

**SB**

**78**

<TARGET><BILL>SB 78</BILL><SUBJECT>SB  
78</SUBJECT><COMM>SFIN29</COMM></TARGET>

STATE CAPITOL  
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Governor Bill Walker  
STATE OF ALASKA

March 17, 2015

The Honorable Kevin Meyer  
President of the Senate  
Alaska State Legislature  
State Capitol, Room 111  
Juneau, AK 99801-1182

Dear President Meyer:

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,

A handwritten signature in cursive script that reads "Bill Walker".

Bill Walker  
Governor

Enclosure

## Doniece Gott

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**From:** Newman, Anthony (HSS) <anthony.newman@alaska.gov>  
**Sent:** Tuesday, January 26, 2016 7:11 PM  
**To:** Doniece Gott  
**Subject:** FW: DHSS participation in S-Fin/HSS budget subcommittee hearing 1/27 5 pm.

Hi Donnie, FYI for you too in case you are helping with call-ins.

Tony

**From:** Newman, Anthony (HSS)  
**Sent:** Tuesday, January 26, 2016 6:37 PM  
**To:** Fulton, Trever M (LAA)  
**Cc:** Davidson, Valerie J (HSS); Efird, Sana P (HSS); Sherwood, Jon (HSS); Forrest, Karen L (HSS); Butler, Jay C (HSS); Lawton, Christy (HSS); OBrien, Sean K (HSS); Woods, Sarah B (HSS); Burns, Randall P (HSS); Mayes, Duane G (HSS); Brodie, Margaret C (HSS); Wilson, Vickie L (HSS); Wood, Rob (HSS)  
**Subject:** DHSS participation in S-Fin/HSS budget subcommittee hearing 1/27 5 pm.

Please be advised of the following DHSS participation in the Senate Finance committee/HSS Budget Subcommittee hearing on Wednesday, 1/27 at 5 pm. Individuals on the phone will be calling in on the 1-844-586-9085 line but I list their numbers here in case they are cut off.

### DHSS Operating Budget Overview

- Valerie Davidson, Commissioner, presenting;
- Sana Efird, Asst. Commissioner, Finance and Management Services, presenting;
- Jon Sherwood, Deputy Commissioner, in the room and available for questions;
- Karen Forrest, Deputy Commissioner, in the room and available for questions;
- Jay C. Butler, MD, Director, Public Health and DHSS Chief Medical Officer, on the phone and available for questions (907-269-6680);
- Christy Lawton, Director, Children's Services, in the room and available for questions;
- Sean O'Brien, Director, Public Assistance, in the room and available for questions;
- Rob Wood, Director, Juvenile Justice, on the phone and available for questions (907-261-4388)
- Randall Burns, Acting Director, Behavioral Health, on the phone and available for questions (907-269-5948);
- Duane Mayes, Director, Senior and Disabilities Services, on the phone and available for questions (907-269-2083);
- Margaret Brodie, Director, Health Care Services, on the phone and available for questions (717-3905).
- Vickie Wilson, Director, Alaska Pioneer Homes, on the phone and available for questions (907-458-2224)

Thank you.

Tony

**Tony Newman** | Legislative Liaison

Office of the Commissioner | Alaska Department of Health and Social Services

350 Main Street, Room 404 | Juneau AK 99811  
(desk) [907.465.1611](tel:907.465.1611) | (cell) [907.321.3989](tel:907.321.3989)

Prepared by the Department of Health and Social Services

SB 78, "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 15                    Instruct the Revisor of Statutes to make technical amendments to the title of AS 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.

# ALASKA STATE LEGISLATURE

Senator Anna MacKinnon, Co-Chair  
Senate Finance Committee  
State Capitol, Room 516  
Juneau, Alaska 99801-1182  
Phone: (907) 465-3777  
Sen.Anna.MacKinnon@akleg.gov



Senator Pete Kelly, Co-Chair  
Senate Finance Committee  
State Capitol, Room 518  
Juneau, Alaska 99801  
Phone: (907) 465-3709  
Sen.Pete.Kelly@akleg.gov

## SENATE FINANCE COMMITTEE

January 25, 2016

Commissioner Valerie Davidson  
P.O. Box 240249  
Anchorage, AK 99503

Dear Commissioner Davidson,

As the Senate Finance Committee starts its deliberations and considerations of SB 78, we have a few concerns and questions we would like addressed at the beginning of the January 27<sup>th</sup>, 2016 hearing:

1. Is the Medicaid software system certified? If not, when did we apply for certification and when will it be certified?
2. In April you had identified 100 defects in the software system. What defects remain? How many errors are we still aware of? Who do the errors affect? Are the defects critical, high, moderate, or low?
3. How quickly are applications being processed?
4. How quickly are providers being paid?
5. What is the legal status of our lawsuit with Xerox? Have other states in legal challenges with Xerox systems been certified? Has Xerox completed their corrective action plan? Is there a financial award? If so, how much are we requesting as compensation?

We believe these questions are critical to the Medicaid reform conversation and look forward to hearing your responses.

Sincerely,

Handwritten signature of Anna S. MacKinnon in blue ink.

Senator Anna MacKinnon

Handwritten signature of Senator Pete Kelly in blue ink.

Senator Pete Kelly



## CSSB 78(FIN)

### Sectional Analysis:

- Section 1 Adopts intent language related to the need to redesign the state's Medicaid program to provide financial sustainability, and sets out goals for redesign of the program.
- Section 2 Adopts AS 09.10.075, which establishes time limits in which a person may or may not bring an action under new sections AS 09.58.010-09.58.950, the Alaska Medicaid False Claims Act, and a statute of limitations. An action may be brought within six years of when the act or omission was committed, or three years after the date when the act or omission was known or reasonably should have been known by the attorney general and department, but no action may be brought for a violation more than ten years after the date of violation.
- Section 3 Amends AS 09.10.120(a) to include reference to new subsection AS 09.10.075, creating an exception for Medicaid fraud action time limits.
- Section 4 Adopts AS 09.58, which establishes Alaska Medicaid False Claim and Reporting Act (AFMCA). This section includes several subsections related to liability for certain acts and omissions, civil actions, rights of participants in such actions, awards allowed, actions that are not allowed, limits state liability, and outlines whistleblower protections. This section identifies the fraudulent or false acts that can be committed by a Medicaid provider, a corporation, partnership or individual, or recipient in effort to defraud the State. This section also outlines provisions by which a recipient or provider may reduce the amount of liability from actual damages.
- This section also allows a private citizen to pursue a false claim action in the superior court, outlines the provision by which they may file a suit or an extension of time in which to bring an action, and the responsibilities and time-line in which the attorney general must investigate and respond to the claim. This section also identifies the options available to private persons, should the attorney general dismiss the case due to lack of evidence, including pursuing the suit of their own accord. Throughout the process, this section states that the attorney general holds the rights to intervene, settle, dismiss the case, request investigation assistance from the department and bring civil action in superior court.
- This section further allows the attorney general to issue subpoenas to compel records in connection with an investigation, and outlines the courts' authority to issue an order to comply and punishments if the Medicaid provider or recipient(s) fail or refuse to comply with the courts order. Further, by this section the attorney general may elect to interview

and file or amend a new complaint based on conduct, transactions or acts set out in the complaint.

Further, this section provides protections for the private person acting as a whistleblower and limit the liability of the state and outlines time limits for bringing action.

Finally, this section includes department regulatory authority, identifies the limits of punitive damages, and provides definitions related to this section.

- Section 5 Amends AS 37.05.146(c) to include a new paragraph (88) adding monetary recoveries from the Alaska Medicaid False Claims Act to the program and non-general fund program receipts definitions.
- Section 6 Amends AS 40.25.120, a conforming amendment to include new AS.09.58.010 to existing public records statutes.
- Section 7 Amends AS 47.05.010 to include a requirement that DHSS develop a health care delivery model that encourages wellness and disease prevention.
- Section 8 Amends AS 47.05.200, Medicaid Audits statute, changes the number of program audits to no less than fifty per year and adding that the state shall attempt to minimize concurrent state or federal audits.
- Section 9 Adopts AS 47.05.200 that the Department may assess interest and penalties on overpayments, calculating interest using existing statutory rates.
- Section 10 Adopts AS 47.05.235, which applies the duty of enrolled Medicaid providers to conduct one annual review, identify overpayment and report findings to the department within ten business days, and create a repayment agreement with the state.
- Section 11 Adopts AS 47.05.250, which authorizes the department to develop regulations to impose civil fines and sets limits on the amount of the fines.

Adopts AS 47.05.260, which authorizes the department, after application to the court and a finding of probable cause, to seize certain real or personal property of a medical assistance provider who has committed or is committing medical assistance fraud, to offset the cost of the alleged fraud. The court may authorize seizure of real or personal property to cover the cost of the alleged fraud.

This section provides a list of possible real or personal properties, including bank accounts, automobiles, boats, airplanes, stocks and bonds, and inventory.

This section, upon issuance of the court order of seizure, prohibits the owners of property from disposing of the property, with a provision of good faith in the event property is sold without written permission of the court.

This section further authorizes the forfeiture of any seized property if the Medicaid provider is eventually convicted of medical assistance fraud. This section provides instructions to the state to sell or return properties, and depositing funds from disposal of seized properties.

This section also allows for the action of forfeiture to be joined with any alternative civil or criminal action for damages.

- Section 12 Amends AS 47.07.036 by adding new subsections (d) – (f) to outline cost containment and reform measures DHSS must undertake, including seeking demonstration waivers related to innovative service delivery models, applying for other options under the Social Security Act to obtain or increase federal match, and improving telemedicine for Medicaid recipients. This section also requires DHSS to apply for an 1115 waiver for a demonstration project for one or more groups of Medicaid recipients in one or more geographic area. The demonstration project may include managed care organizations, community care organizations, patient-centered medical homes, or other innovative payment models.
- Section 13 Amends 47.07.900 (4), Medicaid Administration definitions, by removing the grantee status requirement for outpatient community mental health clinics serving Medicaid patients.
- Section 14 Amends AS 47.07.900 (17) by removing the grantee/contractor status requirement from drug and alcohol treatment centers and outpatient community mental health clinics. This change, and the one in the previous section, allows mental health and drug treatment service providers who do not receive grants from the department to become enrolled Medicaid providers and deliver services to Medicaid recipients.
- Section 15 Adds a new section to outline court rule amendments as a result of enactment of “section 2, 3, and 4 ” (AMFCA) of this Act.
- Section 16 Requires DHSS to collaborate with Alaska Tribal health organizations and the U.S. DHHS to implement new federal policy regarding 100% federal funding for services provided to Medicaid-eligible American Indian and Alaska Native individuals.
- Section 17 Requires DHSS to implement the primary care case management system authorized under AS 47.07.030(d). The purpose of this new system is to increase Medicaid enrollees’ use of primary and preventive care, while decreasing the use of specialty care and hospital emergency department services.
- Section 18 Requires DHSS to develop a plan to strengthen the health information infrastructure, including health data analytics capability, to support transformation of the health system in Alaska.
- Section 19 Authorizes DHSS to support one or more private initiatives designed to reduce nonurgent use of emergency departments by Medicaid recipients.

