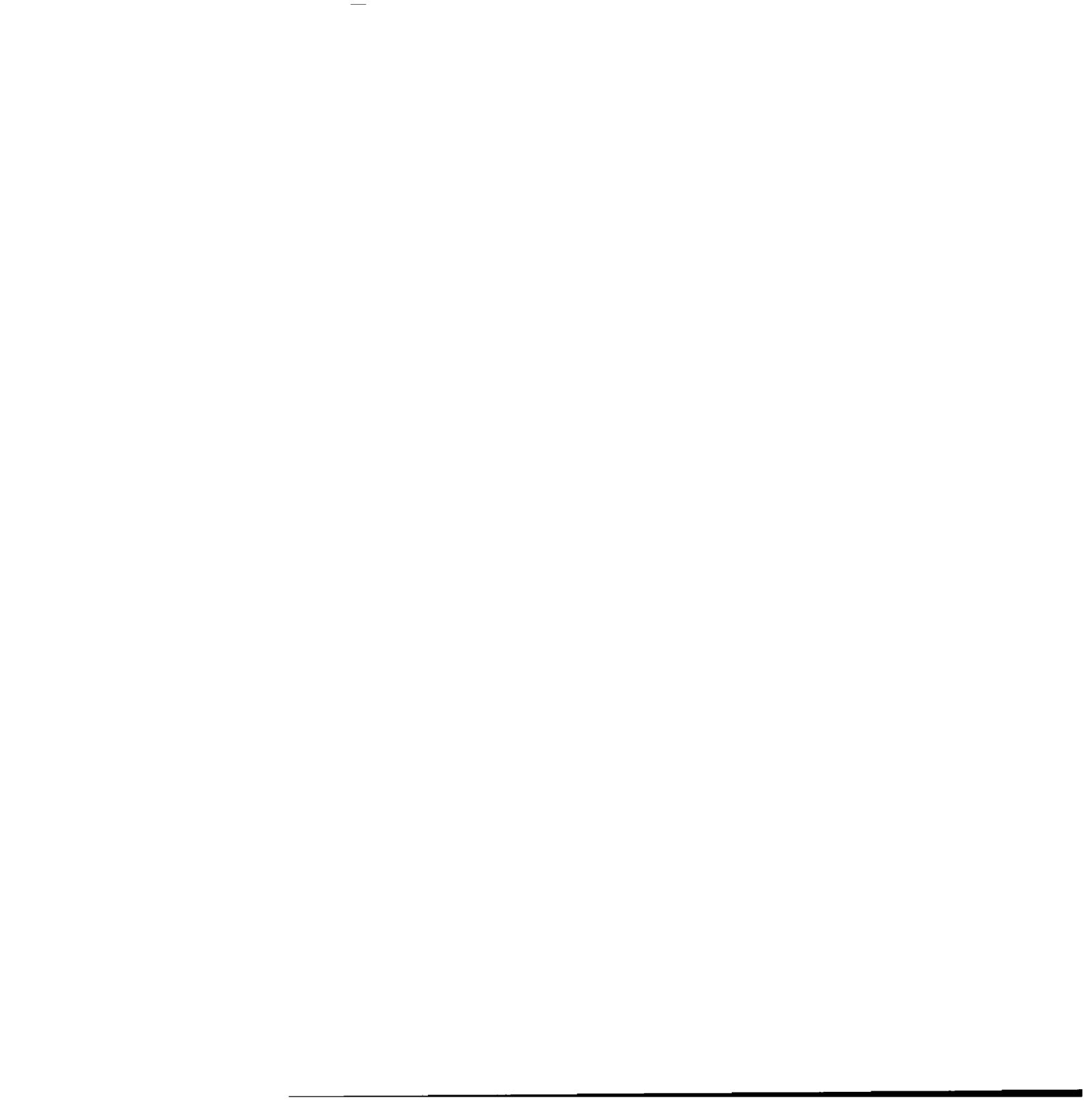
Thank you so much for participating in Saturday's Medicaid round table. Uncompensated care outside of hospitals is something the committee had not yet held discussion on, and your input really helped inform our discussion.

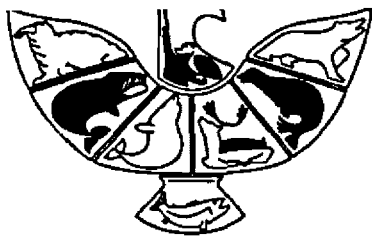
Representative Seaton asked that I reach out to the stakeholders and provider groups who participated to make sure all your comments and suggestions are heard. We had hoped to get suggestions from all stakeholders during the meeting but, as I am sure you know, it is a big topic and we did not get to all our points of discussion.

If there were additional comments or suggestions, please send them in writing to me. Again, we really appreciated your input on Saturday.

Sincerely,

Taneeka Hansen  
Legislative Aide  
Representative Paul Seaton  
Committee Aide, Health and Social Services  
(907) 465-3923





Submitted to the  
State of Alaska House Health & Social Services  
Committee  
Hearing on  
HH 148 on Medical Assistance Coverage; Reform  
March 26, 2015

Honorable Representative Seaton and Members of the Committee:

Thank you for the opportunity to provide input for this hearing on House Bill 148, "An Act relating to medical assistance reform measures; relating to eligibility for medical assistance coverage; relating to medical assistance cost containment measures by the Department of Health and Social Services; and providing for an effective date."

The Alaska Native Health Board serves as the statewide organization for the Alaska Tribal Health System (ATHS), working with State and federal agencies to strengthen the government-to-government relationship through timely communication and meaningful consultation throughout the policy-forming process. The ATHS serves over 145,000 Alaska Natives and American Indians (ANAs) and thousands more non-Natives as an integral part of Alaska's statewide public health system.

It is frequent that the Alaska tribal health system or the Indian Health Service (commonly referred to as IHS, the federal agency which provides core funding for tribal and Indian health programs) is equated with health insurance for tribal people in Alaska and nationwide. However the ATHS is not (nor is the IHS) health insurance or health coverage for individuals; there is not a guaranteed set of benefits for premium paid. In fact the ATHS and IHS have been chronically underfunded since their inception and most tribal programs across the state must ration care. Not expanding Medicaid carries incredible opportunity costs that will not only impede economic growth, but more importantly will result in higher costs to the statewide system and, sadly, higher morbidity and mortality.

A critical example of the chronic underfunding is the Village Built Clinics (VBCs). Alaska has approximately 170 VBCs across the state. They are funded through the VBC Lease Program, which are administered by the IHS. They are used to fund facility operation and maintenance of health clinics in rural Alaska. VBCs are the sole health care facilities of their communities in the vast, predominately road-less regions of rural Alaska. Current funding levels for VBC leases provide only a fraction of the operations costs (utilities, fuel, etc.) resulting in deteriorating clinic buildings, reduced operations, deferred building maintenance, accreditation compliance problems and ultimately a threat to the provision of safe patient care in the villages. In some cases, there is no running water to the clinic. Can you imagine it's a reality



it is.

The IHS sources of funding are indeed below the level of need and finite. Tribes have been innovative in designing and developing programs that increase resources and just like our non-Tribal counterparts depend on third-party billings to extend their capacity to provide care. Heartbreakingly, however, ANAIs suffer the highest rates of uninsurance and poverty and our programs are forced to ration care.

The impacts are real. One personal story I have is that of my uncle's. In Kiana jobs are scarce, but there are more opportunities in the summer. My uncle was a seasonal worker and spent much of the rest of the year volunteering at the church and high school and engaged in subsistence hunting. The food he caught did not just feed our family, but fed community elders and poor families. I was extremely proud of him.

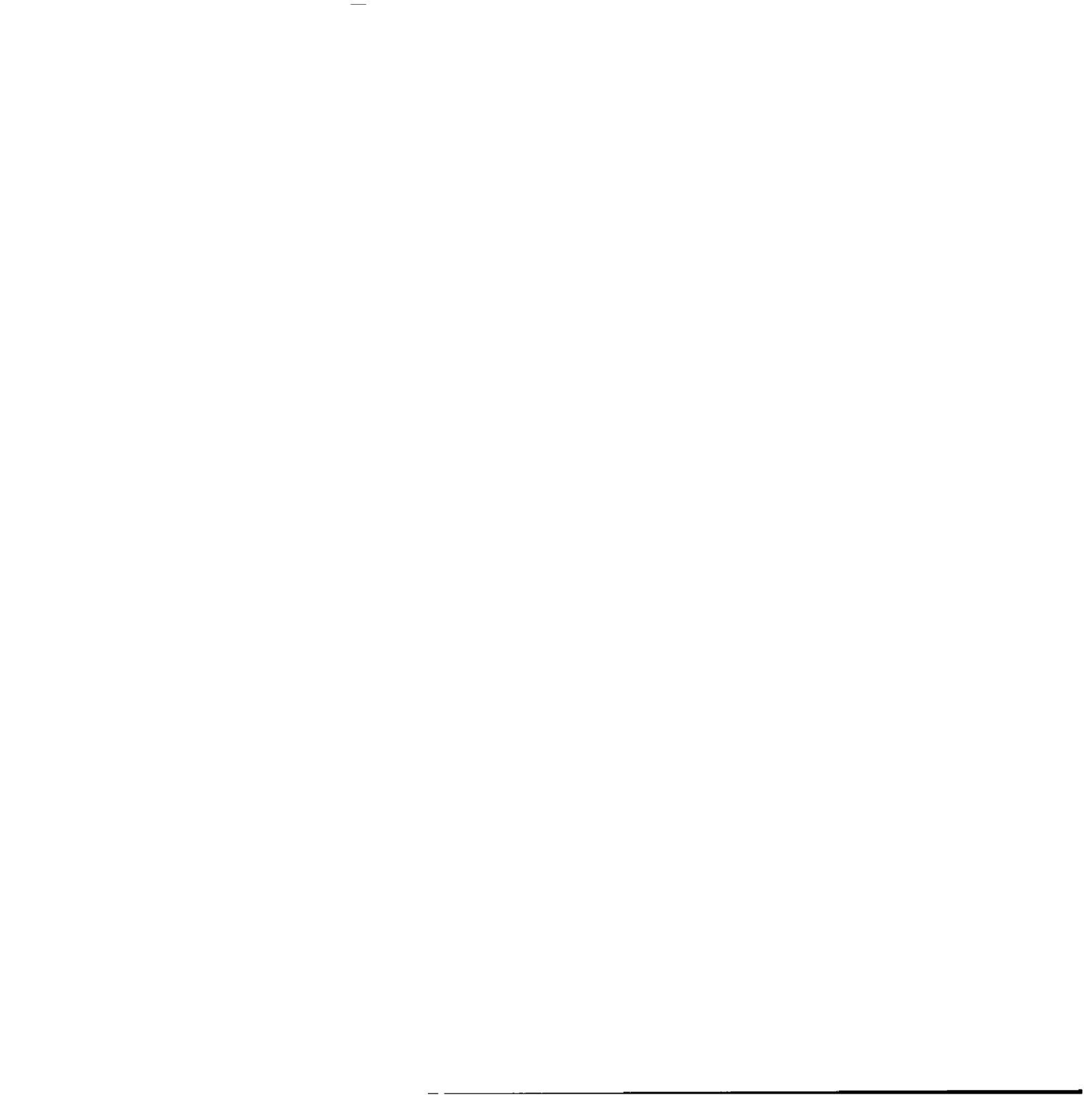
Some years back, he flew to Kotzebue with a stomach ailment. He was sent home with some medication to ease his discomfort. One month later, he returned not having improved and after losing considerable weight. He was referred on to the Alaska Native Medical Center, where he was diagnosed with stomach and colon cancer. However, he had become so emaciated, beyond the point of recognition, and had been so weakened that the treatment itself would likely cause death.

He was given the choice to remain in Anchorage and attempt treatment or start palliative care and go home. My uncle chose the latter. Before he left, he went to the Oncology department to shake the hands of the doctors and nurses that so wished to help him. He passed three weeks later at home on Christmas Eve. He was 47.

Rationing care means that diagnosis and treatments are delayed, disease is further progressed, and treatment is more costly and outcomes are poorer. Medicaid expansion will alleviate pressure on the health system and allow for more resources to be dedicated to capacity building and innovations.

Another opportunity cost is in the area of behavioral health. Behavioral health is one that does not have a domino effect, one affects the next, but rather has the impact of a boulder thrown in a pond. The waves and ripples affect all around, those nearest and afar. A recent series of articles published by the Alaska Dispatch News highlighted the far-reaching impacts (described as an endless loop) and high costs (in the millions of dollars to the public) of homelessness and substance dependence in Anchorage. These costs and impacts are borne throughout the state.

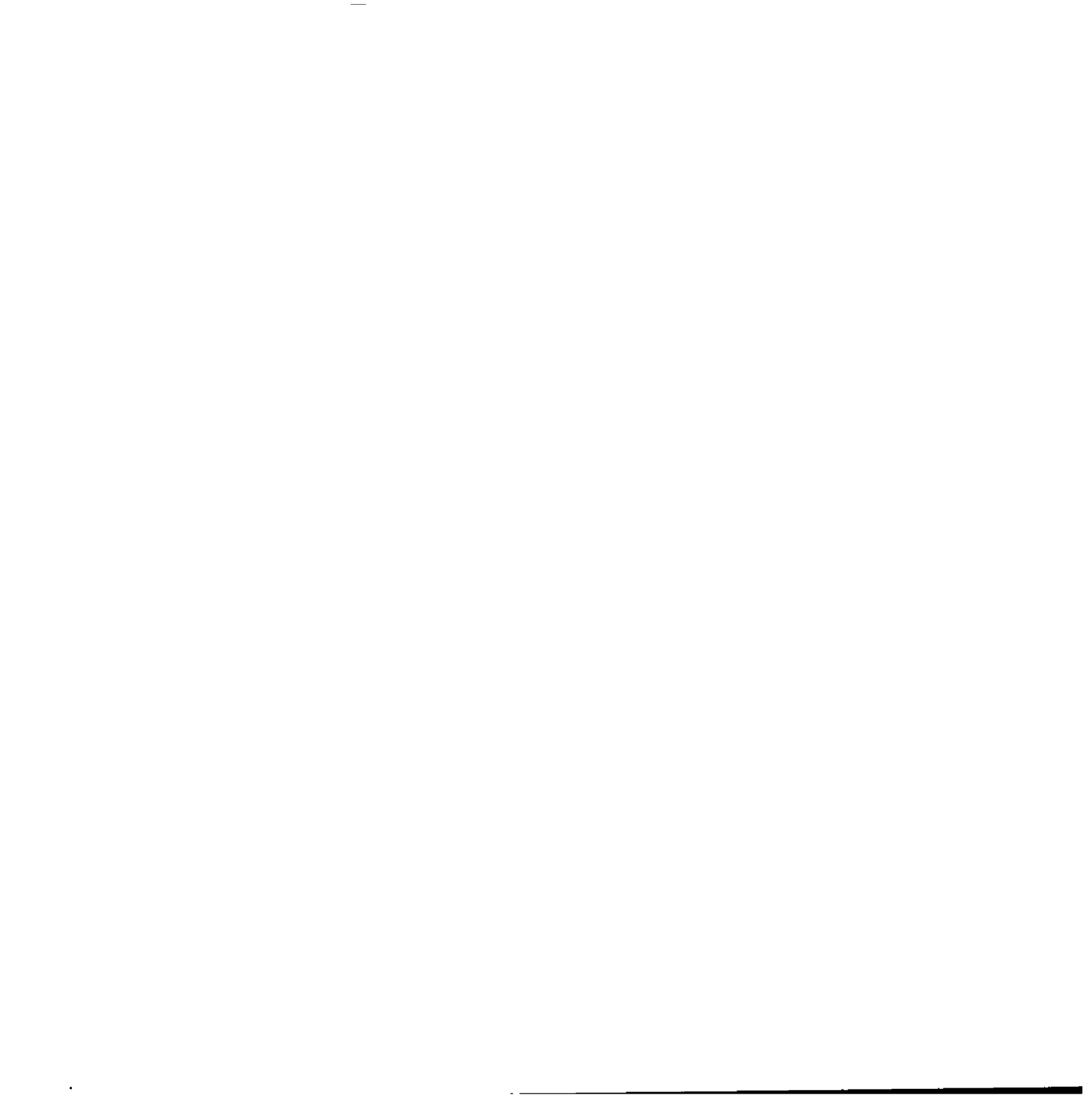
Tribes have developed innovative and evidence-based approaches but are limited again by finite funding sources, and cannot address the true need, as many of those who are in need of such services fall in the Medicaid gap. Medicaid expansion would provide coverage for these individuals and thus allowing tribal programs to grow their capacity to treat and address these issues.



In collaboration between the State of Alaska and the AHS, there are true opportunities to develop savings. The AHS has an enhanced Medicaid federal match of 100%. Medicaid Recipient-Tribal members accessing care through the AHS are fully covered by the federal government. However, in federal fiscal year 2012, though ANAIs made up nearly 40% of Alaska's Medicaid Recipients, payments to tribal programs only made up 16.38% Alaska's Medicaid total payments that year. If the percentage was pushed up to 20% or 30% the dollar savings to Alaska's general fund would have been \$25.8 million dollars and \$97.3 million respectively.

Tribes are ready to work with the State and the federal government on developing ways to better utilize the AHS. The ability and extent for the Alaska tribal health system to innovate and demonstrate new programs is impacted by the fact that the system suffers from underfunding and fiscal pressures. It is in a state of rationed care that does result in delays of diagnoses and treatment, which then leads to higher costs, poorer outcomes and death.

Leaving the Medicaid expansion dollars on the table is costing lives. That is on your and my shoulders as leaders. It limits our ability to innovate and develop sustainable programs to help improve the health status and quality of life for Alaskans, and we collectively as leaders have to own that. I present here before you imploring you to pass HB 148.



Thank you for allowing testimony today. Since my retirement, I follow Gavel to Gavel closely. Its unfortunate that more people can't, because your actions affect all Alaskans.

I am very impressed with the new commissioner, Valerie Davidson. She understands the health care problems here and has the insight and intelligence to bring real, positive changes. Medicaid expansion will allow her to allocate new federal funds to bring about overall cost reductions for all of us. Let her do that!

Care management will be available and will have a huge impact on reducing costs. Some people need help understanding the system, and sometimes hand holding. I know of a woman in Fairbanks with serious mental illness, who failed to go to appointments that she needed for daily IV antibiotics. After several days, she showed up at the ER. She had a middle of the night medivac flight from Fairbanks to Seattle where she underwent spine surgery, and a 4 month hospital stay. I have no idea what that bill was, but 50% of a huge amount is a huge amount.

The expansion population, who currently have no care, are going to be the kind of people who disregard or discount medical issues until they become critical and perhaps even life-threatening. You don't need to officially cover them, but my medical bills, absolutely reflect it.

Ms. Davidson and the Governor want to make reforms and I know that they will. But Medicaid Expansion has a deadline that we can't afford to miss.

And to Rep. Dunleavy, it won't personally help me. Some of us just care about our State and the people in it. <sup>5th</sup>

Thank you,

Andrea Stalder  
Anchorage, Alaska



services to adults, families and couples, including the CMI

#### Amendments to AS 47.07.020

#### Medicaid expansion and Medicaid reform

#### Section 1: Amended by adding a new section

##### A. Innovative practices

##### B. (ii) Improve provider and recipient compliance with program rules

(3) A proposal to authorize a provider tax up to the maximum extent allowed by federal law to offset some of the cost of the Medicaid program (ACA?)

This may be a provision of the ACA but it will discourage proficient and highly qualified mental health professionals from participating. Why pay providers below insurance reimbursement rates to begin with, and then by way of a tax reduce those payments even further. One has to ask why any competent and skilled mental health agency or provider would choose to accept Medicaid. *Patients*

Section 3. (a) Department contract for independent audits of a statewide sample of all medical assistant providers in order to identify overpayments and violations of criminal statutes.

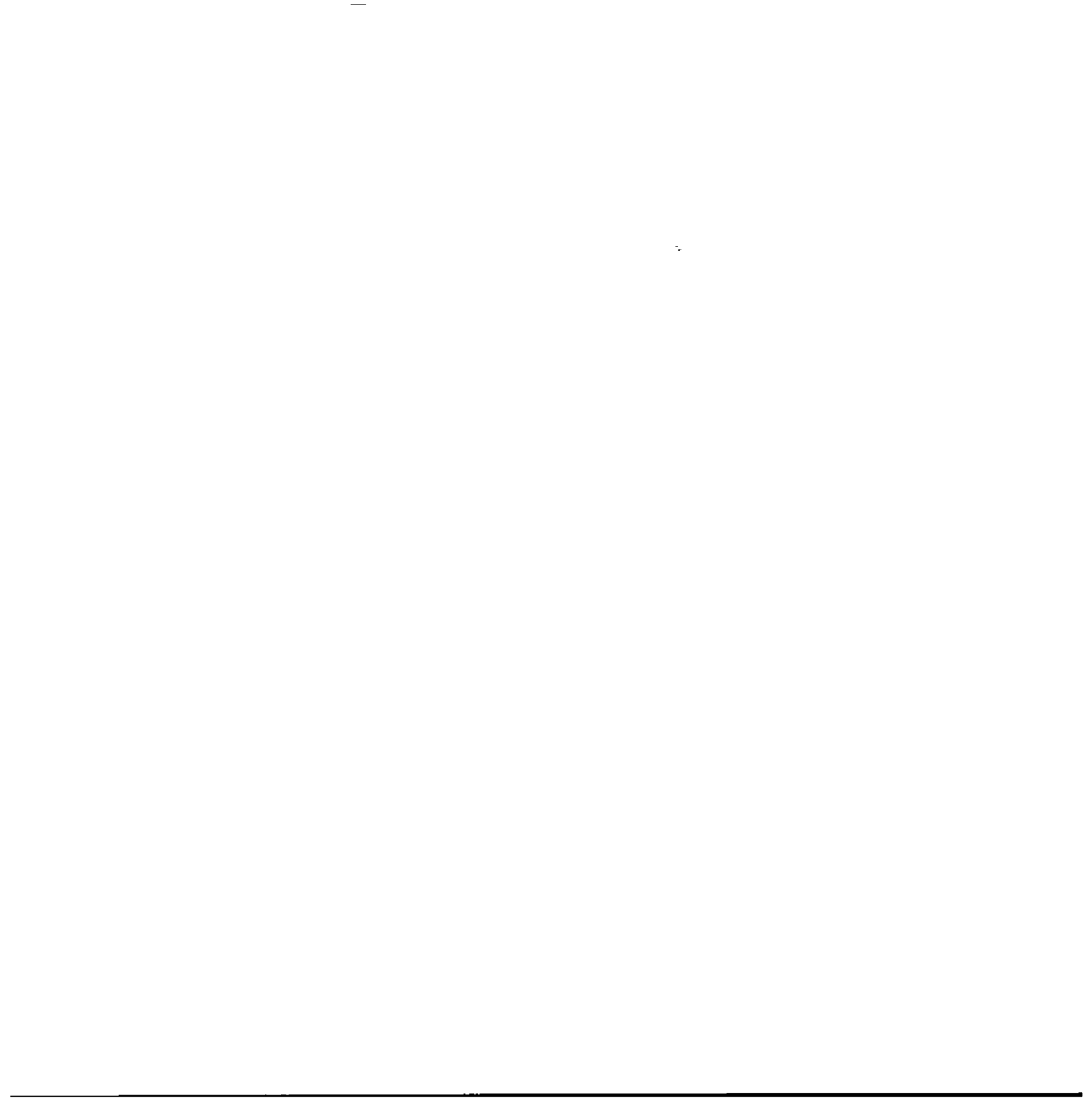
While the state is interested in overpayments and fraud, a mental health investigator should be looking in patient records for 1. Treatment goal 2. Type of psychotherapy treatment 3. Estimated length of treatment 4. Evidence based treatment outcome

The question for auditors should be: Overall has the provider been effective. While some patients with the most serious and chronic illnesses may be accessing medical care more frequently, even those individuals should experience a reduction in the number of appointments if the therapist or therapy has been effective. Here I define therapy as psychotherapy not pharmacology. Lets be honest, while pharmacology may reduce symptoms, medications don't treat the underlying illness.