- Section 20 Authorizes DHSS to contract with one or more accountable care organizations to demonstrate the use of local, provider-led coordinated care entities that agree to monitor care across multiple care settings, and that will be accountable to DHSS for the overall cost and quality of care. DHSS is authorized to participate in public-private partnerships with other purchasers of health care services, and is required to implement an evaluation plan to measure the success of this demonstration project.
- Section 21 Instructs DHSS to immediately amend the Medicaid state plan to be consistent with this Act, and submit the amendments to the federal government for approval.
- Section 22 Authorizes DHSS to adopt regulations to implement provisions of this Act.
- Section 23 Provides that Section 4 is effective conditional on Section 15 receiving a two-thirds majority vote. The new sections of law creating the civil Medicaid false claims act do not take effect unless the indirect court rule change sections of the bill receive the necessary two-thirds vote.
- Section 24 Provides that Section 22 is effective immediately under AS 01.10.070(c).
- Section 25 Provides that, except for Section 22, the provisions of this Act take effect on July 1, 2016.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
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## MEMORANDUM

January 26, 2016

**SUBJECT:** Committee substitute for SB 78  
(CSSB 78(FIN); Work Order No. 29-GS1055\H)

**TO:** Senator Anna MacKinnon  
Attn: Erin Shine

**FROM:** Kate S. Glover *KG*  
Legislative Counsel

Attached is the draft CS you requested. Only a few of the sections of the draft CS were included in either the previous version of SB 78 or in HB 148, the companion legislation in the house. Given the length of the draft and the short time allowed to review the materials, I am not able to provide a thorough analysis of the bill. This memorandum explains some of the differences between the draft materials prepared by the Department of Law (forwarded to our office by Ms. Shine) and the draft CS. Although Ms. Shine authorized me to discuss the bill with Stacy Kraly at the Department of Law, I was unable to discuss most of these changes with Ms. Kraly in the time available to prepare the draft.

AS 09.10.075: The draft provided said "(2) three years after the date when facts material to the action were known, or reasonably should have been known, by the attorney general, the Department of Health and Social Services, but in no event more than 10 years . . . ." I did discuss this section with Ms. Kraly and added "or" between "the attorney general," and "the Department of Health and Social Services . . . ."

The section also states "For the purpose of this section, a complaint under AS 09.58.020 is considered filed on the date it is lodged in camera with the court." Under Rule 4, Alaska Rule of Civil Procedure and *Silverton v. Marler*, 389 P.2d 3 (Alaska 1964), a case is commenced and the statute of limitations tolled when the complaint is filed with the court. It does not appear that this sentence is intended to change that rule in any way, so the sentence is not necessary and is not included in the draft CS.

AS 09.10.120(a): The draft cited this as AS 09.20.120(a), but the citation was incorrect. It is actually AS 09.10.120(a).

Alaska Medicaid False Claim and Reporting Act: It appears that this section of the bill is intended to meet federal regulations that provide incentives for states to adopt Medicaid

false claims act statutes. For your information, you can review federal guidance related to this at 71 Fed. Reg. 48,552 (Aug. 21, 2006).

In the draft CS, "medical assistance" is used instead of "Medicaid" throughout this section. The statutes generally use the term "medical assistance program" to refer to the state's program and "Medicaid" to refer to the federal program. This section applies only to medical assistance providers and medical assistance recipients. Would you prefer to make it applicable to any person? As it is written, a person who never received any medical assistance services (and is therefore not a "recipient") could submit a claim and would not fall under the proposed false claims act.

AS 09.58.010: This section is reorganized in the draft CS for clarity and to avoid repetition and passive voice. Subsection (a) now specifies the prohibited conduct, (b) requires a beneficiary to report fraud, (c) provides the penalties, (d) modifies penalties, and (e) provides agency liability. In my opinion, the reorganization does not change the proposed statute substantively.

Subsections (c) and (d) from the materials provided are not included in the draft CS because it is not necessary to state that generally applicable court rules and laws apply unless the intent is to change the rules and laws. These sections did not appear to change the applicable rules and laws.

Subsection (b) of the draft materials ((d)(1) and (2) in the draft CS) refer to attorney general investigations under proposed AS 09.58.020. But, under that section, either the attorney general or the Department of Health and Social Services (DHSS) could conduct an investigation. For that reason, in the draft, DHSS is added after the attorney general.

You may want to consider providing a definition for "beneficiary of an intentional or inadvertent submission of a false or fraudulent claim" in subsection (b). Does this refer only to the person who received the payment or are there other people who could be beneficiaries? Does it also include a person who received medical services if the provider submitted a fraudulent claim?

AS 09.58.015: Moved the definition for "attorney general" to AS 09.58.100 because the definition applies to the whole chapter.

AS 09.58.020: Changed "relator" to "person" throughout and eliminated the definition of "relator" from AS 09.58.100. The materials provided allowed the private party bringing the suit to do so in the name of the state. In the draft CS, the person would bring the suit in the name of the person and the state, because the person is also entitled to recover an award if the suit is successful. This is consistent with the federal guidance.<sup>1</sup>

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<sup>1</sup> See 71 Fed. Reg. at 48,554.

AS 09.58.025: It is not necessary to specify that failing to obey a court order may be punished as contempt, so this sentence is not included in the draft CS. AS 09.50.010(5) already states that, and the courts have inherent power to punish a person for disobeying the court's lawful orders.

AS 09.58.030: Whether an amended complaint relates back to the original complaint is determined under existing court rules, so this language is not included in the draft CS. To the extent the proposed language is an attempt to change the court rules, the intended changes should be clearly stated, and may require a change to procedural court rules, which requires a two-thirds vote of both houses of the legislature.

AS 09.58.070: Corrected the citation to AS 39.90.120.

Proposed AS 09.58.080: Deleted this section because (a)(1), (a)(2), and (b) restate otherwise applicable law and are not necessary. Subsection (a)(3) eliminates jury trials for Medicaid false claims act cases. The right to a jury trial comes from art. I, sec. 16 of the Constitution of the State of Alaska. To the extent this section tries to change that, it would have no effect.

AS 09.58.100(4): The definition of "knowingly" under AS 11.81.900 does not track the definition required under federal regulations, so the draft CS substitutes a definition that is consistent with the federal guidance.<sup>2</sup>

AS 22.10.020: This section is not necessary, as the superior court is a court of general jurisdiction with original jurisdiction in all civil and criminal matters. Therefore, it is not included in the draft CS.

AS 37.05.146(c): Consider adding monetary recoveries from Medical Assistance False Claims Act cases to the program receipts fund described under AS 37.05.146(c)(59) instead of creating a new fund.

AS 40.25.120(a): Court records are generally public. It is not clear to me why court records related to medical assistance false claims cases would remain confidential after the court has unsealed them. Any confidential medical information could be redacted and would already be confidential under AS 40.25.120(a)(3).

AS 47.05.250: Changed this from "fines" to "civil penalties."

The broad delegation to DHSS to impose civil penalties could be construed as an over-delegation of authority. Consider adding a provision for administrative appeal and specifying which provisions of AS 47.05 and AS 47.07 may be subject to penalties, or providing narrower limits for specific types of violations. Sec. 6 from HB 227 is similar,

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<sup>2</sup> See 71 Fed. Reg. 48,552 at 48,553 (Aug. 21, 2006); 31 U.S.C. § 3729(b)(1).

but provides for administrative review of civil penalties. Would civil penalties be available for the same conduct that is subject to civil prosecution under AS 09.58 and criminal prosecution under AS 47.05.210?

The delegation of authority is particularly broad in light of the range of criminal and civil penalties that would be available if the draft CS is enacted into law. There is already a crime of medical assistance fraud described under AS 47.05.210, and the draft bill would add a civil violation of medical assistance false claims, this separate provision for civil penalties, and a provision to allow forfeiture of property in association with a criminal case. This allows DHSS extremely broad authority in penalizing medical assistance providers and recipients. It is possible that a court would construe a civil penalty as proposed, as criminal in nature, barring a second action under AS 09.58 based on double jeopardy.

AS 47.05.260: This section raises issues under the due process clause of the United States and Alaska constitutions. Under decisions of the United States and Alaska Supreme Courts, property may be seized prior to a conviction in criminal proceedings only if the state can show probable cause to believe that the property is ultimately subject to forfeiture.<sup>3</sup> This requires a two-part showing. First, there must be probable cause to believe that the defendant committed an offense permitting forfeiture, and second, there must be probable cause to believe that the property at issue has a requisite connection to the crime.<sup>4</sup> Generally, this allows for the forfeiture of things like narcotics, fishing boats used in illegal fishing, or illegally harvested game.<sup>5</sup> It is not clear that property seized under AS 47.05.260, as it is proposed in the draft bill, would meet that requirement. The draft requires a showing of probable cause that medical assistance fraud has been committed, but it does not require a showing that the property seized is connected to the crime (i.e. that it was used for the crime, is itself illegal, or is the fruits of the crime).

In addition, *State v. Rice*, 626 P.2d 104 (Alaska 1981) requires that not only innocent purchasers, but also innocent owners be protected from forfeiture. The proposed language only includes an exception for innocent purchasers. Co-owners should also be protected.

You may want to review AS 17.30.110 – 17.30.126. These statutes describe the proceedings for forfeiture that are applicable in cases involving controlled substances. AS 09.40.010 – 09.40.110 may also be relevant, as these statutes provide a process for attachment of assets in some civil cases.

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<sup>3</sup> See *Kaley v. U.S.* 134 S. Ct. 1090 (2014).

<sup>4</sup> *Id.* at 1095.

<sup>5</sup> See, e.g., *State v. Rice*, 626 P.2d 104 (Alaska 1981); *Waiste v. State*, 10 P.3d 1141 (Alaska 2000).

In addition, proposed subsections (d) and (f) conflict. If the action for forfeiture may be joined with other civil or criminal actions to recover damages from the alleged fraud, then what does it mean that the section does not apply to actions or damages under AS 09.58? What civil actions can it be joined with? Proposed subsection (f) did not appear to be necessary, because subsection (a) states that it only applies to actions for criminal fraud under AS 47.05.210. For that reason, (f) does not appear in the draft CS.

AS 47.07.036(d)(4): The authority to apply for demonstration projects under (d)(4) is broad. If the legislature wishes to constrain the department's authority to apply for demonstration projects, you may want to consider providing guidance regarding the type of projects for which the department may apply.

Indirect court rule amendments: In the time allowed, I have not been able to carefully review all of the sections of the bill to determine whether there are any other court rules that may be amended by this bill. It is important to ensure that all court rules that may be amended are indicated. Under Uniform Rule 39(e), a bill must expressly state what court rules it changes. To amend a rule of procedure requires a two-thirds majority vote of each house of the legislature under art. IV, sec. 15 of the Constitution of the State of Alaska. Court rule changes relating to the filing of complaints, factual allegations required to be made in a complaint, and other changes made by this bill are likely changes to rules of procedure. For that reason, the draft bill includes a conditional effect section specifying that the new sections of law creating the civil Medicaid false claims act do not take effect unless the indirect court rule change sections of the bill receive the necessary two-thirds vote. This is further discussed on pages 48 – 51 of the Legislative Drafting Manual.

The materials provided indicate that Rules 9 and 10 are indirectly affected, but it does not appear to me that those rules would be affected, so I have eliminated them from the draft CS. The sections of the draft CS providing for seizure and forfeiture of property likely affect court rules, in particular, Criminal Rule 37, which relates to search and seizure. It may be better to include a direct amendment for this criminal rule change. If the seizure provisions are also intended to apply in civil cases then Civil Rule 89 is affected. I included both the civil and criminal rule changes in the draft CS because I was unsure whether it is intended to apply only to criminal cases.

Projects in uncodified law: I recommend that you review each of these projects carefully to determine whether they meet your goals. If you would like any of these plans or projects to be permanent (longer than two years), they should be changed to codified law. In addition, most of the projects are not mandatory. Please review them carefully and let me know if you would like to provide additional guidance or to make any of them mandatory.

The primary care case management system is mandatory, and says that it must be integrated "in the demonstration project set out in this Act." I interpreted this to mean

Senator Anna MacKinnon

January 26, 2016

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that the case management system is supposed to be integrated with the accountable care demonstration project. If this is not correct, please let me know.

If I may be of further assistance, please advise.