Ineffective treatment translates to more patient misery and higher costs to society and government.

#### Section 4. (b) To recoup overpayments

If overpayments represent significant cost to the state it makes more sense to put a system in place that would prevent that before it happens. Perhaps a small department specializing in a particular area (mental health) be granted the authority to check medical records of a patient or agencies receiving Medicaid as those billings come in or as treatment continues. Again, while some patients will require more frequent appointments initially, visits should decrease if treatment is effective. Such a department would be reviewing claims as the billing comes in. Some therapists see their patients once a week for years. Accountability for the



precertification procedures, changes in provider payment rates, and

How many successful practitioners (successful is defined here as effective treatment) would be willing to work far below market rates to provide care for the most challenging patient population? Those who are starting a practice or those who are unskilled would likely be seeking registration as Medicaid providers.

Section 10. (d3) Increase federal match for these programs from 50% to 56%  
The country is broke and our state is struggling. What happens when federal funds dry up? This state must be fiscally responsible and seek innovative ways to deliver care which 5e of Sec 10 appears to be. Why did it take a financial crisis to think of telemedicine as a cost saving measure? Because this state, like many other states spends too much on unnecessary programs and projects when the state is awash in money then has to slash funding, even the most basic state responsibilities, when the money dries up. If a project or program is suddenly unnecessary in tight financial times then it was unnecessary when implemented in good times.

Here is the reality of mental health services in Fairbanks:

1. There are not enough MH agencies or independent MH providers in Fairbanks
2. Of those many are not qualified to treat families, couples and children, let alone CMI.
3. Only a couple clinics or agencies accept Medicaid, (I know of 2) those that do are back logged or have established service accessibility criteria that would exclude many who need mental health services.
4. LCSWs can provide care to Medicaid recipients only under the umbrella of a federally approved facility or a psychiatrist; yet LCSWs still provide 75% of all MH psychotherapy treatment.

**In closing I wish to say 2 things:**

There is the appearance of doing something useful for the disadvantaged and in contrast the reality of effectively providing the quantity and quality of services needed.

If Alaska (Fairbanks) doesn't have Medicaid providers, qualified or not, what good is expansion of Medicaid?

Sheela Smith  
250 Cushman Ste 4F  
Fairbanks AK 99701



# ALASKA AFL-CIO

3333 Denali Street, Suite 125 • Anchorage, Alaska 99503 • 907-258-6284 • Fax 777-7276

VINCE BELTRAMI  
Executive President



JIM DUNCAN  
Secretary / Treasurer

March 31, 2015

Representative Paul Seaton  
Chairman, HSS Committee  
State Capitol Room 102  
Juneau, AK 99801

Re: HB 148; MEDICAL ASSISTANCE COVERAGE; REFORM

Dear Representative Seaton,

Please include this correspondence in the bill packet for the referenced bill. Following is an opinion piece that was published in the Alaska Dispatch News on March 23, 2015. I would like to submit this on behalf of the Alaska AFL-CIO and to encourage passage of House Bill 148.

## **Medicaid expansion: A low-risk boost to Alaska's prosperity**

Finally, we are on the precipice of one of the biggest projects since the trans-Alaska pipeline that will create thousands of jobs and give the biggest fiscal boost to our state in a generation.

I'm happy to announce this project will create at least 4,000 permanent jobs all around the state. And by 2020, each \$1 million we spend will generate \$28 million more in the economy. The rate of return on investment is better than anything we could hope to earn on the stock market. This project is responsible and will not damage the environment. No permitting will be required. This project will diversify Alaska's economy and reduce our dependence on oil and gas to fuel our economy. And we can get started right now.

Interested? We certainly are. Today Alaska faces an uncertain future. Foreign governments are manipulating oil prices causing our revenue to fall by more than 50 percent in mere months. When will this madness end? No one really knows. But if it continues, we are going to need every job we can get to keep Alaskans working as we either wait out the storm, or adjust to a new reality.

Every job we have is a mortgage that isn't foreclosed upon or a coffee shop that stays open. This allows people paying property taxes to keep delivering the services we all want and expect.

If I were to tell you there was a pipeline project that would generate 4,000 permanent jobs and have a 28 to 1 return on investment, and that certain elected officials were stopping it, Alaskans might teeter on the verge of riot.



So what is this can't miss project? **Medicaid expansion**. In addition to all the benefits listed above, this bill would allow about 40,000 Alaskans to access badly needed health care.

Gov. Bill Walker is already on board. So are we. And so are lots of groups around the state. Just a few listed in an article from November 2013 are the Anchorage Chamber of Commerce, the State Chamber of Commerce, Alaska Native Tribal Health Consortium and Anchorage Faith in Action Together. The Alaska Federation of Natives also resolved to support Medicaid expansion at its 2013 convention. We've also seen many small business owners take it upon themselves to come out in support of the expansion.

The only other somewhat comparable potential project on the horizon is a gas pipeline project. And of course, I support that project wholeheartedly, but let's compare the projects, shall we?

The gas pipeline is a \$65 billion project, maybe more. If it gets the green light, and that's a big if, it won't start for at least three or four years. It's economics are uncertain and the state could be on the hook for billions of dollars. And despite the high risks and high costs associated with this project there are very few Alaskans, and probably no state legislators, who don't support it.

Medicaid expansion, by comparison, is low-risk, and has already been paid for by the collective federal income taxes we all pay. Failure to accept Medicaid expansion in Alaska means other states will gladly take our federal tax dollars for their own expansion.

The federal government will pay all of the cost in the first year, and then will pay the lion's share through 2021. Over a five-year period, the cost to the state would be \$61 million while the federal government would put up the additional \$1.12 billion. This is a smoking deal that will generate an estimated additional \$457 million dollars in economic activity in 2020 alone.

Oh, and about 40,000 Alaskans will also have health care and create the added benefit of driving down premiums for everyone else's health care plans, because folks with insurance won't be getting hit by the impact the uninsured have on those already paying insurance premiums.

At the Alaska AFL-CIO we are all about putting Alaskans to work. This expansion will create 4,000 jobs when we really need them to get through the tough times ahead.

If this were a pipeline, it would be a no-brainer. It still is.

Thank you for your consideration.

Sincerely,



Vince Beltrami  
President



Representative Paul Seaton  
Chair, House Finance Committee, HSS Subcommittee

Dear Representative Seaton,

I have been fortunate to live with health insurance my entire life. My father's company had a medical plan, and jobs in the public and private sector have also offered generous health insurance plans during my 26 years of adult employment.

I know the Alaska legislature is working hard to make thoughtful cuts to our state budget. I strongly support Medicaid expansion in Alaska. I don't believe healthcare should be a privilege only afforded to those who can pay for it or be lucky enough to work for an employer who offers it. In a state where citizens pay almost nothing to live in comparison to most of the US, I'd be willing to pay state income tax in order to ensure that qualified Alaskans have access to whatever services that Medicaid provides.

Alaskans will pay in some way if we don't expand Medicaid coverage. The 41,000 low-income families that are already living on the edge will not seek the kind of medical treatment that can get them on their feet more quickly and back to work. Workers of extremely ill family members will be able to stay employed rather than quit work to take care of their ailing loved one. Preventative care, like vaccinations and cancer screenings, and early diagnosis of treatable diseases and conditions will decrease the amount of acute and costly care for which low-income people are often seen.

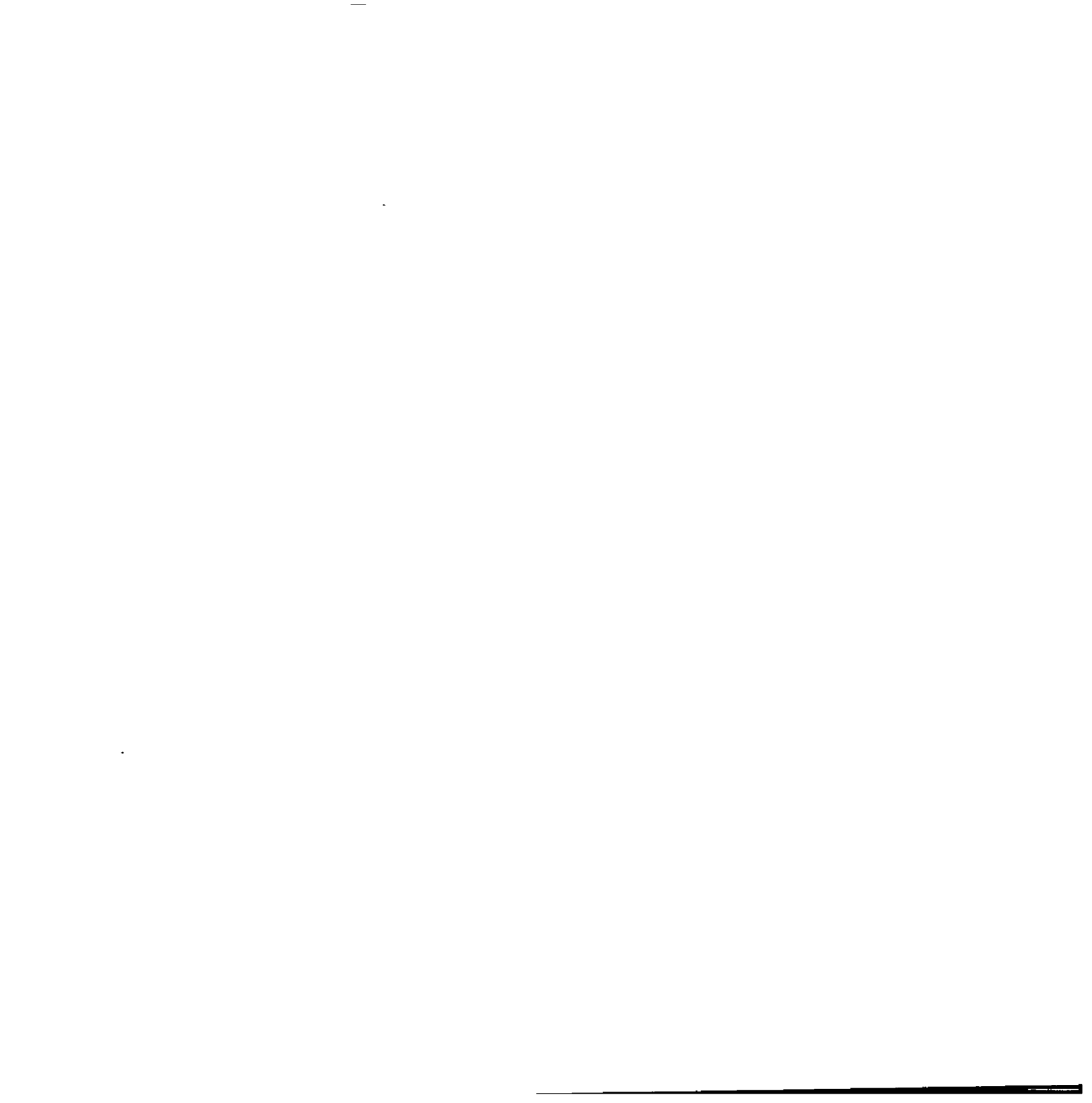
And for people who want to start new businesses, have just retired from military service, need to cut back their work hours to attend classes, and need to go to school full-time to better themselves, knowing that their health care coverage is a non-issue is a HUGE relief. By 2017, we have time to decide how to cover the 10% cost that the federal government will no longer cover. There are many hard-working Alaskans who do not have access to health care through no fault of their own and I am willing to help them get the care that they need after 2017.

Representative Seaton, I would appreciate your reconsideration of Medicaid expansion as you negotiate the state's budget.

Thank you for your hard work on behalf of all Alaskans,



Catherine Girard  
3841 Chiniak Bay Drive



## WRITTEN TESTIMONY

NAME:

Wil Thewissen

REPRESENTING:

Self

BILL#/ SUBJECT:

HB 148

COMMITTEE &

HEARING DATE:

3/27/2015

Mary Louise Chikawa  
Fred Bazarin

I rise to speak in favor of HB 148

for the following reasons:

Smart Reform  
Lewin Report

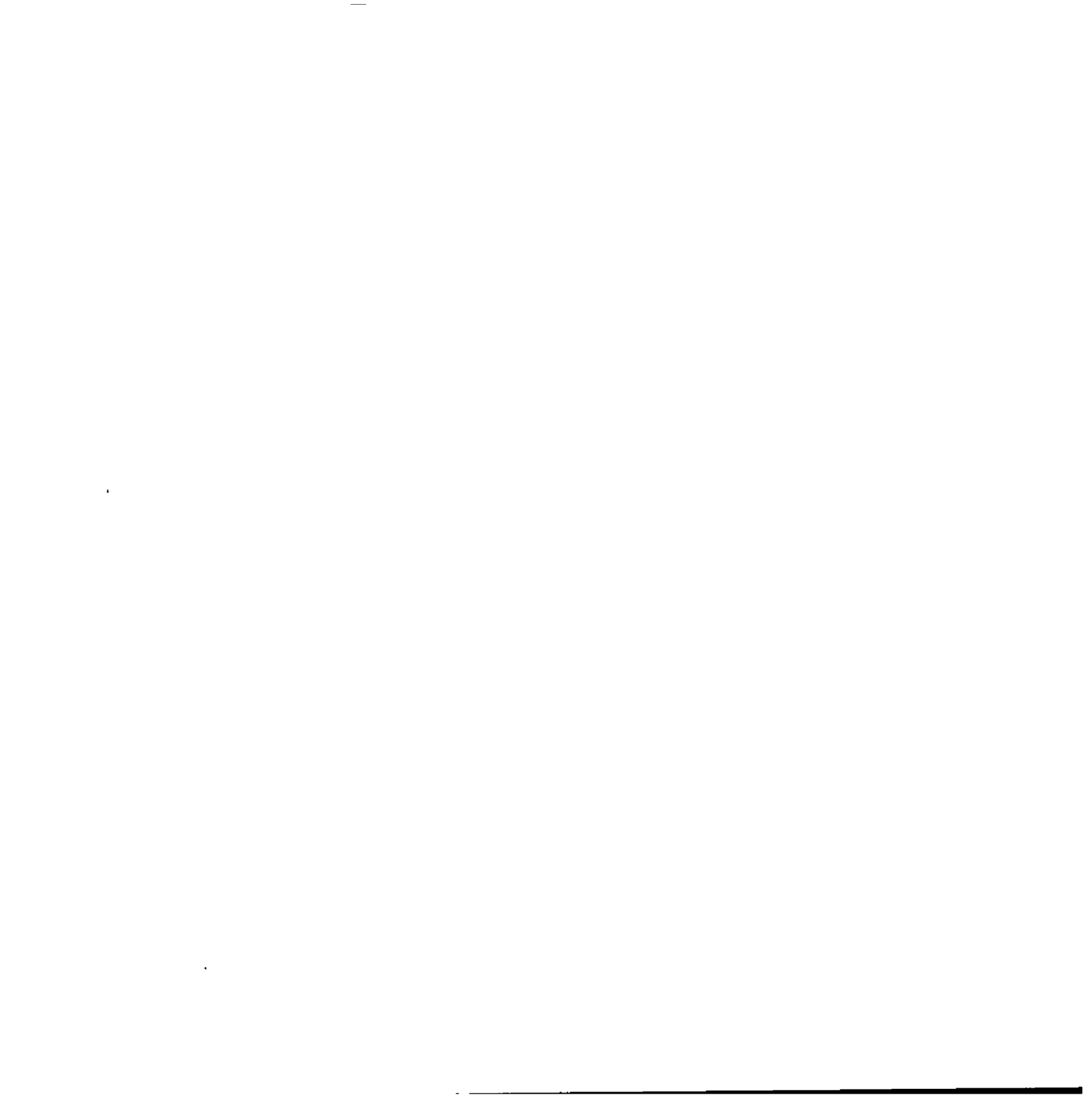
Costs can be captured and deferred that  
will be of advantage to our State Revenue

More vulnerable Alaskans will be a little more secure  
& less fragile to vagaries of insurance market  
fluctuations

Some consistency in delivery will be advantageous  
for providers confident in fees & scheduling of  
services

Costs recovery will be assured by transferring current  
benefits in Chronic & Acute care and Devolvi Children  
and Care to Medicaid

Children



Year representative section,

I'm writing today in support of Medicaid Expansion in Alaska. I'm 28 years old and am in the private workforce but I have quite a few friends (all in different Scenarios) who would be eligible for and benefit from the proposed expansion. Medicaid is critical because it helps provide insurance to those in need. This expansion would potentially help insure 40,000 Alaskans. That's a significant amount of people and I urge you to support the bill.

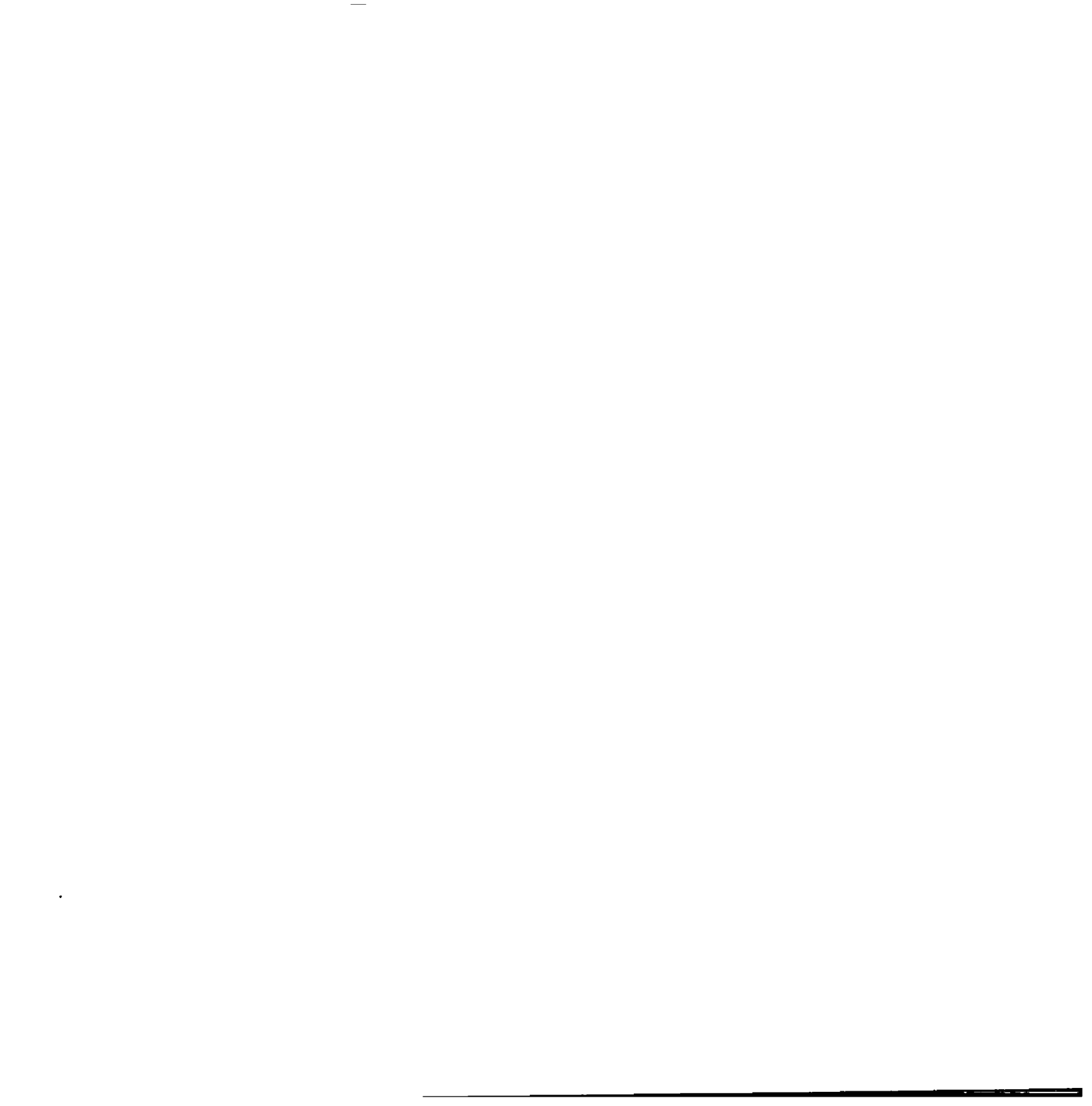
As you probably already know, from 2016-2021, an investment of \$61 million by Alaska will be matched with \$1.2 billion in federal funding (95%) for Medicaid expansion.

Thank you for taking the time to read this letter.

Sincerely,

Vila Hobbs





My name is Steve St.Clair and I am a retired disabled veteran and I am here in opposition to Medicaid expansion in the state of Alaska.

I know that all of the members of this committee are well aware of the true facts pertaining to Medicaid expansion in the state of Alaska. I find it appalling that the Governor and the Commissioner for HHS would propagate misinformation, pertaining to Medicaid Expansion, for their own agenda. They have cherry picked data that supports their agenda and are not providing all the facts to Alaskans.

Fact:

\*Medicaid Expansion will not affect children, seniors, or the disabled (because they are covered under the current system).

\*Medicaid Expansion will actually hurt those Alaskans the Governor and Commissioner of HHS have stated they want to help.

\*By expanding Medicaid, the reimbursement rate is higher for those under the proposed system. This means Doctors would get reimbursed less for the elderly and VA patients such as myself. This would put those able bodied, working age, single adults in front of those who have worked their entire lives, putting the veterans that have sacrificed their bodies as a low priority.