KSG:dla  
16-053.dla

Attachment

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version: SB 78  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB078-DOA-OAH-03-27-15  
Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
Sponsor: RLS BY REQUEST OF THE GOVERNOR  
Requester: Senate Health and Social Services

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 2016	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	22.2	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>22.2</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.
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Prepared By:	Chris Kennedy, Deputy Chief Administrative Law Judge	Phone:	(907)269-8170
Division:	Office of Administrative Hearings	Date:	03/27/2015 01:00 PM
Approved By:	Sheldon Fisher, Commissioner	Date:	03/27/15
Agency:	Department of Administration		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

BILL NO. SB 78

### 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version: SB 78  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB078-DOC-PHC-03-16-15  
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 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	(4,108.2)		(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>(4,108.2)</b>	<b>0.0</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)
<b>Total</b>	<b>(4,108.2)</b>	<b>0.0</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:

This version of the HB 148 fiscal note reflects the FY16 reduction has been moved from Governor's FY16 Request column to the FY16 Appropriation Requested column. This reduction submitted in the Governor's Budget Request was denied by both the House and Senate and remains reflected in the FY2016 Operating Budget for the department.

Prepared By:	April Wilkerson, Director	Phone: (907)465-3460
Division:	Administrative Services - Department of Corrections	Date: 04/16/2015 12:30 PM
Approved By:	Remond Henderson, Deputy Commissioner	Date: 04/16/15
Agency:	Department of Corrections	

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

BILL NO. SB 78

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 state 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	14
(S) Publish Date:	3/18/2015

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 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	(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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Prepared By:	Albert E. Wall, Director	Phone:	(907)465-3600
Division:	Behavioral Health	Date:	03/14/2015 10:00 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	2
(S) Publish Date:	3/18/2015

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 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	100.9		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	2.0
Services	9.4		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	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>	<b>112.8</b>

**Fund Source (Operating Only)**

1002 Fed Rcpts	60.2		56.4	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	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>	<b>112.8</b>

**Positions**

Full-time	1.0		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.
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Prepared By:	Albert Wall, Director	Phone:	(907)465-4841
Division:	Behavioral Health	Date:	03/15/2015 02:45 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/15/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION**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 Manager II (1 FTE, GP, Range 19, in Anchorage) at \$100.9 annually.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	4
(S) Publish Date:	3/18/2015

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	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	(1,000.0)		(1,300.0)	(1,400.0)	(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>

**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)
<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>

**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.

Prepared By:	Margaret Brodie, Director	Phone:	(907)334-2520
Division:	Health Care Services	Date:	03/14/2015 12:00 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	8
(S) Publish Date:	3/18/2015

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.

Prepared By:	Margaret Brodie, Director	Phone:	(907)334-2520
Division:	Health Care Services	Date:	03/15/2015 03:00 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/17/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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**

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	10
(S) Publish Date:	3/18/2015

Identifier: 0055-DHSS-RR-03-16-15	Department: Department of Health and Social Services
Title: MEDICAL ASSISTANCE COVERAGE; REFORM	Appropriation: Health Care Services
Sponsor: RLS BY REQUEST OF THE GOVERNOR	Allocation: Rate Review
Requester: Governor	OMB Component Number: 2696

**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	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.
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Prepared By:	Margaret Brodie, Director	Phone:	(907)334-2520
Division:	Health Care Services	Date:	03/14/2015 12:00 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

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

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	9
(S) Publish Date:	3/18/2015

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 Field Services  
 OMB Component Number: 236

### 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	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>							
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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.

Prepared By:	Ron Kreher, Director	Phone:	(907)465-5847
Division:	Public Assistance	Date:	03/12/2015 12:56 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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**

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	13
(S) Publish Date:	3/18/2015

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>							
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>							
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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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Prepared By:	Duane Mayes, Director	Phone:	(907)269-2083
Division:	Senior and Disabilities Services	Date:	03/15/2015 01:45 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/15/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	6
(S) Publish Date:	3/18/2015

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>(4,494.3)</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.
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Prepared By:	Duane Mayes, Director	Phone:	(907)269-2083
Division:	Senior and Disabilities Services	Date:	03/14/2015 05:30 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	11
(S) Publish Date:	3/18/2015

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 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					(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>	<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.
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Prepared By:	Duane Mayes	Phone:	(907)269-2083
Division:	Senior and Disabilities Services	Date:	03/14/2015 05:45 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	5
(S) Publish Date:	3/18/2015

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.
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Prepared By:	Duane Mayes, Director	Phone:	(907)269-2083
Division:	Senior and Disabilities Services	Date:	03/14/2015 05:50 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/14/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	3
(S) Publish Date:	3/18/2015

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.

Prepared By: Albert Wall, Director Phone: (907)465-4841  
 Division: Behavioral Health Date: 03/15/2015 10:00 PM  
 Approved By: Sarah Woods, Deputy Director Finance & Management Services Date: 03/16/15  
 Agency: Health & Social Services

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	1
(S) Publish Date:	3/18/2015

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.
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Prepared By:	Margaret Brodie, Director	Phone:	(907)334-2520
Division:	Health Care Services	Date:	03/14/2015 04:25 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	7
(S) Publish Date:	3/18/2015

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>					
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.
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Prepared By:	Margaret Brodie, Director	Phone:	(907)334-2520
Division:	Health Care Services	Date:	03/15/2015 10:03 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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.

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

BILL NO. 0 \_\_\_\_\_

**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.

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version:	SB 78
Fiscal Note Number:	12
(S) Publish Date:	3/18/2015

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 2016	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							

**Change in Revenues**

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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.

Prepared By:	Duane Mayes, Director	Phone:	(907)269-2083
Division:	Senior and Disabilities Services	Date:	03/15/2015 03:00 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	03/16/15
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## 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 (LOC). The 1915(k) option authorities will replace all current 1915(c) waivers, as all 1915(c) recipients do meet the LOC. 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.

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

BILL NO. 0 \_\_\_\_\_

### 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.

**White Paper**

**Medicaid Expansion and the Alaska  
Department of Corrections**

**April 3, 2015**



In the United States inmates have a constitutionally protected right to evidence-based care that meets community standards. Prior to the Patient Protection and Affordable Care Act (PPACA), financial responsibility for securing these rights fell almost exclusively to the states. In Alaska, inmate health care comprises approximately 13% of the Alaska Department of Corrections (ADOC) budget and is largely funded through General Fund expenditures. The costs associated with providing health care to inmates are expected to rise due to an aging inmate population and increasing health care costs. Medicaid expansion in Alaska has the potential to bend this cost curve and shift a portion of inmate health care costs to federal sources of funding.

Prior to incarceration many prisoners do not receive regular medical, mental health or dental care. The ADOC is the largest provider of mental health services in the state and medical staff are responsible for more than 6,000 inmate-patients on any given day. The inmate population presents with significantly greater health care needs than the general population:

- Approximately 30% of the inmate population has Hepatitis C, compared to 1% of Alaska's general population (Department of Health & Social Services, Division of Epidemiology).
- 65% of ADOC inmates have a diagnosable mental health disorder (Trust Beneficiaries in Alaska's Department of Corrections, May 2014).
- As much as 80% of the Alaskan inmate population has struggled with substance abuse disorders (*Ibid*, 2014).
- 65% of the women at Hiland Mountain Correctional Center report having been sexually victimized (Alaska Department of Corrections survey, 2012).
- For every 100,000 Alaskans, there were 11.1 deaths due to liver disease (Alaska Bureau of Vital statistics, 2013). For every 100,000 individuals booked into ADOC, 15.3 die of liver disease while incarcerated.
- Compared to other Americans of the same age, prisoners are:
  - 31% more likely to have asthma;
  - 55% more likely to have diabetes;
  - 90% more likely to have a heart attack; and
  - 100%-300% more likely to have a serious mental illness (Harvard University, 2009).

Every individual who is arrested in Alaska receives a health care screening at remand; during this evaluation issues such as suicide risk, injuries, medications, illness, and mental status are assessed. Nearly 50% of inmates report having ongoing medical problems other than colds or viruses.

Intake nurses refer inmates to in-house clinics, medical and dental providers, mental health clinicians and psychiatrists. The Department maintains an 11-bed medical infirmary where staff provide care for pre-op, post-op and other medically complex cases; a 28-bed acute care psychiatric unit for men, an 18-bed acute care psychiatric unit for women, 40 beds for women with subacute psychiatric needs and 126 beds for men's subacute needs. When an inmate's medical needs exceed what can be provided in ADOC facilities, a referral is made to specialists in the community or the inmate is taken to a hospital.

The ADOC pays for all of these medical costs, including costs associated with transport and security for outside medical appointments and hospitalizations.

Because Alaska's jails and prisons contain the highest concentration of individuals in the state with mental health and substance use disorders, infectious diseases and chronic health conditions, there needs to be continued collaboration between the ADOC, the Department of Health and Social Services (DHSS), the Department of Law (DOL) and the Alaska Court System to ensure these individuals have appropriate access to health care services when they return to Alaskan communities.

### **Inmate Hospitalizations**

There has been mounting interest in how Medicaid coverage will be handled for incarcerated individuals. The federal Centers for Medicare & Medicaid Services' (CMS) policy regarding coverage of inmates was clarified in a 1997 memorandum sent to states. The memorandum states that federal funding is not available for inmates of a public institution.

However, CMS provided additional guidance to states in 2007 clarifying that inmates who leave a correctional facility for more than 24 hours for in-patient treatment in a hospital or long-term care facility are no longer considered "inmates," and Medicaid can be billed for qualifying services. As such, the cost of eligible in-patient services provided to Medicaid-eligible inmates of prisons or jails can be supported by federal dollars.

States did not widely use this opportunity until after passage of the Affordable Care Act. Medicaid expansion extends Medicaid eligibility to a majority of inmates, greatly expanding states' potential for cost savings.

In order to receive federal funding for Medicaid-covered services to inmates receiving in-patient care at a hospital, the inmate must be determined eligible by the state. Currently, to be eligible for Medicaid an adult has to qualify as low-income, and must meet one of the following criteria: be a parent or caretaker of a dependent child; be age 19-20 or 65 or older; or be pregnant or disabled. Medicaid expansion will add a new category of adults who are not otherwise eligible for Medicare or Medicaid and whose income does not exceed 138% of the Federal Poverty Level (FPL).

The Government Accountability Office in September 2014 reported that a majority of inmates in the 27 states that had expanded Medicaid eligibility under PPACA were likely to be Medicaid-eligible under expansion. A March 2015 poll by ADOC of the departments of corrections in Expansion states puts that number consistently around 90%.

The only significant inmate group other states report finding ineligible is non-citizens. Medicaid eligibility requires that an individual have a Social Security number or have applied for one. In Alaska, 98.2% of offenders currently in correctional facilities have a Social Security number documented in the offender management system.

Following is a list of states that responded to inquiries regarding the percent of hospitalized offenders who qualified for Medicaid in Expansion states.

- Arizona "all except non-citizens"
- Arkansas 98%
- California 72%\*
- Colorado 90%
- Connecticut 90-95%
- Delaware "virtually all"
- Hawaii 97%
- Michigan 97%
- Nevada "all except non-citizens"
- New York 80%\*
- Ohio 95%
- Pennsylvania "virtually all"
- Rhode Island 95%
- Washington 90%

\*California and New York reported lower inmate eligibility due to their states' high number of non-citizens and those who lack a Social Security number.

Medicaid will not cover health care services provided within ADOC facilities or outpatient medical appointments such as x-rays, orthopedic exams, specialty consults or emergency room visits. However, the cost of the qualifying hospitalizations is significant.