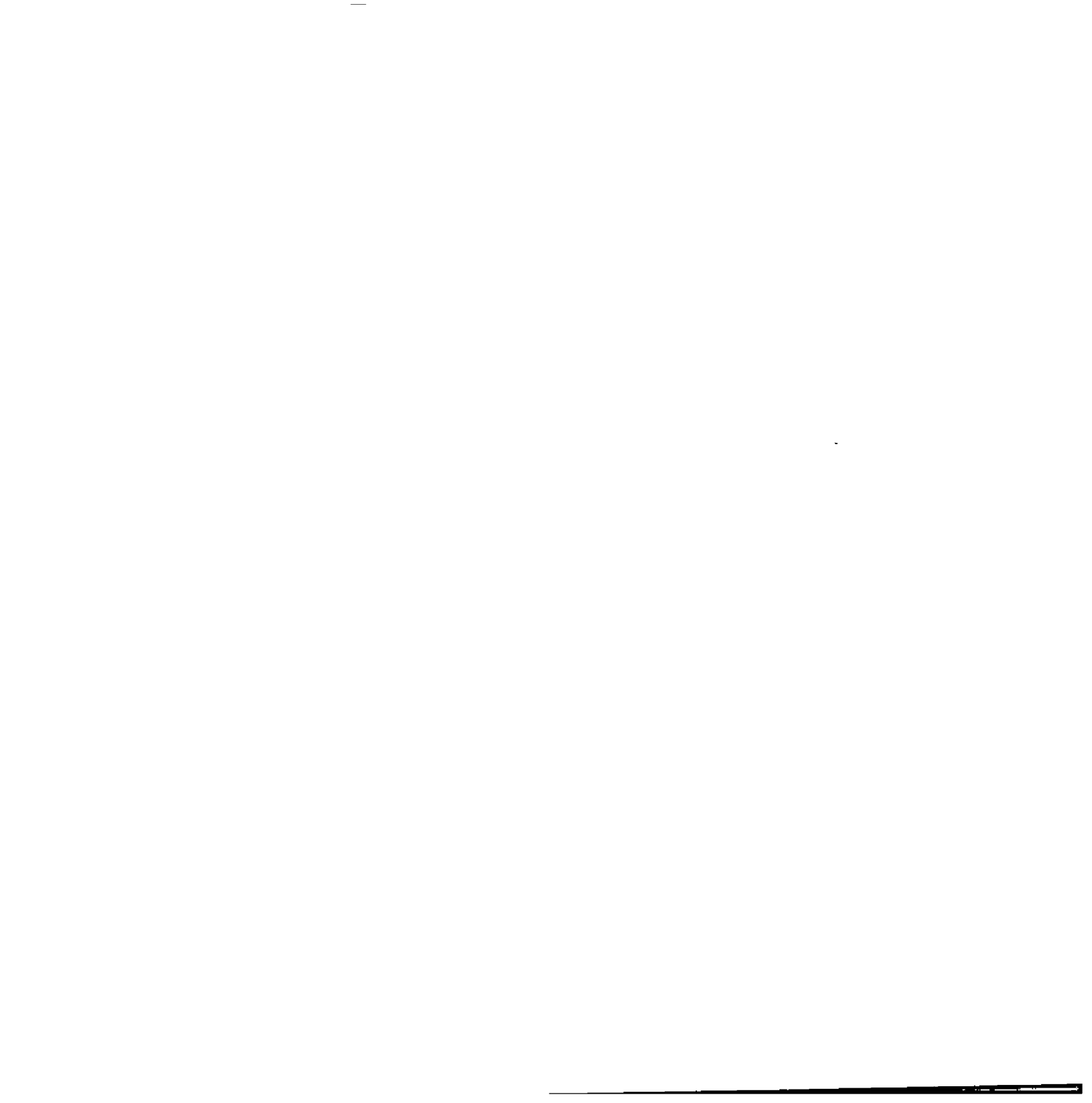
\*Native Alaskans are already covered under IHS, which was cut during sequestration.

\*Medicaid Expansion will be a disincentive to work.

A manager that I spoke with was offering more hours and overtime to an employee - they would lose their public assistance if they worked beyond their low number of hours.

The Medicaid program in the state of Alaska is broken. We must reform the program before we consider expanding it. An analogy would be that you live in a house on the Matanuska River. The river is eroding, the bank and the house is about to fall into the river. In reality, you would not build an addition onto the house, but rather firm up the house and keep it from falling in the river.

In closing Medicaid expansion is morally and fiscally irresponsible. We must reform the Medicaid program before we consider expanding the program.



Dumas, AK 99801

Dear Mr. Seaton,

My name is Johnny Lowell. As a life long Alaskan, I am writing in support of Medicaid expansion.

I believe Medicaid expansion will benefit those in need as well as bring economic growth to our wonderful state. Saving 10 to 4,000 new jobs & 1.1 billion in new federal revenue is

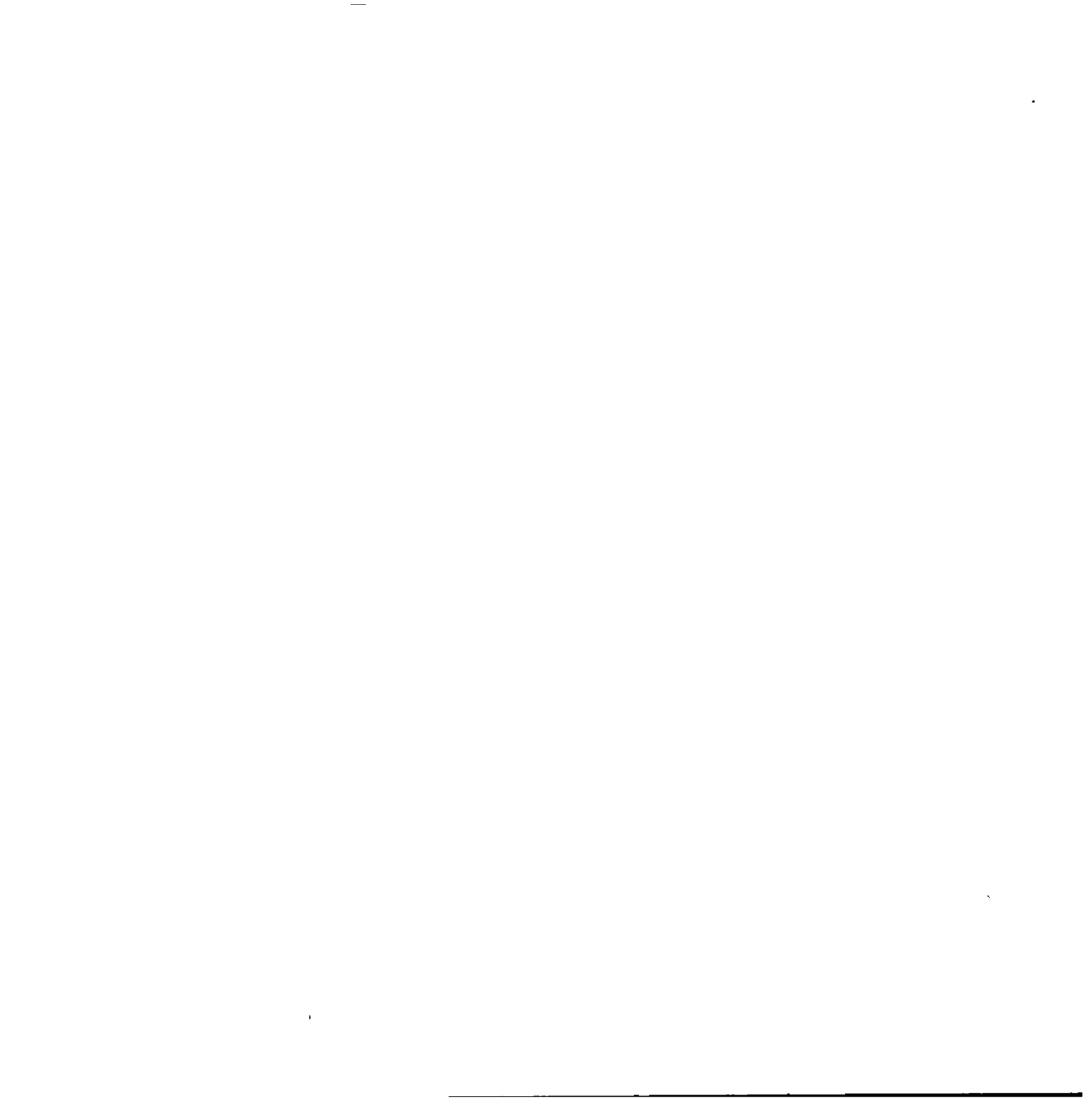
not wise. Everyone should have affordable access

to healthcare, everyone should be able to get access to preventative care. We can not allow 20,000

Alaskans live with out access to healthcare.

The members of our community that are equal to or below the 138% of the FPL need care. Medicaid expansion is the most efficient &

economical way to accomplish this. Please vote in support of Medicaid expansion.



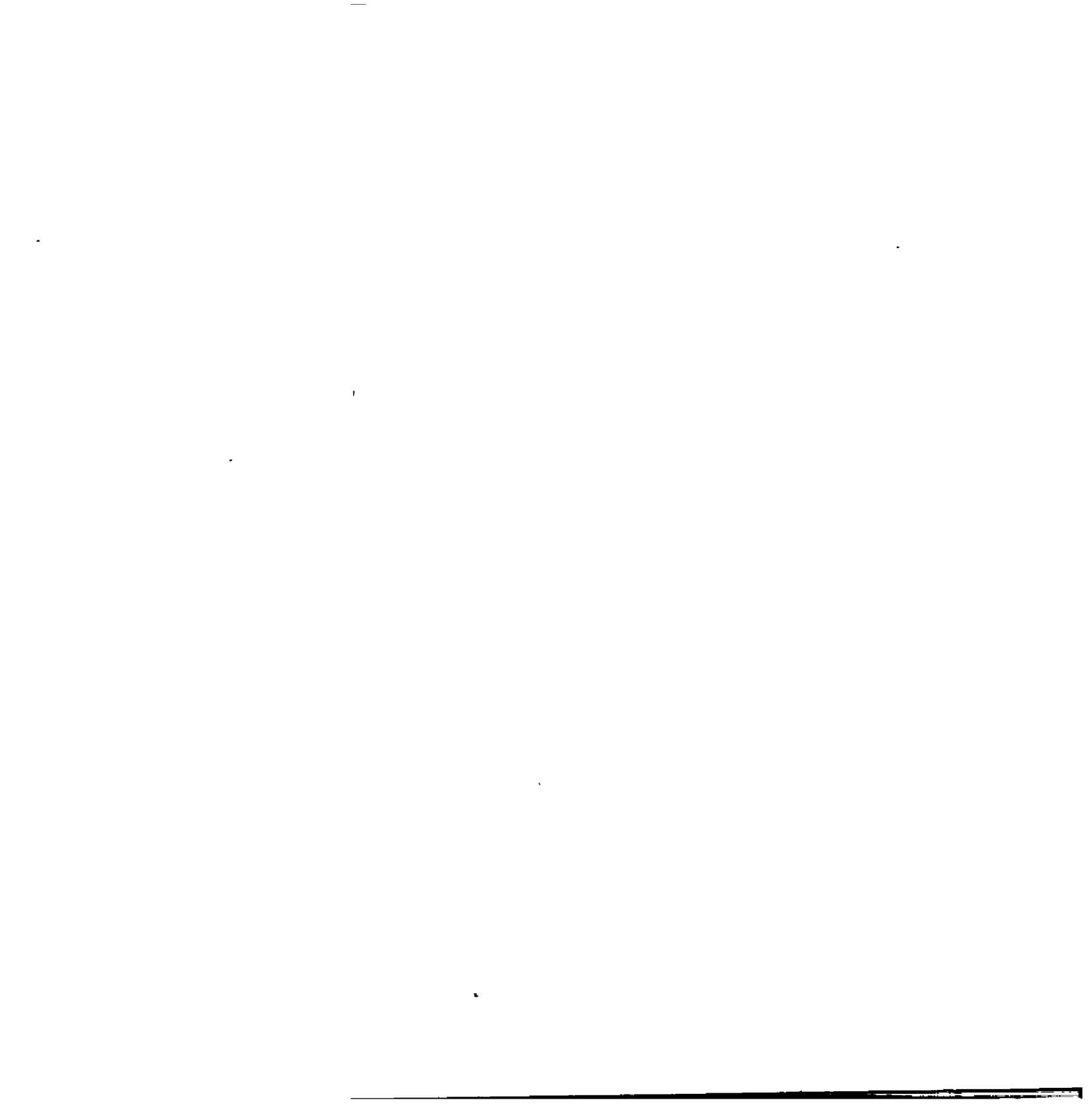
I'm writing today in support of Medicaid Expansion for Alaska. As a 28 year old Alaskan, I have many friends who have recently graduated and are getting their first jobs, and would be eligible for Medicaid if expanded. This is an excellent opportunity to provide crucial health insurance to young Alaskans who will soon be fully employed and purchasing private insurance. Medicaid will provide the bridge on their way to better employment and a healthy future.