In FY14, 163 Alaskan inmates were hospitalized for more than 24 hours at a total cost of \$8.5 million. Although less than 3% of the inmate population was hospitalized for more than 24 hours, the cost of these hospitalizations accounted for more than 25% of ADOC's inmate health care budget. Based on a conservative 80% of the population being eligible for Medicaid under expansion, this represents potential savings of approximately \$6.8 million. Estimated savings rise to \$7.6 million if 90% are eligible\*\*. The following table lists prior-year data along with estimates of potential savings.

	# hospitalized for 24+ hours	Total cost of hospitalizations	State savings if 80% eligible	State savings if 90% eligible
FY12	128	\$6,310,490	\$5,048,392	\$5,679,441
FY13	145	\$6,221,409	\$4,977,127	\$5,599,268
FY14	163	\$8,511,300	\$6,809,040	\$7,660,170
FY15*	113	\$6,483,522	\$5,186,817	\$5,835,169

\*FY15 billings through March 25, 2015

\*\*It is important to note that cost reductions expected from the use of Medicaid can be estimated but not ensured, as inmate health care costs and number of hospitalizations can fluctuate significantly from year to year.

## Experience in Expansion States

In states that have expanded Medicaid, departments of corrections have realized significant savings.

- Ohio saved \$10 million in FY14 and expects to save \$18 million a year from Medicaid-paid hospitalizations (Ohio Department of Medicaid, September 2014).
- Michigan expects to save \$16.8 million in FY15 (The Council of State Governments, *Billing Medicaid for Inmate Care Saves California, Other States Millions*, September 2014).
- California reported \$31 million savings the first year (FY13) and \$52 million in FY14, and projects \$69 million in FY15 (*Ibid*, September 2014).
- Kentucky reported \$5.4 million in savings in FY14 (first year) and anticipates \$11 million in 2015 (The Henry J. Kaiser Family Foundation, *The Effects of the Medicaid Expansion on State Budgets: An Early Look in Select States*, March 2015).

## Regulation Changes

Several existing regulations must be addressed to ensure a simplified process for determining eligibility for the inmate population. This includes wording changes to 7 AAC 100.068 and 7 AAC 105.110(6) that will clarify language allowing Medicaid coverage for hospitalized offenders. DHSS and the ADOC have drafted these changes and they are currently out for public comment.

Once the ADOC is able to start using Medicaid for approved services, there is, at times, the challenge of securing inmate-patient cooperation. Other states that have gone through Expansion cite inmate resistance as a barrier to successful use of Medicaid funds for hospitalization and, as such, have implemented statutes and regulations to ensure such barriers are removed (Oregon HB2087, 2013; Arkansas HB1351, 2013; ADOC Listserve Inquiry, March 2015; [https://www.ncdps.gov/div/Prisons/HealthServices/CC\\_ContinuityPatientCare/cc14.pdf](https://www.ncdps.gov/div/Prisons/HealthServices/CC_ContinuityPatientCare/cc14.pdf); [http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_0351-0400/ab\\_396\\_cfa\\_20110621\\_174445\\_sen\\_comm.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_396_cfa_20110621_174445_sen_comm.html)).

The ADOC is working with the Alaska Department of Law (DOL) to write a regulation that will allow a representative from the ADOC to apply for Medicaid benefits on behalf of an inmate who is either unwilling or unable to give consent. AS 33.30.028 provides the ADOC statutory authority to seek third-party payors for health care, and AS 33.30.021 provides authority to adopt regulations to implement the chapter. Until such regulations are in place in Alaska, the DOL will seek court orders allowing the ADOC to sign for hospitalized offenders who refuse to sign or who are incapacitated.

## Suspension vs. Termination of Medicaid benefits

Currently, when an individual who is enrolled in Medicaid is detained, his or her Medicaid benefits are terminated at the end of the first full calendar month of incarceration. DHSS is working on changing internal policies so Medicaid-approved individuals who are incarcerated will have their benefits suspended rather than terminated. Benefits can be suspended for up to 12 months following incarceration. Suspended benefits can be reinstated more easily than terminated benefits in the event

an inmate is hospitalized. Suspending rather than terminating benefits will also make it easier to reinstate benefits for inmates who are released within 12 months of entering the corrections system.

### **Offender Reentry and Recidivism**

A majority of those released from prison or jail each year are uninsured (Council of State Governments Justice Center, *Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System*, December 2013). As such, another important benefit of expansion is that inmates who enroll in Medicaid as part of their reentry plan will have coverage when they are released to the community.

There is growing evidence to suggest that offenders who are able to access medical and behavioral health services in the community have lower rates of recidivism compared to those who do not (Center for Health and Justice, *Leveraging National Health Reform to Reduce Recidivism and Build Recovery*, May 2013).

For example, a peer-reviewed study of ex-prisoners in a King County, Washington and Pinellas County, Florida, found: "Persons with severe mental illness who were enrolled in Medicaid at jail release had 16% fewer detentions and stayed out of jail longer, on average, than those who either did not have benefits or had them for a shorter time. Thus, in combination with our earlier work, the findings reported here suggest that Medicaid is associated with positive gains for the mental health system in keeping people engaged in services and for the criminal justice system in reducing recidivism." ("The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons With Severe Mental Illness," *Psychiatric Services*, June 2007, pp. 794-801, v. 58 n. 6. Accessed online at <http://ps.psychiatryonline.org/doi/abs/10.1176/ps.2007.58.6.794>)

A Michigan project linking ex-prisoners to medical services found, "The overall recidivism rate for parolees has fallen since the program began, from 46 percent when the program began in 2007 to 21.8 percent in 2012 for 2-year parolees." (<https://innovations.ahrq.gov/profiles/michigan-pathways-project-links-ex-prisoners-medical-services-contributing-decline>)

Access to health care upon release is particularly important for inmates with serious chronic mental illness. Without continuity of care for the mentally ill population, they often quickly decompensate, become psychotic and commit another crime that brings them back into ADOC custody. Having Medicaid available immediately upon release improves their chances of remaining stable in the community because they can access critical resources without delay.

### **Conclusion**

While the intent of Medicaid expansion is directed toward the expansion of health coverage, containment of rising health care costs, and improvement of health care delivery, the potential achievements of health care reform are not limited to the health and social services arena. Successful Medicaid expansion in Alaska has the potential for significant cost savings in inmate health care; improve the quality of health care delivery to inmates leaving correctional facilities; and improve the health and safety of communities by making critical treatment programs available to the offender population – ultimately reducing recidivism and helping to stem the growth of Alaska's crime and imprisonment rates.

## Economic Benefits of Medicaid Reform & Expansion

- Data from the first wave of states that expanded Medicaid under the Affordable Care Act indicate expansion has had positive economic impacts. **“Healthcare Jobs Grew Faster in Expansion States,”** Fitch Wire, February 19, 2015:<sup>1</sup>
  - **“The states that expanded health insurance access under the Affordable Care Act (ACA) have seen substantially faster growth in healthcare jobs than those that did not since the first expansions began last January.** If this trend continues, Fitch Ratings says it could support a broader economic and tax base for state budgets and improve nonprofit hospital finances in those states.”
  - “According to data from the Bureau of Labor Statistics, healthcare and social assistance jobs grew over 30% faster between December 2013 and December 2014 for 24 states that implemented ACA expansion on Jan. 1, 2014 than those that did not. On average, those states saw jobs in the healthcare and the social-assistance sectors grow by 2.4% [over the previous year]. Twenty-four states that didn’t expand grew at 1.8%.”
- The Alaska Chamber wrote in an April 8, 2015 letter: “As taxpayers, Alaskans are already subject to the increased federal taxes established to fund the national healthcare law. **If Alaska continues to reject Medicaid expansion, Alaska businesses will pay twice – unnecessarily driving the cost of doing business in Alaska up.**”<sup>2</sup>
- Alaska anticipates **\$146 million** in new federal money in FY 16. Every day we don’t act, we leave **\$390,000** on the table –money that would flow directly into Alaska’s economy. Medicaid expansion is expected to bring Alaska **\$1.1 billion** in new federal money over six years and generate **4,000 new jobs.**<sup>3</sup>
- **Alaska non-tribal hospitals provided over \$100 million in uncompensated care in 2013.** When patients have no ability to pay, those costs get spread to the rest of us. Uncompensated care in Arizona dropped by 30 percent in the first three months of expansion. The Alaska State Hospital and Nursing Home Association estimates Medicaid expansion would reduce uncompensated care in Alaska by \$18-27 million annually.<sup>4</sup>
- **Availability of health insurance promotes entrepreneurship.** “All in all, health insurance has been an important factor in an individual’s decision to become or remain self-employed,” according to a study by the Federal Reserve Bank of Kansas City.<sup>5</sup>

<sup>1</sup> [https://www.fitchratings.com/gws/en/fitchwire/fitchwirearticle/Healthcare-Jobs-Grew?pr\\_id=980053&cm\\_sp=homepage-\\_FitchWire-\\_FitchWire-%20Healthcare%20Jobs%20Grew%20Faster%20in%20ACA%20Expansion%20States](https://www.fitchratings.com/gws/en/fitchwire/fitchwirearticle/Healthcare-Jobs-Grew?pr_id=980053&cm_sp=homepage-_FitchWire-_FitchWire-%20Healthcare%20Jobs%20Grew%20Faster%20in%20ACA%20Expansion%20States)

<sup>2</sup> [http://alaskachamber.com/files/1274.pdf?utm\\_source=Capitol+Notes%3A+Special+Edition+-+24+Hour+Rule+in+effect+&utm\\_campaign=EOS+Capitol+Notes&utm\\_medium=email](http://alaskachamber.com/files/1274.pdf?utm_source=Capitol+Notes%3A+Special+Edition+-+24+Hour+Rule+in+effect+&utm_campaign=EOS+Capitol+Notes&utm_medium=email)

<sup>3</sup> [http://dhss.alaska.gov/HealthyAlaska/Documents/Evergreen\\_Medicaid\\_Expansion\\_Analysis-020615.pdf](http://dhss.alaska.gov/HealthyAlaska/Documents/Evergreen_Medicaid_Expansion_Analysis-020615.pdf)

<sup>4</sup> <http://d2vx0b949pmiku.cloudfront.net/wp-content/uploads/2012/11/Uncompensated-care-Talking-Points-Revised-3-20-15.pdf>

<sup>5</sup> “Does Health-Care Reform Support Self-Employment?,” by Didem Tuzeman and Thealexa Becker. <http://www.kc.frb.org/publicat/econrev/pdf/14q3Tuzemen-Becker.pdf>

## Budget Benefits of Medicaid Reform & Expansion

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By refinancing eligible health care costs through Medicaid, Alaska can get federal reimbursement for costs we now pay entirely with state general funds (GF). Examples:

- Inmate Health Care: **\$4 million** savings in FY 16, more in out-years<sup>6</sup>
- Behavioral health grants: **\$1.5 million** savings in FY 16, more in out-years
- Chronic and Acute Medical Assistance: **\$1 million** savings in FY 16, more in out-years
- General fund savings are projected to exceed the state's required match for a net benefit to the state's treasury through 2020 and beyond.

Experience in expansion states supports these projections. **“States Expanding Medicaid See Significant Budget Savings and Revenue Gains: Early Data Shows Consistent Economic Benefits Across Expansion States,”** *Robert Wood Johnson Foundation Issue Brief*, April 2015.<sup>7</sup>

- The report examined the budget impact of Medicaid expansion on eight states that expanded Medicaid under the ACA: Arkansas, Colorado, Kentucky, Michigan, New Mexico, Oregon, Washington and West Virginia, finding, “Savings and revenues by the end of 2015 are expected to exceed \$1.8 billion across all eight states.”
- States realized net budget savings by accessing enhanced federal matching funds; replacing general funds with Medicaid funds; and revenue gains.