As you know, from 2016-2021, an investment of \$61 million by Alaska will be matched with \$1.2 billion in federal funding, 95%, for Medicaid expansion.

As the chairman of the committee for health and social services, you have the opportunity to insure 40,000 Alaskans, an opportunity I urge you to accept.

Sincerely,

THOMAS ALLEN

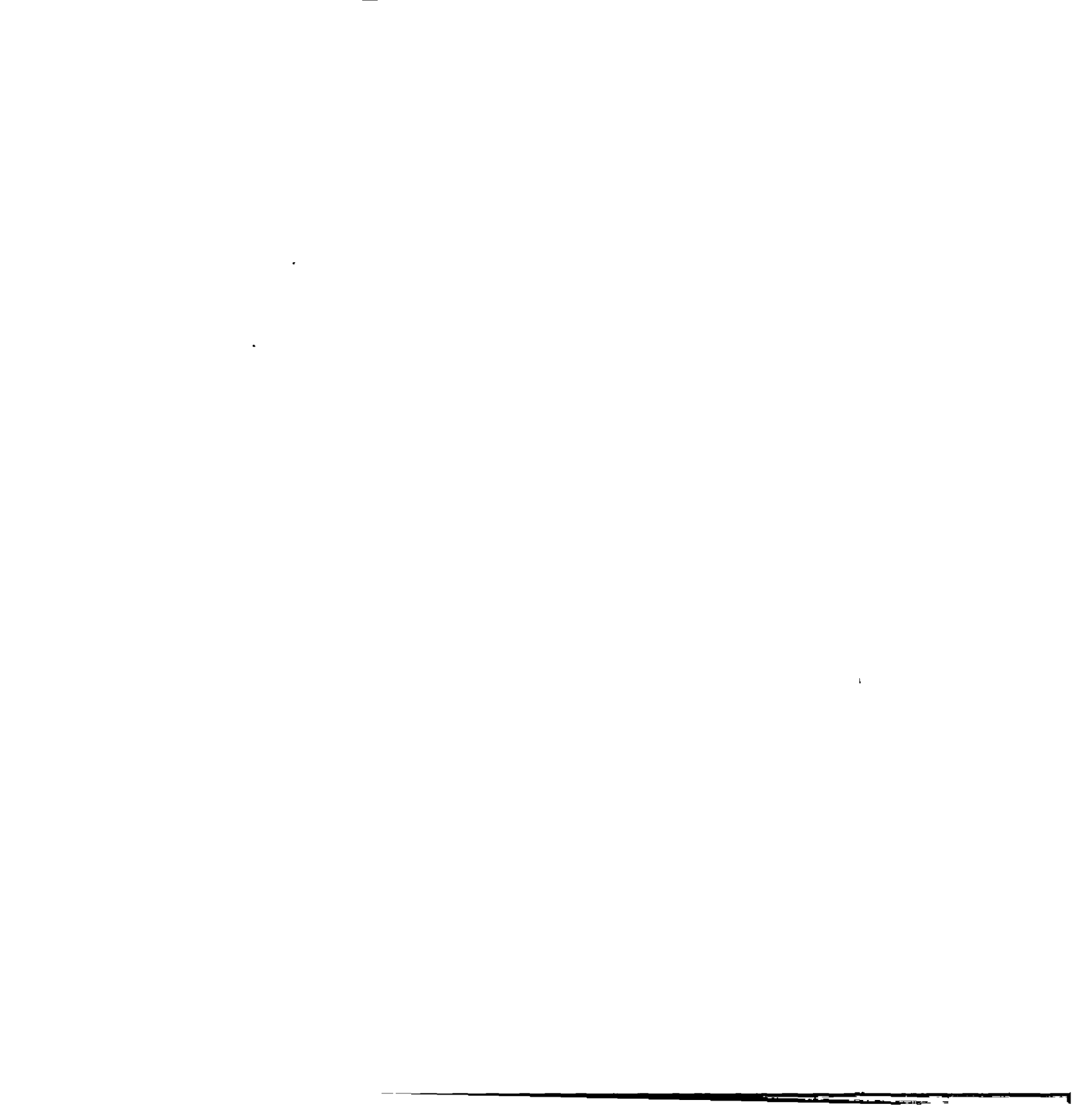


Medicaid expansion. I am a practicing Physical therapist in Alaska, and my patient's needs come first. Please give my current and potential patients access to care so I can help them be healthy, productive, and contributing members of Alaska.

Thank you for taking the time to listen.

Sincerely,

Kendra Higgins, DPT

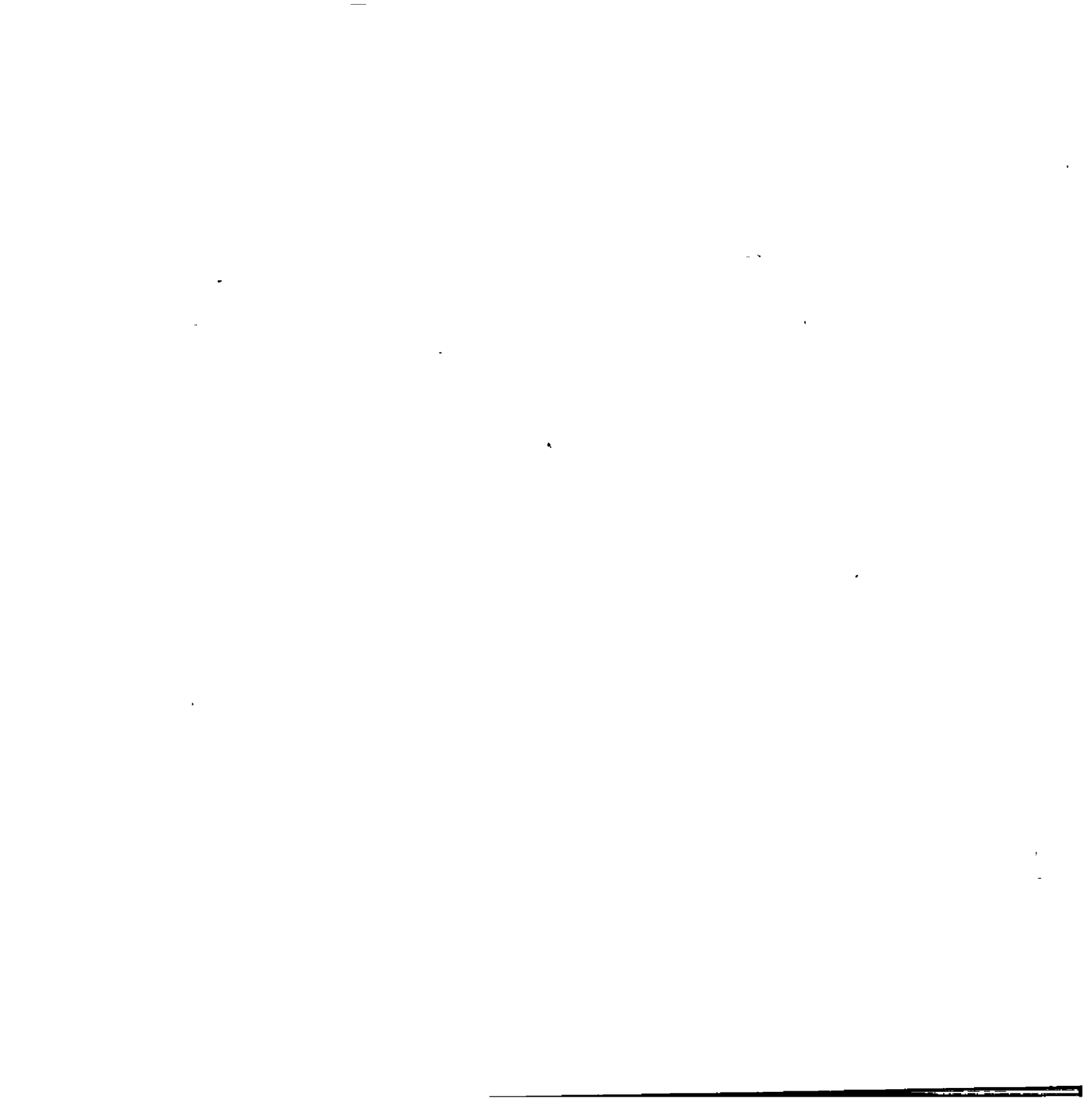


Juneau, AK 99801

March 24, 2011

Dear Representative Seaton,

My name is Tara Devlin, a born and raised Alaskan who cares that my state stays both physically and economically healthy. I'm writing in support of Medicaid expansion as I've seen the Levin and Evergreen report, and it's obviously the right choice financially. But the health of myself and my fellow Alaskans is what is close to home. As a new business owner who started half-way through the year it meant that I didn't make enough to qualify for insurance subsidies under Obamacare, but wasn't poor enough for Medicaid. I just need help to get to where I want with my business and can't afford the gut-wrenchingly ~~note~~ in my home state. Thank you for



To: Rep. Paul SEATON

Subject: HB14B

Dear Representative Seaton:

I am writing to implore you to stop the Fiscal hemorrhaging that HB41B will have on all Alaskans should it Pass and greatly expand "Obamacare, Medicare and Medicaid."

I ask you to "toe the line" for Fiscal responsibility in Alaska and VOTE "NO" to HB14B.

Thank you for your representation of "We the People" of Alaska.

Sincerely,

Jon Mark Stickland  
Citizen Of Alaska



**Sent:** Thursday, March 26, 2015 10:35 AM

**To:** Rep. Paul Seaton

**Subject:** Medicaid Expansion

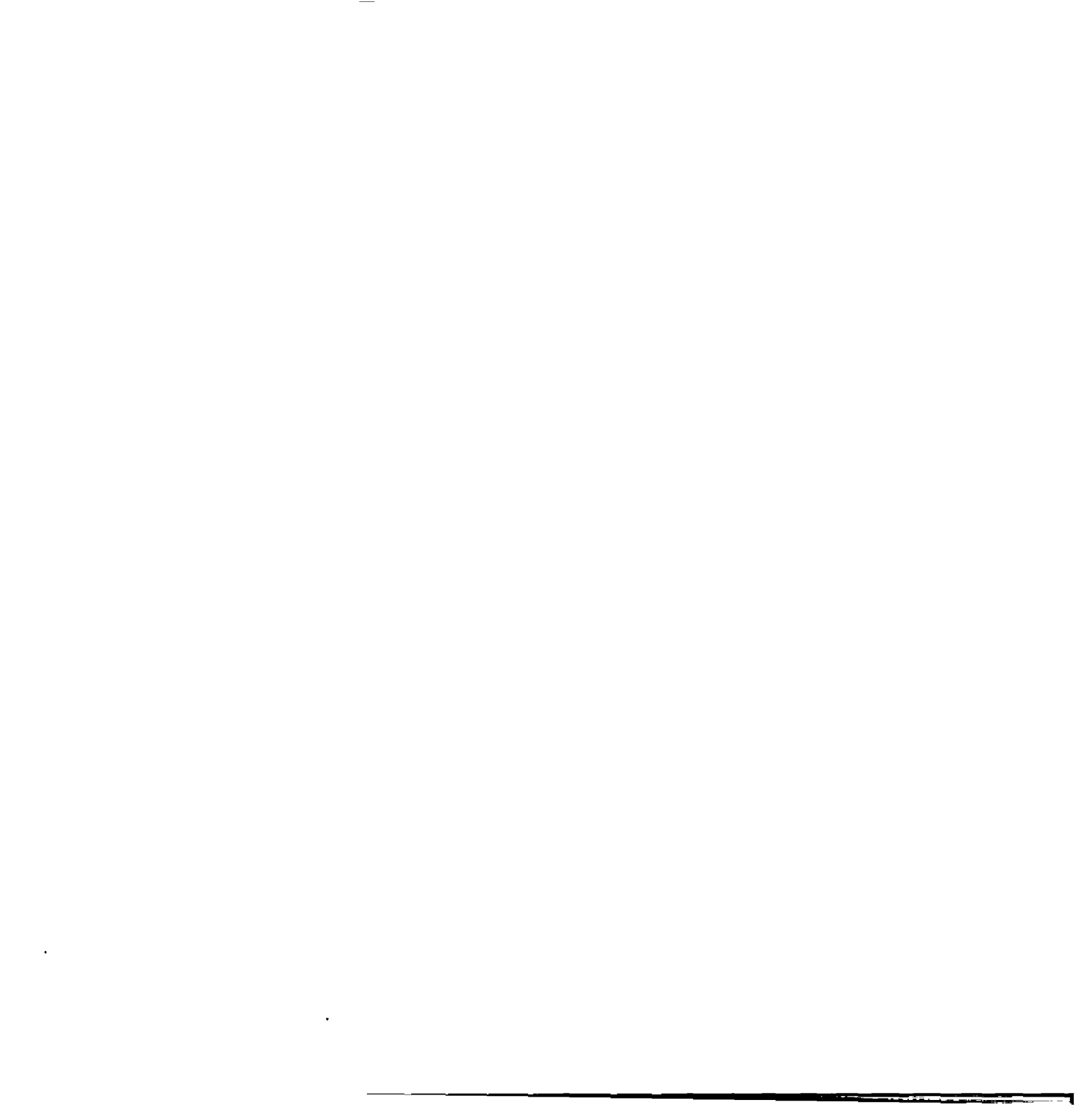
Dear Senator Seaton,

Thank you for all your hard work. My wife and I are senior citizens of Alaska and soon we will be on a fixed income. My wife is currently under Medicare coverage and because of the lack of doctors taking Medicare in the state we have grave concerns about adding 50,000 people to Medicaid. Not only will this affect seniors it will affect all retired veterans and families in Tri-Care. Both of these programs receive less per doctor visit than Medicaid. What bothers us the most is many of the people being added have not paid into anything but are going to receive great benefits.

Where will the money come from to fund the expansion? Where will the additional doctors come from? If you are listening to the lobbyists, special interest and DHSS and considering this expansion I encourage you to listen to the people and consider your fiscal responsibility.

We made promises to seniors and our retired military. They should be our first concern not additional Medicaid participants.

Regards,  
Randy Eledge



House Health & Social Services Committee  
Alaska State Legislature  
State Capitol  
Juneau, Alaska 99811

Dear Members of the House Health & Social Services Committee:

I am writing to urge your support for HB 148, "An Act relating to medical assistance reform measures; relating to eligibility for medical assistance coverage; relating to medical assistance cost containment measures by the Department of Health and Social Services; and providing for an effective date."

According to a March 23<sup>rd</sup> article in USA Today, hospitals in states that expanded Medicaid to their poorest residents faced about \$5 billion less in unpaid bills last year — about twice the reduction as those that did not expand this health care coverage, according to a new federal report.

A March 23, US News and World Report story publicized the finding of a new study that the number of people with newly diagnosed diabetes increased by 23 percent in states that expanded the number of low-income people who are eligible for Medicaid under the Affordable Care Act.

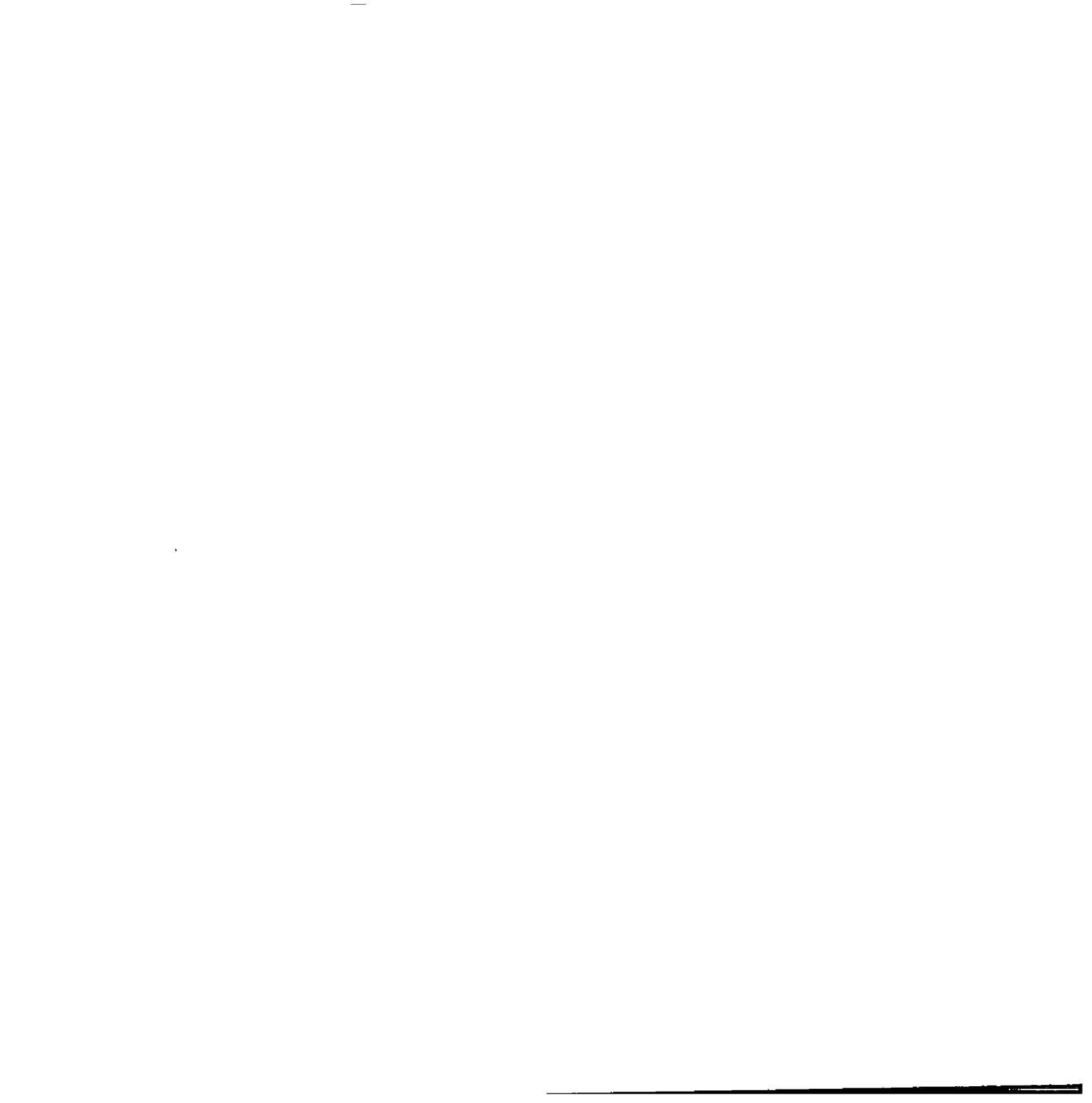
To date, 29 states have expanded health coverage through Medicaid for their citizens. Alaska lawmakers should quickly do the same and take advantage of this important opportunity to improve the health and productivity of our families and workforce while saving state budget dollars and bringing our federal tax dollars home to work for Alaskans. Legislators can do what's right for Alaska. Pass Governor Walker's bill to expand eligibility for Medicaid to 138 percent of the federal poverty level as called for in the Affordable Care Act.

I make a final plea: please keep our politics local. The Alaska Legislature invited Americans for Prosperity, fronted by the billionaire Koch brothers, to make the case against expanding Medicaid to Alaska's most marginalized citizens. This is insulting. The Kochs' have received more than \$12 million in state and federal subsidies for their 200,000-acre cattle ranch in Montana, alone. There's something wrong with the legislative process when we're seeking advice from two billionaires who have no qualms about taking subsidies for themselves while trying to block our poorest citizens from getting assistance for medical care.

Medicaid expansion is ethically and morally the right thing to do. It is also the smart thing to do economically. I urge you to pass this bill and do what's right for Alaskans.

Sincerely,

Lynda Giguere  
217 S<sup>th</sup> Street  
Douglas, AK 99824  
(907) 723-6910



sent:  
To:  
Subject:

... <submit@cecid@gmail.com>  
Friday, March 27, 2015 3:19 PM  
L/O Ketchikan  
Medicaid **HB148**

I urge our legislators to accept Federal Medicaid funding and work hard to reform Medicaid in Alaska. It is past time to act on this .

Mary Lynne Dahl  
Ketchikan , Alaska



Alaska House of Representatives - *House Health & Social Services Cmte.*

Medicaid Expansion Bill HB 148

Title: Urging the Alaska Legislature to Expand Medicaid Coverage

As President of the Homer Senior Citizens, Inc., I am very concerned about recent Medicaid Waiver denials. Due to the State overbooking hearings, one resident has been waiting over three months for a resolution to a Medicaid denial. In the meantime, services are not being paid and this results in a large account balance due if the State continues to deny a waiver for needed services.

These denials are putting seniors and families in extremely difficult situations. There are two residents who were denied after many years of being eligible for a Medicaid Waiver. I understand that this is a statewide issue. Could these denials be a thing of the past if we had Medicaid Expansion?

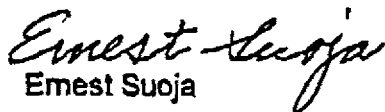
Medicaid expansion will affect our employees, residents, family members, friends and neighbors by having the opportunity to gain health coverage resulting in improved preventive and primary care access.

Expansion would bring in federal revenue, create jobs, improve the economy, cut state spending and would lay the groundwork for healthy happy Alaskans.