**Reform initiatives** in Gov. Walker's bill have the potential to save the state more than \$500 million dollars over six years:

- Tribal health system partnership (1115 waiver) - \$232 million savings
- Fraud and abuse control initiative - \$90 million savings
- Alaska Tribal health system coordination - \$60 million savings
- Pharmacy reform initiatives - \$30 million savings
- Care management (“SuperUtilizers”) pilot program - \$15 million savings
- Streamline provider audits; impose interest and fines - \$1 million savings
- Provider tax proposal - indeterminate savings (stakeholders to help craft proposal)
- Demonstration projects – indeterminate savings
- Telemedicine enhancement – indeterminate savings

**Supporters include:** AFL-CIO, Alaska Chamber, Anchorage Chamber of Commerce, ANCSA Regional Association, Bethel Chamber of Commerce, Fairbanks Economic Development Corp., Juneau Economic Development Council *and more than 100 other Alaska entities.*<sup>8</sup>

<sup>6</sup> For more information see *White Paper: Medicaid Expansion and the Alaska Department of Corrections* [http://gov.alaska.gov/Walker\\_media/documents/medicaid-expansion/20150403\\_DOC-white-paper.pdf](http://gov.alaska.gov/Walker_media/documents/medicaid-expansion/20150403_DOC-white-paper.pdf)

<sup>7</sup> <http://www.rwjf.org/en/library/research/2015/04/states-expanding-medicaid-see-significant-budget-savings-and-rev.html>

<sup>8</sup> For complete list see <http://gov.alaska.gov/Walker/priorities/accessible-healthcare/support-for-medicaid.html>



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## **MEMORANDUM**

February 06, 2015

**To:** Valerie Davidson, Commissioner, Alaska Department of Health and Social Services

**Re:** Projected Population, Enrollment, Service Costs and Demographics of Medicaid Expansion Beginning in FY2016

This memorandum presents preliminary results of Evergreen Economics' analysis of enrollment and spending impacts of expanding Medicaid in Alaska under the Affordable Care Act (ACA). It is our understanding that Governor Walker has directed the Department to prepare for expansion, which is to commence July 2015—the first month of State Fiscal Year 2016 (FY2016). The expansion population is comprised of adults, ages 19 to 64, who are currently not otherwise eligible for Medicaid or Medicare.

In this memorandum, we describe the data sources we relied upon and the analysis we conducted to develop a six-year projection of the newly eligible adults in Alaska, the number of this population we believe will actually enroll in the Medicaid program, total spending on Medicaid services for these new enrollees, and the state and federal portions of this spending. Table 1 summarizes the findings of our analysis.

**Table 1: Projected Spending on Medicaid Expansion Services by Fiscal Year**

Spending	2016	2017	2018	2019	2020	2021
<b>Newly Eligible Adults</b>	41,910	41,980	42,050	42,120	42,190	42,260
<b>Newly Eligible Persons that Enroll in Medicaid*</b>	20,066	23,273	26,492	26,535	26,580	26,623
<i>-----Costs in Thousands of Dollars-----</i>						
<b>Spending on Services</b>	<b>\$145,435</b>	<b>\$174,438</b>	<b>\$205,368</b>	<b>\$212,747</b>	<b>\$220,433</b>	<b>\$224,514</b>
Federal Spending	\$145,435	\$170,633	\$195,514	\$200,683	\$204,087	\$204,928
State Spending	\$0	\$3,804	\$9,854	\$12,064	\$16,346	\$19,587

Source: Analysis by Evergreen Economics of data from various sources

\* Represents the unduplicated count of newly eligible enrollees in that fiscal year; annual counts are not cumulative

We present our analysis in the following three sections:

- A. Our projection of the expansion population for FY2016 through FY2021
- B. Our estimates of the per-enrollee cost of providing Medicaid services for the expansion population for FY2016 through FY2021
- C. Our estimates of total spending on services for the Medicaid expansion and the state's share of this spending

## A. The Expansion Population

We are aware of only two other analyses that estimate the number of persons in the expansion population. These are:

1. *An Analysis of the Impact of Medicaid Expansion in Alaska*, prepared for DHSS by The Lewin Group, completed in April 2013 and released to the public in November 2013
2. *Medicaid in Alaska under the ACA*, prepared by The Urban Institute, February 2013

Table 2 shows the counts from the two studies. The Lewin study includes counts of newly eligible adults as well as counts of those predicted to actually enroll in Medicaid. The study from the Urban Institute includes only estimates of the number of newly eligible persons that actually enroll. Both studies assume that Alaska would initiate expansion on January 1, 2014.<sup>1</sup> The two studies differ in their estimates of Medicaid enrollment of newly eligible persons in each year through 2020, with the Lewin study projecting 5,000 to 8,000 more enrollees than the Urban Institute projects.

Between 2014 and 2020, the Lewin Group projects that the average annual growth rate of the newly eligible population will be about 1.4 percent, far greater than the growth rate projected by the Alaska Department of Labor and Workforce Development (ADLWD) for the 19 to 64 population over that same period (0.04%).<sup>2</sup>

**Table 2: Lewin Group and Urban Institute Projections of Newly Eligible Population, Calendar Year Estimates Based on the Assumption of January 2014 Medicaid Expansion**

Report	Population	2014	2015	2016	2017	2018	2019	2020
Lewin Group	Newly Eligible	63,986	64,713	65,619	66,571	67,496	68,560	69,684
	Enrollment*	30,806	35,944	41,286	41,853	42,401	43,029	43,687
Urban Institute	Newly Eligible	-----Not Reported-----						
	Enrollment	18,200	27,400	33,100	36,700	37,100	37,300	37,500

Sources: *An Analysis of the Impact of Medicaid Expansion in Alaska*, Lewin Group, April 2013, Figure B-3; *Medicaid in Alaska under the ACA*, prepared by The Urban Institute, February 2013, Figure 3

\* Lewin enrollment estimates based on assumption of 63 percent take-up rate and enrollment lag-rate rates of 76 percent in first year, 88 percent in second year, and 100 percent each subsequent year.

In the Lewin study, the authors utilized the Health Benefits Simulation Model (HBSM) and data from the Current Population Survey (CPS) for the years 2008-2010 to estimate the number of people who would become newly eligible for Medicaid through Medicaid expansion in Alaska.

<sup>1</sup> In fact, the Lewin Group study also includes estimates of enrollment by newly eligible adults under the assumption of expansion beginning in January 2015 and in January 2016.

<sup>2</sup> It is not possible to determine the estimated growth rate in the expansion population assumed in the Urban Institute analysis, however, based on their estimates of enrollment by the newly eligible adults, it appears that the study assumes a lower population growth rate than does the Lewin study.



To develop estimates of enrollment by newly eligible persons, the Urban Institute relied on demographics and health care coverage data from the American Community Survey (ACS) for 2008, 2009, and 2010. Because the ACS lacks the information necessary to develop estimates of the newly eligible population, the authors imputed unavailable characteristics such as Medicaid eligibility, employer offers of coverage, and immigration status.

### ***Evergreen Estimates of the Expansion Population***

While data do exist on particular aspects of the expansion population (e.g., estimates of the number of Alaskans by age and gender), neither federal nor state agencies collect data on the expansion population *per se*. Instead, we relied on two Alaska data sources and a small number of assumptions to estimate the size of the expansion population.

To estimate the number of persons newly eligible for Medicaid expansion, we relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the ADLWD. The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21–64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL).<sup>3</sup> This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19–64 years of age, that do not meet current income limits for Medicaid eligibility.<sup>4</sup>

Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Table 3 shows ADLWD projection of the adult population (ages 19-64), the Medicaid Budget Group's draft projection of (currently eligible) Medicaid enrollees 19–64 years of age, and our projection of the newly eligible population (also 19-64 years of age). For each year through 2021, our projection of the newly eligible population is lower than the counts reported in the Lewin study and increases at a slower rate.<sup>5</sup>

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<sup>3</sup> The income eligibility threshold is 133% FPL with a 5% income disregard, making the threshold effectively 138% of FPL.

<sup>4</sup> Specifically, expansion also affects the following adults:

- Non-disabled, ages 19-20, between 123% and 138% of FPL
- Disabled, ages 18-64, between 102% and 138% of FPL who do not receive Medicare

We estimate that these groups will represent less than 3 percent of the expansion population.

<sup>5</sup> In comparison to the Lewin study, which relies on aggregated data from the CPS, various data imputations, and Lewin's national simulation model, we developed our estimate of the newly eligible population from the direct responses of Alaskan households from the BRFSS and population projections from ADLWD.

**Table 3: Projected Population of Alaskan Adults from ADLWD, Projected Medicaid Enrollment of Currently Eligible, and Projected Number of Newly Eligible Adults by Fiscal Year**

Report	2016	2017	2018	2019	2020	2021
Population ages 19-64*	471,668	472,394	472,483	471,937	471,391	470,845
Growth Rate	0.15%	0.15%	0.02%	-0.12%	-0.12%	-0.12%
Current Medicaid Enrollees 19-64**	60,767	61,201	61,419	61,618	61,798	61,961
<b>Count of Newly Eligible 19-64</b>	<b>41,910</b>	<b>41,980</b>	<b>42,050</b>	<b>42,120</b>	<b>42,190</b>	<b>42,260</b>
Below 100% FPL	23,344	23,383	23,422	23,461	23,500	23,539
100% to 138% FPL	18,566	18,597	18,628	18,659	18,690	18,721

Source: Analysis by Evergreen Economics of data from 2012 - 2013 BRFSS surveys, Alaska Department of Health and Social Services, Division of Public Health

\*Analysis by Evergreen Economics of data from *Alaska Population Projections 2012 to 2042*, Alaska Department of Labor and Workforce Development, <http://laborstats.alaska.gov/pop/popproj.htm>

\*\*Projected unduplicated count of Medicaid enrollees from *Long-Term Medicaid Forecast 2014-2034*, currently in draft and being reviewed.

Table 4 shows our projection of the newly eligible population by region. We estimate that just over half of all newly eligible persons live in the Anchorage Mat-Su region, which is currently home to about 54 percent of Alaskans.

**Table 4: Projected Newly Eligible Population by Region and Fiscal Year**

Region*	2016	2017	2018	2019	2020	2021
<b>Anchorage-Mat-Su</b>	21,124	21,161	21,197	21,231	21,266	21,302
<b>Gulf Coast</b>	5,830	5,839	5,849	5,859	5,869	5,878
<b>Interior</b>	5,787	5,796	5,806	5,816	5,825	5,835
<b>Northern</b>	1,347	1,349	1,351	1,353	1,356	1,358
<b>Southeast</b>	5,184	5,193	5,201	5,210	5,219	5,227
<b>Southwest</b>	2,638	2,642	2,646	2,651	2,655	2,660
<b>Total Count of Newly Eligible</b>	<b>41,910</b>	<b>41,980</b>	<b>42,050</b>	<b>42,120</b>	<b>42,190</b>	<b>42,260</b>

Source: Analysis by Evergreen Economics of data from 2012 - 2013 BRFSS surveys, Alaska Department of Health and Social Services, Division of Public Health

\* Regional designations used by Alaska Division of Public Health and Alaska Department of Labor and Workforce Development

Table 5 shows the distribution of the expansion population with respect to existing health insurance coverage.<sup>6</sup> As the table shows, approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer

<sup>6</sup> The 2012 BRFSS questionnaire only asked whether the respondent had any type of health insurance, not what type they had. Therefore, this table only provides responses for those individuals that completed the 2013 BRFSS questionnaire and were identified as newly eligible.

sponsored (19.6%) and partial coverage (29.3%).<sup>7</sup> Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

**Table 5: Health Insurance Status of the Expansion Population, Survey Year 2013**

Health Coverage	Percent of Responses
None	43.3%
Employer	19.6%
Purchased	4.3%
Partial Coverage*	29.3%
Not Sure, Don't Know, Refused	3.4%

Source: Analysis by Evergreen Economics of data from the BRFSS survey

\*Partial coverage includes health insurance coverage through TRICARE and the U.S. Military, as well as healthcare services provided by tribal health facilities, and possibly other sources.

Table 6 shows the employment status of the expansion population in 2012 and 2013. The majority of newly eligible adults were in the labor force, with nearly 44 percent of this group employed and 30 percent unemployed. Unemployed persons include those not working, but currently looking for work, as well as those not working due to seasonal employment. Another 21 percent were not in the labor force, which could be due to retirement, enrollment in school, family obligations, frustration with job search and no longer looking for employment, or simply by choice. Just under 6 percent of the expansion group stated they were unable to work.

**Table 6: Employment Status of the Expansion Population, Survey Years 2012-2013**

Employment Status	Percent of Responses
Employed	43.8%
Unemployed*	29.8%
Not in Labor Force**	21.0%
Unable to Work	5.5%

Source: Analysis by Evergreen Economics of data from the BRFSS survey

\* Unemployed consists of individuals who are not currently working, but are looking for work, as well as seasonal employees, not currently working.

\*\* Persons not in the workforce include those who have no job and are not looking for a job (often because they are in school, retired, or have family responsibilities) and persons in institutions.

Our assumption of growth in the expansion population through 2020 is consistent with but slightly faster than ADLWD's most recent projection for the 19-64 population.<sup>8</sup>

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<sup>7</sup> Those covered by employer-sponsored insurance may be covered by their own employer or by the employer of another person. Partial coverage includes health insurance coverage through TRICARE and the U.S. Military, as well as healthcare services provided by tribal health facilities, and possibly other sources.

## B. Per-Enrollee Spending on Medicaid Services for Newly Eligible Adults

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children.<sup>9</sup> With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.<sup>10</sup>

Based on our analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just 1.0 percent to \$6,560 in FY2013 (see Table 7). Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

**Table 7: Historical Average Per-Enroll Cost of Services**

Fiscal Year	Adults in Family Medicaid *	All Working-Age Adults
2009	\$6,359	\$12,282
2010	\$6,708	\$13,079
2011	\$6,934	\$13,301
2012	\$6,593	\$12,684
2013	\$6,560	\$12,374
<b>Annual % Growth</b>	<b>1.0%</b>	<b>0.2%</b>

Source: Analysis by Evergreen Economics of data from Alaska DHSS, Medicaid Budget Group

\* Based on Family Medicaid eligibility, ages 19-64

Our estimated annual cost of Medicaid services for the expansion population varies by gender and age (see Figure 1). For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary

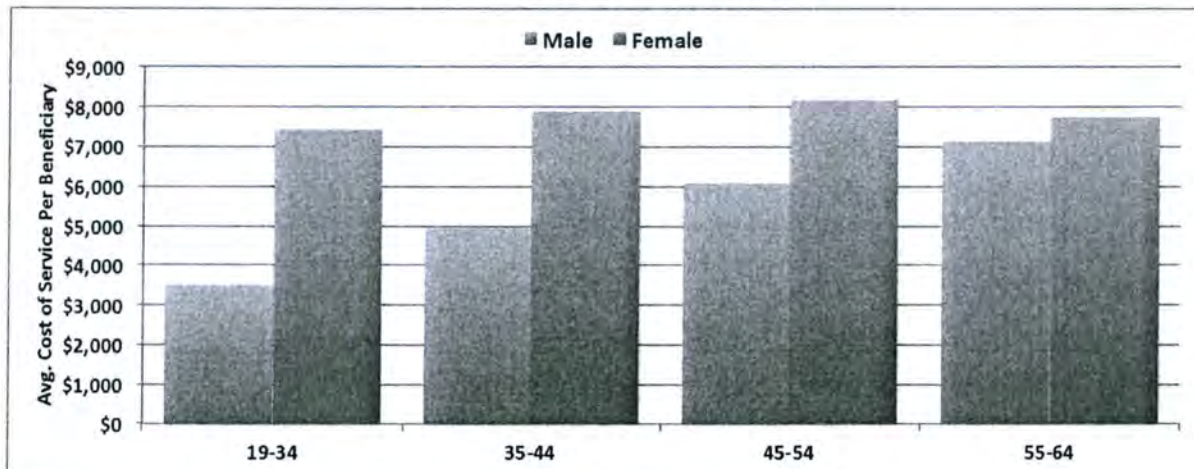
<sup>8</sup> ADLWD uses a cohort component technique to "age" over time sub-populations based on gender and age. The demographers then add in projected births and in-migrants and subtract out projected deaths and out-migrants. ADLWD expects the working-age population to grow by 14 percent between 2012 and 2042, slower than the children and elderly populations.

<sup>9</sup> There are also a small number of disabled adults in the expansion population. We relied on data for Medicaid enrollees 19-64 years of age, enrolled through the SSI/APA, Medicare, and Other Disabled eligibility categories in developing estimates of Medicaid costs for the expansion population.

<sup>10</sup> We base this conclusion on our comparative analysis of data from the 2012 and 2013 BRFSS surveys on the health status of the expansion population and the current Medicaid-eligible population. Please see the tables in the appendix of this memo to see the comparison in health status between the expansion population, current Medicaid enrollees, and Alaskan adults not in Medicaid and not in the expansion population.

substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

**Figure 1: Average Annual Cost of Medicaid Services Per Enrollee, Working-age Family Medicaid Eligibility Only, FY2012-13**



Source: Analysis by Evergreen Economics of data from Alaska DHSS, Medicaid Budget Group

***Distribution of the Expansion Population by Gender and Age***

Table 8 shows our estimated distribution of newly eligible adults in the expansion group by age and gender. We believe this group will be mostly male (54%) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because, as Figure 1 shows, this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

**Table 8: Estimated Distribution of Expansion Group With Respect to Gender and Age**

Gender	Ages 19-34	Ages 35-44	Ages 45-54	Ages 55-64	All Ages
Male	20.1%	5.2%	13.6%	14.4%	54%
Female	12.6%	5.8%	13.8%	14.5%	46%
<b>Total</b>	<b>32.7%</b>	<b>11.0%</b>	<b>27.4%</b>	<b>28.9%</b>	<b>100%</b>

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

***Estimated Spending Per Enrollee Weighted by Gender and Age***

Table 9 shows our projected annual per-enrollee costs for the expansion population. We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

**Table 9: Projected Cost of Service Per Newly Eligible Medicaid Enrollee by Fiscal Year, Weighted by Expected Gender and Age Distribution of the Expansion Population**

Parameter	2016	2017	2018	2019	2020	2021
Per Enrollee Cost	\$7,248	\$7,495	\$7,752	\$8,018	\$8,293	\$8,433

Source: Analysis by Evergreen Economics of data from Alaska DHSS, Medicaid Budget Group

### C. Estimated Costs of Medicaid Expansion

Table 10 shows estimated costs of Medicaid services and the state share of spending for fiscal years 2016 through 2020. Row 1 shows our estimate of the newly eligible population. Row 2 shows the factor (the “take-up rate”) we used to convert the count of newly eligible adults to our estimate of the new Medicaid enrollees (which are shown in row 3). The take-up rate represents the proportion of the newly eligible population that will enroll through the Medicaid expansion that year.<sup>11</sup> The take-up rate assumptions shown in Table 10 are from the 2014 study conducted by the Lewin Group for the State of Alaska.<sup>12</sup> The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.

According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the HIPSM (health insurance policy simulation model) average 60.5 percent among newly eligible people.<sup>13</sup> Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to 83 percent.<sup>14</sup> Another study by Kenny et al. in 2012 found that the average participation rate for Medicaid-eligible adults was 67.4 percent.<sup>15</sup>

Row 4 shows our estimates of the per-enrollee cost of service, which is a weighted average based on cost data for current Medicaid enrollees and our expectations of the distribution of the expansion population with respect to gender, age, and disability status.<sup>16</sup> Row 5 shows our estimated total cost of service, which is calculated by multiplying the count of new enrollees by the average estimated spending per enrollee.

Row 6 shows our estimate of the percent of spending by the newly eligible Medicaid enrollees that would qualify for 100 percent federal match under either the ACA or IHS FMAP.<sup>17</sup> When an IHS

<sup>11</sup> For example, our estimate of newly eligible adults for FY2016 is 41,910 and the estimated take-up rate for FY2016 is 47.9%; thus, we estimate  $41,910 \times 47.9\% = 20,066$  newly eligible adults will enroll in Medicaid in FY2016.

<sup>12</sup> The take-up rate used in our analysis is the product of the take-up rate and lag-rate show in Table B-3 of the Lewin report.

<sup>13</sup> <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8384.pdf>

The HIPSM does not make assumptions about participation; instead it uses data and literature about Medicaid participation based on factors such as income, race, education, and previous sources of health coverage to determine the likelihood of participation.

<sup>14</sup> <http://content.healthaffairs.org/content/31/5/909.abstract>

<sup>15</sup> <http://www.nhchc.org/wp-content/uploads/2011/09/Kenney-MedicaidEligibilityEnroll-2012.pdf>

<sup>16</sup> We estimate that about 1.5% of the expansion population is disabled.

<sup>17</sup> The Federal Medical Assistance Percentage (FMAP) rates for the ACA expansion are as follows: CY2015 – CY2020 are as follows: 100%, 100%, 95%, 94%, 93%, 90%. For our analysis, we modified these rates from calendar year to state fiscal

beneficiary, who qualifies for Medicaid, receives care at a tribal health facility, the federal match is 100%. This is important because after FY2016, the FMAP under the ACA expansion begins to decrease each year until FY2021, when it will remain at 90 percent. The IHS FMAP continues at 100 percent. We estimate that about 13 percent of spending by the newly eligible enrollees will continue to receive the 100 percent match rate from the federal government through the IHS FMAP.

Rows 7 and 8 show our estimates of federal and state spending on Medicaid services for the newly eligible population.

**Table 10: Projected Spending on Medicaid Expansion Services by Fiscal Year**

Row	Spending	2016	2017	2018	2019	2020	2021
1	Newly Eligible Adults	41,910	41,980	42,050	42,120	42,190	42,260
2	Take-up Rate*	47.9%	55.4%	63%	63%	63%	63%
3	New Enrollees	20,066	23,273	26,492	26,535	26,580	26,623
4	Spending Per Enrollee	\$7,248	\$7,495	\$7,752	\$8,018	\$8,293	\$8,433
-----Costs in Thousands of Dollars-----							
5	Total Spending on Expansion Services	\$145,435	\$174,438	\$205,368	\$212,747	\$220,433	\$224,514
6	Federal Participation**	100%	97.8%	95.2%	94.3%	92.6%	91.3%
7	Federal Spending	\$145,435	\$170,633	\$195,514	\$200,683	\$204,087	\$204,928
8	State Spending	\$0	\$3,804	\$9,854	\$12,064	\$16,346	\$19,587

Source: Analysis by Evergreen Economics of data from various sources

\* From *An Analysis of the Impact of Medicaid Expansion in Alaska*, Prepared by The Lewin Group, April 12, 2013. The Take-up Rate shown Table 10 is the product of the *take-up rate* and the *lag rate* shown in Figure B-3 of the Lewin report; it represents the estimated percent of newly eligible adults that will enroll in Medicaid in that year.