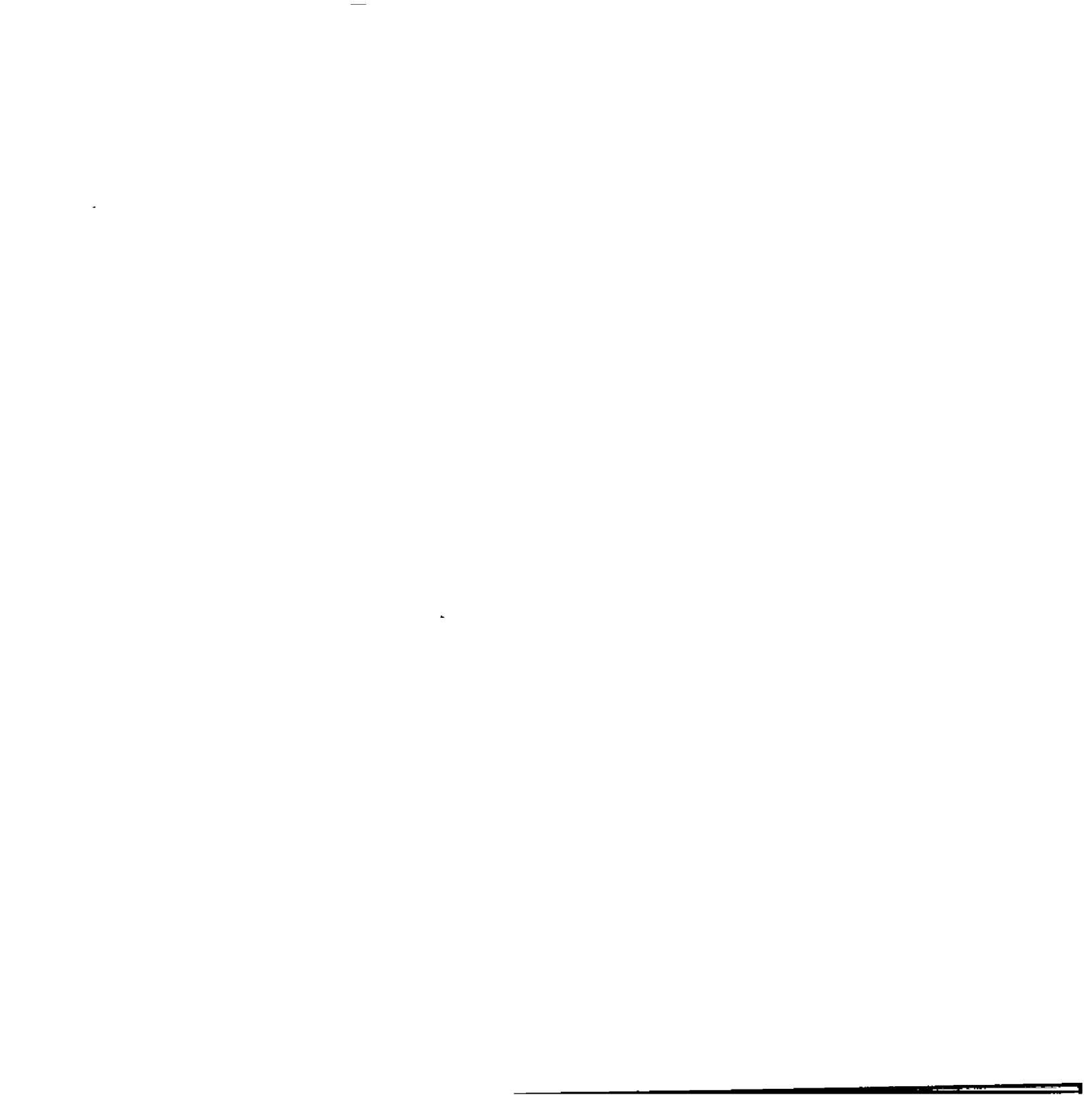
Yes there are some stipulations to be met, but in all it is a win-win for Alaska especially in preparing for the Silver Tsunami.

Please put all differences aside and Expand Medicaid coverage. (Get it done.)

Respectfully submitted,

  
Ernest Suoja

Homer, Alaska



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**From:** Patricia Chesbro <chesbro@mtaonline.net>  
**Sent:** Thursday, March 26, 2015 9:03 AM  
**To:** LIO Mat-Su  
**Subject:** I support Medicaid expansion

On a recent visit to the Mat Su Regional Medical Center, I noted that during the last year, charity and uncompensated care amounted to \$34,713,284. Wow! This number is over half the amount spent for salaries and capital improvements at the Center. Just imagine how much would be saved with Medicaid expansion, just at this facility. Expansion will have huge economic benefits. However, the most important benefits is taking care of Alaskans. It is our responsibility as good people to take care of each other. Medicaid expansion makes good economic and compassionate sense! Thank you for listening and acting in a responsible way.

Patricia and James Chesbro  
District 12  
907-376-5433



From: Lisa EaganLagerquist  
1102 Fifth Street  
Douglas, Alaska

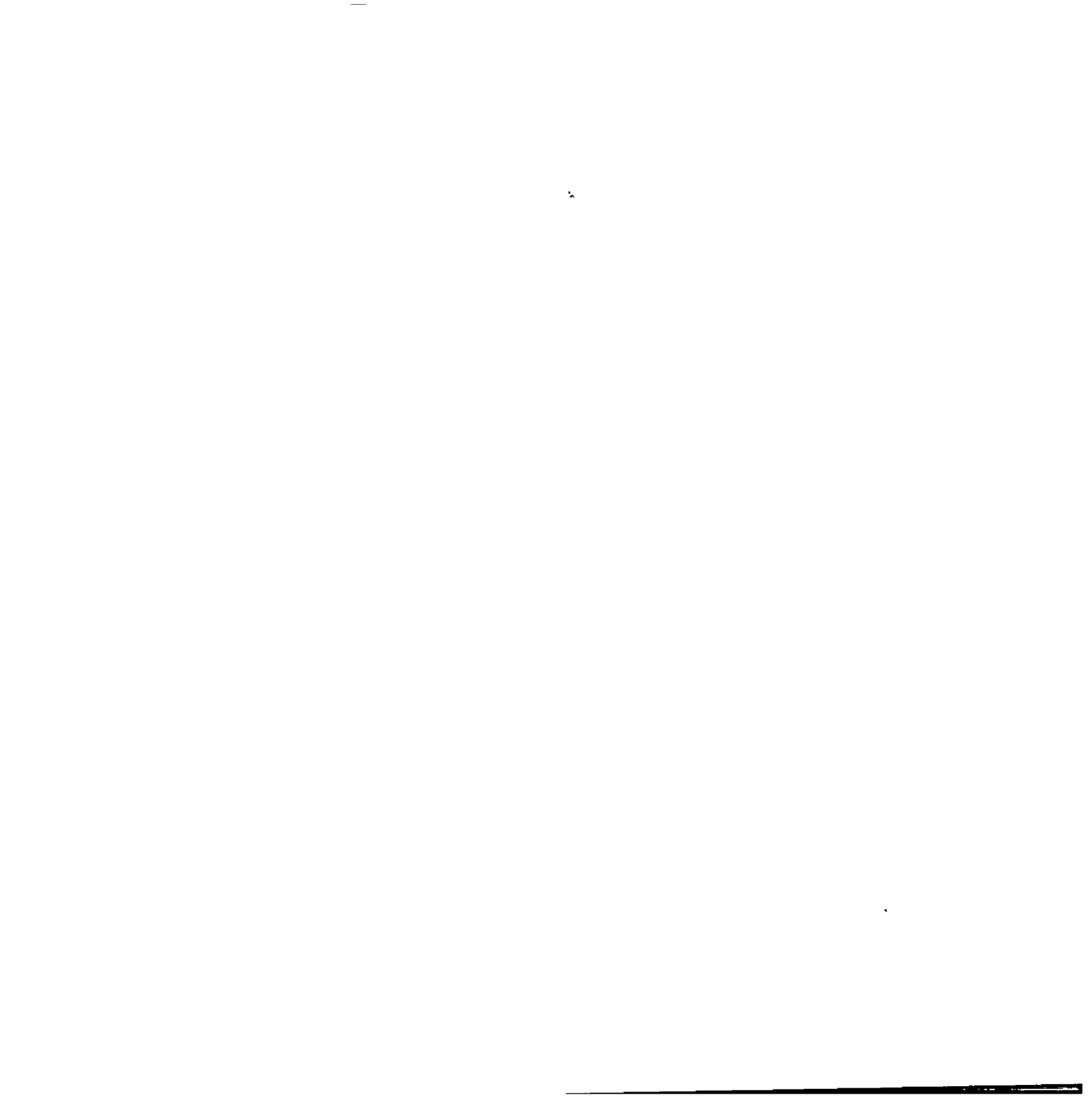
Both my husband and I work full time and recently, as I was removing my sons shirt for swim lessons, I noticed about 10 red chicken pox looking bumps on his back. Not having yet met our deductible and trying to stick to our monthly budget I was reluctant to take him to the doctor since he had no other signs of illness. Luckily for me, as the bumps got worse, I did have the means to take him to the doctor and found out he needed antibiotics. This story ends happily for us, but what about the people who don't have \$150 to spare to go the doctor is get a minor rash checked out? What will happen? They won't go and it will get worse and worse. I have since found out if this rash went untreated it could be deadly.

With Medicaid expansion, thousands of people would finally have access to vaccines, cancer screenings and mental health services, and be able to proactively manage their diabetes, high blood pressure and other chronic conditions. With the federal government willing for fund 90% of this, it is common sense to accept the funds so *all* Alaskans have health insurance coverage.

I want to be part of an Alaska, that takes care of all our people in an economically smart way.

Thanks for taking the time today to hear testimony. Please support the Governor's efforts to expand Medicaid.

Lisa EaganLagerquist



**From:** Delight <delight@mtaonline.net>  
**Sent:** Thursday, March 26, 2015 9:51 AM  
**To:** LJO Mat-Su  
**Subject:** Medicaid expansion

Please let our legislators know that we Alaskans (not politicians) WANT medicaid expansion for those who cannot afford what the working wealthy Juneau-ites can afford. There has been nothing but political interests blocking this expansion in the face of facts showing how the expansion will NOT bankrupt Alaska — last administration already did that.

Please move forward with medicaid, take the help from the Federal Government in the interest of real live people who are desperately in need of these services. Show some compassion for your fellow human beings and stop trying to block based on your political biased stubbornness.

Regards,  
Delight Rose  
Palmer, AK



**Sent:** Thursday, March 26, 2015 11:50 AM

**To:** Rep. Paul Seaton

**Subject:** Re: Alert - Medicaid Expansion Public Testimony Saturday

I whole heartedly support HB 148 Medicaid Expansion. It is the right thing to do for a sector of our residents who cannot afford health care insurance. It will lower charity billings at hospitals which will save the rest of us money. It will bring federal dollars to Alaska which will otherwise go to the states that do embrace this humanitarian and economically sensible action.

Mary Griswold  
Homer

**From:** Sonia Larssen [REDACTED]

**Sent:** Thursday, March 26, 2015 10:50 AM

**To:** Rep. Paul Seaton

**Subject:** Close the health insurance gap

Dear Representative Seaton,

Please help close the health insurance gap in Alaska:

I support Medicaid expansion - which will provide more Alaskans health care for less state money by maximizing use of available federal dollars. When people have insurance they are able to access primary care, resulting in less expensive emergency room visits. People are also better able to manage chronic diseases, resulting in better health at a lower cost.

Access to health care enables people to stay healthy and join or stay in the workforce. Individual Alaskans who earn \$20,314 (about \$9.76 an hour) a year or less, or married couples earning a combined \$27,490 a year or less qualify for Medicaid expansion. Medicaid gives them the freedom to work for a living without worrying about whether an unpreventable accident or illness will make them bankrupt.

I encourage you to support the governor's proposal to implement Medicaid expansion with smart reforms. Thank you.

Sincerely,

Sonia Larssen  
48395 Johns Rd  
Soldotna, AK 99669

Rep. Seaton

Would very much appreciate your vote and your efforts on the passing of medicaid expansion this legislative season. The needy people of Alaska would be greatly helped

Sincerely,

Kenneth M Ozment, Homer