\*\* The federal participation rates shown in Table 10 incorporate the following two adjustments:

1. Federal financial participation rates for Medicaid expansion are based on calendar year. Because we conducted our analysis based on the state fiscal year, which begins on July 1 and ends on June 30, we averaged the calendar rates to approximate the fiscal year FMAP rates.
2. We estimate that 29% of newly eligible Medicaid enrollees will be either Alaska Native or American Indian. Based on recent historical data from the Medicaid Budget Group, 44% of Medicaid expenses incurred by Alaska Natives and American Indians are provided by a tribal health facility and, therefore are eligible for the 100% federal match under the IHS FMAP (Percent IHS Qualify = 29% \* 44% ≈ 12.8%). As the federal match rate under Medicaid expansion decreases between FY2014 and FY2020, an increasing amount of Medicaid spending (by Alaska Natives and American Indians at tribal health facilities) will shift to the 100% tribal FMAP rate.

year. In addition, we factored in a tribal FMAP adjustment to account for Medicaid services provided to Alaska Natives and American Indians at tribal health facilities.

## Appendix Tables: Health Status Comparison Between Expansion Population, Current Medicaid Enrollees, and All Other Alaskan Adults

The following tables are based on analysis of the 2012 and 2013 BRFSS survey years and are intended to show the extent to which the newly eligible population differs from the currently Medicaid-eligible adult population and other Alaskan adults (those neither newly eligible for Medicaid under the expansion, nor currently eligible for Medicaid). It is important to note that individuals we identified as "Currently Eligible" within the BRFSS data are not necessarily enrolled in Medicaid. Rather, they are identified as eligible for Medicaid, but may or may not be actually enrolled. For each of the following tables, the three comparison groups are defined as:

- **Newly Eligible:** Alaskans 19 to 64 years of age who are eligible for Medicaid through the expansion.
- **Currently Eligible:** Alaskans 19 to 64 years of age who are currently eligible for Medicaid but may or may not be enrolled in Medicaid
- **Other Adults:** Alaskans 19 to 64 years of age who are not Newly Eligible or Currently Eligible

**Table 11: Gender Distribution of Newly Eligible, Currently Eligible, and Other Adults**

Gender	Newly Eligible	Currently Eligible	Other Adults
Male	53.3%	45.2%	54.6%
Female	46.7%	54.8%	45.4%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

**Table 12: Age Distribution of Newly Eligible, Currently Eligible, and Other Adults**

Gender	Newly Eligible	Currently Eligible	Other Adults
19-34	32.6%	44.0%	30.8%
35-44	11.1%	27.8%	21.1%
45-54	27.4%	18.3%	24.8%
55-64	28.9%	9.9%	23.2%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

**Table 13: Labor Force Participation by Newly Eligible, Currently Eligible, and Other Adults**

Employment Status	Newly Eligible	Currently Eligible	Other Adults
Employed	43.8%	51.1%	76.0%
Unemployed	29.8%	13.7%	5.4%
Not in work force	21.0%	20.5%	16.4%
Unable to work	5.5%	14.7%	2.3%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

**Table 14: Proportion Alaska Native of Newly Eligible, Currently Eligible, and Other Adults**

Designation	Newly Eligible	Currently Eligible	Other Adults
Alaska Native or American Indian	28.7%	30.2%	12.4%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

**Table 15: Self-Reported Health Status by Newly Eligible, Currently Eligible, and Other Adults**

General Health	Newly Eligible	Currently Eligible	Other Adults
Excellent	17.3%	16.2%	21.9%
Very Good	19.8%	25.6%	38.7%
Good	35.0%	36.7%	30.2%
Fair	20.3%	13.5%	7.3%
Poor	7.7%	8.2%	1.8%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

**Table 16: Self-Reported Physical Health Status by Newly Eligible, Currently Eligible, and Other Adults**

Days Last Month <u>Physical</u> Health Was Not Good	Newly Eligible	Currently Eligible	Other Adults
Average Number of Days	5.7	5.6	2.5
Reported 0 days	56.9%	56.5%	68.6%
Reported 1-7 days	23.2%	22.4%	22.9%
Reported 8-14 days	3.5%	5.0%	2.6%
Reported >14 days	16.4%	16.1%	5.9%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

**Table 17: Self-Reported Mental Health Status by Newly Eligible, Currently Eligible, and Other Adults**

Days Last Month <u>Mental</u> Health Was Not Good	Newly Eligible	Currently Eligible	Other Adults
Average Number of Days	4.8	5.0	2.5
Reported 0 days	59.0%	56.9%	69.5%
Reported 1-7 days	21.7%	21.4%	20.6%
Reported 8-14 days	4.3%	6.6%	3.4%
Reported >14 days	15.1%	15.1%	6.4%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

# The Healthy Alaska Plan: A Catalyst for Reform

Healthy Alaskans – Healthy Economy – Healthy Budgets



Alaska Department of Health and Social Services  
February 2015

*"This evening there are tens of thousands of Alaskans with no health insurance who could be covered at no cost to the state. These are mothers and fathers, sons and daughters; entire families who will go to bed tonight in fear. Fear that despite their best efforts, they are just one injury or diagnosis away from losing everything. That's wrong. It's unacceptable. And we're going to put an end to that on my watch."*

Governor Bill Walker, *State of the State* address, January 2015



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

**Department of  
Health and Social Services**

Office of the Commissioner

3601 C Street, Suite 902  
Anchorage, Alaska 99503-5924  
Main: 907.269.7800  
Fax: 907.269.0060

February 6, 2015

Dear Alaskans,

Governor Walker and I have heard from so many Alaskans about their inability to get the health care they need. We all have an interest in ensuring that Alaskans are as productive as possible and can contribute to our communities and economy. But people can't work, hunt, or fish when they are not healthy.

Medicaid expansion is our opportunity to invest in the health of Alaskans and the health of our economy. Over 41,000 of our family members, friends and neighbors have the opportunity for health coverage.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. Leveraging the federal resources that come with expansion is our biggest opportunity to finance our reform efforts.

I look forward to working with Alaskans to redesign our Medicaid system to meet our current fiscal challenges while ensuring that our most vulnerable Alaskans have access to wellness and prevention programs.

Quyana (thank you).

A handwritten signature in black ink, appearing to read "Valerie Davidson".

Valerie Davidson  
Commissioner  
Department of Health & Social Services

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# The Healthy Alaska Plan: A Catalyst for Reform

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### GOALS FOR IMPROVING HEALTH CARE IN ALASKA

The Walker/Mallott Transition Team recommended the following goals for improving health care in Alaska<sup>1</sup>:

- Implement Medicaid expansion without delay as a catalyst for Medicaid reform
- Maximize federal revenue and minimize unrestricted general fund expenditures
- Recognize that those eligible for Medicaid through expansion can move to self-sufficiency
- Engage interagency and interdepartmental collaborations to leverage human and financial resources
- Ensure the transparency of data and information
- Decrease the percent of state residents without health insurance
- Hold increases in the cost of healthcare to the rate of inflation in Alaska
- Increase the number of healthcare providers in Alaska

*The Healthy Alaska Plan: A Catalyst for Reform*, serves as the path to Medicaid expansion and the reform efforts for the State's current Medicaid program. This report outlines how Medicaid expansion functions as the catalyst for meaningful Medicaid reform. This report includes the benefits for our fellow Alaskans who would gain access to health care coverage with expansion, as well as the positive impacts to Alaska's economy and the associated savings to the State budget.

## I. Healthy for Alaskans

Many low-income Alaskan adults will be able to access health coverage through Medicaid expansion. Currently, adult Medicaid is limited to residents who must not only be low-income, but also be in a certain category such as disabled, pregnant or caretakers of dependent children. The importance of access to health care cannot be understated.

Access to health care means improved health outcomes and increased productivity and independence. With Medicaid expansion:

- The number of uninsured Alaskans would be reduced by half;<sup>ii</sup>
- More Alaskans would receive preventative and primary care, including behavioral health services and help in managing costly chronic diseases;
- Business owners would benefit because of less turnover and fewer lost work days due to employees with unattended illnesses and injuries; and,
- Alaska's statewide mortality rate would drop.<sup>iii</sup>

The bottom line is — **health care coverage saves lives**. A recent analysis of the impacts of health insurance coverage was conducted by health economists at Harvard University comparing mortality rates for adults in Massachusetts for the five years prior to and five years following the date health reform took effect in that state, versus a control group with similar demographics and economic conditions. The analysis found that for every 830 adults who gained health insurance, one death per year was prevented.<sup>iv</sup>

Access to health care coverage means Alaskans will receive more preventative and primary health care that can prevent death, disability and costly health services.<sup>v,vi</sup>

- Uninsured adults are less likely than insured adults to receive preventive services or screening, such as mammograms, Pap smears, or prostate screening.
- Inadequate prevention and screening increase the likelihood of preventable illness, missed diagnoses and delays in treatment.
- Chronic diseases — such as cancer, heart disease, stroke, arthritis, asthma, diabetes, and behavioral health conditions — are among the most prevalent, costly, and preventable or controllable of all health problems.

- The five most common causes of death in Alaska are cancer, heart disease, unintentional injuries, stroke and chronic lower respiratory disease. Of those, four are either preventable or treatable if caught early (cancer, heart disease, stroke, COPD).
- In 2014, diabetes was the seventh leading cause of death in Alaska — 106 Alaskans died from diabetes mellitus.

Health care access also helps address some of Alaska’s most pressing social issues.

- For our prisoner and parole population, access to behavioral health care, including substance abuse treatment and mental health services, reduces offender recidivism.<sup>vii</sup>
- Alaska leads the country in high rates of domestic violence and sexual assault. Many survivors do not have health coverage, or lose it when they leave their abuser. Improved health care access through insurance coverage will make a positive difference in health behaviors and outcomes for victims of domestic violence and sexual assault in Alaska.
- Access to Medicaid coverage is already showing a positive difference for the homeless population in other states. According to a recent Kaiser Family Foundation report, 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.<sup>viii</sup>

Access to health care and insurance coverage impacts everything from prevention of disease and disability, quality of life, life expectancy, and the ability of people to work and become self-sufficient.

#### WHO WILL BE ELIGIBLE FOR COVERAGE THROUGH EXPANSION?

Medicaid expansion will increase access to health insurance for an estimated 41,910 low-income Alaskans.<sup>ix</sup> These are adults from 19 to 64 years of age who are currently not eligible for Medicaid — those not caring for dependent children, not disabled or pregnant, and who earn at or below 138% of the Federal Poverty Level (FPL) for Alaska. The Alaskans who will be eligible for Medicaid through the expansion live in all areas of the state.

#### Geographic Distribution of Alaskans Eligible for Medicaid through Expansion

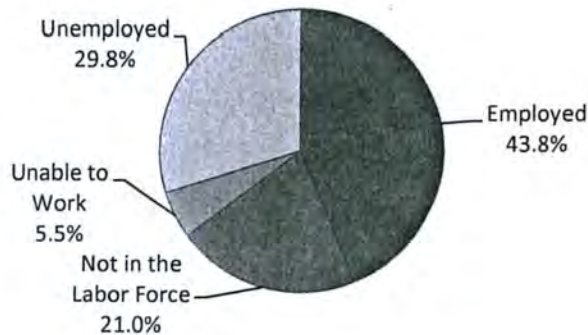


Those in the expansion population include individuals who are not currently offered affordable health insurance coverage by their employer, may not be eligible for subsidized plans on the Health Insurance Marketplace, and cannot afford to purchase an individual health insurance plan on their own.

Expansion will benefit single Alaskans without dependent children earning up to \$20,314 a year, and married couples without dependent children earning up to \$27,490 per year. Once these Medicaid recipients in the expansion population achieve a higher income they will be able to transition to the Health Insurance Marketplace and receive a subsidy to help afford coverage until their income reaches 400% FPL.

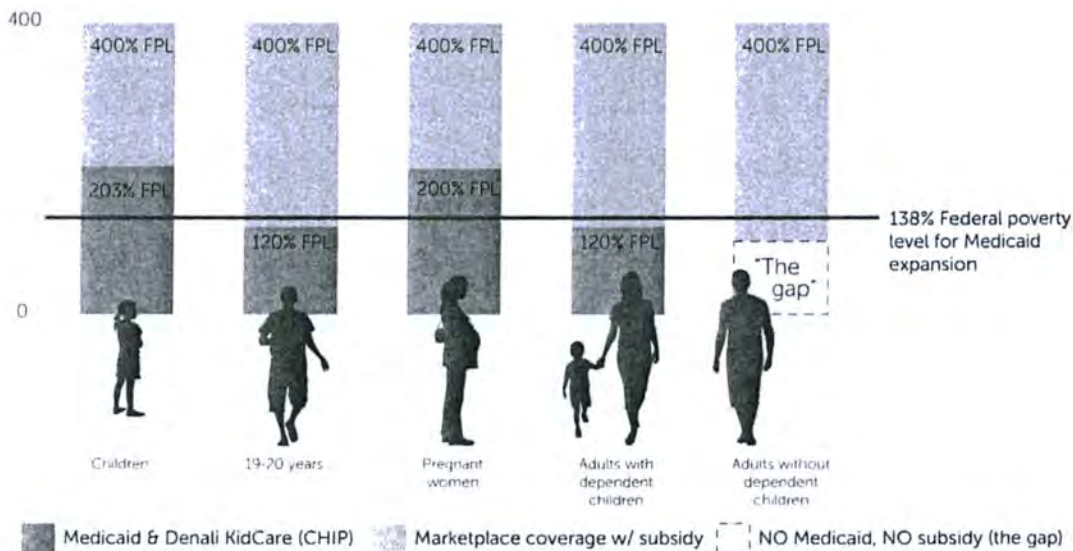
Nearly 20,100 of those eligible are expected to enroll in the first year of expansion, increasing to over 26,500 by the year 2021. Many are employed. Those who are unemployed are Alaskans who are not currently working but are looking for work, and include seasonal employees not currently working. Those identified as not in the labor force have no job and are not currently seeking employment because they are retired, in school, have family responsibilities, are incarcerated, or have other circumstances that preclude them from seeking employment.

**Employment Status of Alaska's  
Medicaid Expansion Population**



Approximately 24,000 of Alaskans (55% of the expansion population) have an annual income below 100% FPL. People earning less than 100% FPL do not qualify for a subsidy to purchase health insurance through the Health Insurance Marketplace and fall in “The Gap” for access to coverage.

### Income Eligibility for Health Coverage



The Affordable Care Act limits eligibility for subsidies to those with incomes between 100% and 400% FPL. The Act as passed by Congress in 2010 required states to expand Medicaid eligibility as a condition of participation in the Medicaid program, providing guaranteed access to coverage for these lowest income Americans. However, a ruling by the U.S. Supreme Court in 2012 made Medicaid expansion optional for states. The result of this court decision left low-income Americans earning less than 100% FPL who live in states that did not expand Medicaid eligibility in “The Gap.” This means they are not eligible for Medicaid and are also not eligible for a subsidy to purchase health insurance.

## II. Healthy for the Economy

Alaska is currently facing a serious fiscal challenge. The rapid and steep decline in oil prices not only affects state government revenue levels, but has a ripple effect throughout our petroleum-dependent economy. At this time, when our state economy is particularly threatened with a potential recession, additional federal revenue and the accompanying job creation could help cushion the blow until oil prices begin climbing again and our economy stabilizes.

Medicaid expansion will bring more than one billion new federal dollars into Alaska's economy over the first five years, and create 4,000 new jobs.<sup>x</sup> The benefits of expansion will affect all populations, regions and sectors as measured in improved health, job opportunities and short and long term medical care cost savings. By expanding Medicaid, the state will make a vital investment in Alaskans and Alaska while paving the way to meaningful Medicaid reform.

Studies project that over the next seven years Medicaid expansion in Alaska would likely yield:<sup>xi, xii</sup>

- 40,000 uninsured Alaskans eligible for basic health care coverage
- \$1.1 Billion in new federal revenue for Alaska
- 4,000 new jobs
- \$1.2 Billion more in wages and salaries paid to Alaskans
- \$2.49 Billion in increased economic activity throughout the state

Moreover, accessing these federal funds that our economy needs and Alaskans are due corrects an inequity in federal policy. The federal Medicaid expansion policy benefits Americans living in certain states, the expansion states, at the expense of those Americans living in non-expansion states. Expansion will bring Alaska tax dollars back to Alaska and drive needed economic activity across the state.

Expanding Medicaid also helps reduce State general Fund expenditures because the federal funds will cover certain health services the state currently provides with general fund dollars. For example, the Alaska Department of Corrections is obligated to provide health care for incarcerated individuals and does so with State general fund dollars. Under expansion, federal Medicaid funds would pay for some of those services and save the state an estimated \$4.1 million the first year and about \$7 million each year following. This and additional areas of state savings are explained further in the next section.

Another challenge for Alaska's economy and Alaskan employers is the high price of health insurance premiums and the underlying prices for medical services in our state. One driver of higher prices is uncompensated care, which is care provided for individuals who are unable to or otherwise do not pay their medical bills. These unpaid bills translate into higher prices for commercially purchased health insurance and for self-insured employers. Arizona hospitals reported a decrease in uncompensated care of 31% during the first four months after Medicaid expansion was implemented there.<sup>xiii</sup> In 2011, Alaska non-tribal hospitals provided \$91 million in uncompensated care. A significant drop in the level of uncompensated care similar to Arizona's experience could assist in controlling health care cost growth in our state.

### III. Healthy for the State Budget

It may seem counterintuitive that giving more people health care will result in state budget savings, but the new federal revenue that comes with expansion enables savings of state general fund dollars currently obligated in other programs. These savings completely offset the state’s share of the associated administrative costs *and* enable additional general fund reductions.

#### MEDICAID EXPANSION GENERATES NEW REVENUE AND SAVES STATE MONEY

Providing access to health care for more Alaskans will both improve the quality of life for thousands of Alaskans while increasing state revenues and generating savings to the state general fund.

In FY 2016, the State of Alaska has the opportunity to provide access to health care coverage for over 41,000 Alaskans while reducing the general fund budget by \$6.1 million.

Not all 41,000 potentially eligible Alaskans are expected to enroll in Medicaid. People don’t enroll for a number of reasons: they don’t think they will need health care; don’t want to sign up with the government; or just never get around to it. During the first year of expansion, over 20,000 people are expected to enroll, with the number increasing each year before leveling at about 63% of eligible Alaskans, or nearly 27,000 enrollees.<sup>xiv</sup>

#### Increase in Enrollees and Revenue

Currently, the federal government funds 50% of most Medicaid expenses. Under expansion, the federal government will pay Alaska 100% of the health care expenses associated with the newly covered population for calendar years 2015 and 2016. The federal government will then transition its match over several years to 90% of health care expenses for the new population. Starting in 2020, the federal match remains at 90%. The state is not required to continue the expansion coverage beyond the 90% match.

	2016	2017	2018	2019	2020	2021
<b>New Enrollees</b>	20,066	23,273	26,492	26,535	26,580	26,623
<b>Cost Per Enrollee</b>	\$7,248	\$7,495	\$7,752	\$8,018	\$8,293	\$8,433

-----Costs Below are in Thousands of Dollars-----

<b>Total Health Care Spending for New Enrollees</b>	\$145,435	\$174,438	\$205,368	\$212,747	\$220,433	\$224,514
<b>Federal Share</b>	\$145,435	\$170,633	\$195,514	\$200,683	\$204,087	\$204,928
<b>State Share</b>	\$0	\$3,804	\$9,854	\$12,064	\$16,346	\$19,587

Source: Analysis by Evergreen Economics<sup>xv</sup>

**Savings to State General Fund**

While the federal government is obligated to pay the state for the vast majority of costs associated with covering the Medicaid expansion population, the state will still bear some new costs. However, the state will be able to offset those costs by reducing or eliminating general fund contributions to programs that provide health care to the newly eligible people in Medicaid. Initial offsets include:

- The Chronic and Acute Medical Assistance program (CAMA) that provides limited state funded coverage for the lowest income Alaskans for certain serious medical conditions. A large portion of this population will qualify for and be covered under the expanded Medicaid program, which means that the state can immediately cut \$1 million in state general fund payments.
- The state is required to provide health care for incarcerated individuals in the corrections system. In Alaska, these services are currently provided with state general fund dollars. Incarcerated inmates are not eligible for Medicaid when inside the correctional institution. However, when receiving inpatient hospital services outside the institution, those services can be covered by Medicaid if the individual is otherwise eligible. The Department of Corrections has estimated savings based on what they paid for these inpatient services in 2014 and the projected in-state population. An additional benefit of expansion is many of these people will be eligible for Medicaid upon release and thus able to access health services, including substance abuse treatment, which is expected to reduce recidivism.
- Savings are expected in behavioral health grants as the number of Medicaid eligible Alaskans they serve is increased through expansion. While Medicaid will not replace all of the cost of these services, a significant amount can be refinanced.
- Similar cuts will occur in other Department of Health & Social Services programs as well as other state agencies as additional potential savings are identified. These cuts will significantly increase year after year as expansion enrollment ramps up to full capacity.

**GENERAL FUND COSTS AND OFFSETS IDENTIFIED TO DATE:**

	2016	2017	2018	2019	2020	2021
----- General Fund Costs -----						
Health Care Costs	\$0	\$3,804	\$9,854	\$12,064	\$16,346	\$19,587
Administrative Costs for Medicaid expansion	\$0*	\$1,392	\$1,478	\$1,499	\$1,600	\$1,625
----- General Fund Offsets -----						
Chronic & Acute Medical Assistance (CAMA)	\$1,000	\$1,300	\$1,400	\$1,500	\$1,500	\$1,500
Corrections	\$4,100	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000
Behavioral Health Grants	\$1,000	\$5,000	\$9,000	\$13,000	\$16,000	\$16,000
<b>TOTAL SAVINGS</b>	<b>(\$6,100)</b>	<b>(\$8,104)</b>	<b>(\$6,068)</b>	<b>(\$7,937)</b>	<b>(\$6,554)</b>	<b>(\$3,288)</b>

\* FY16 Administrative Cost is being funded by the Alaska Mental Health Trust Authority

## IV. Catalyst for Reform

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 Medicaid providers, turn the cost curve, and improve value. Medicaid expansion is required to provide the federal funding and the flexibility needed to facilitate fundamental reform. As demonstrated in Section III, expanding Medicaid eligibility even without enacting reforms will save the State of Alaska general fund dollars. Greater savings and improved quality and outcomes in the program can be achieved with meaningful Medicaid reforms.

As private health insurance becomes increasingly expensive in our state, Medicaid expansion provides opportunities to decrease employer health benefit costs and private insurance premiums. Medicaid reform can jump-start private sector health care reform.

According to the Alaska State Hospital & Nursing Home Association, non-tribal hospitals<sup>1</sup> in our state provided \$91 million in uncompensated care in 2011.<sup>xvi</sup> Based on the experience in other states that have already expanded Medicaid, an estimated reduction in uncompensated care of 20% - 30% could be achieved in Alaska, which could amount to a decrease of between \$18 and \$27 million in lost revenue at non-tribal hospitals and translate into lower hospital prices for private payers.

New, innovative models of care and other reforms can create efficiencies in the health care delivery system and reduce waste in the form of unnecessary or ineffective services. Reforms aimed at ensuring Medicaid patients are receiving the right care, at the right time, in the right place and at the right price will improve patient satisfaction and outcomes and free up capacity in the health care system.

The building blocks for achieving meaningful Medicaid Reform for our state will include:

- I. **Payment Reform:** Reimbursement methodologies from fee-for-service payment structures that incentivize higher service volume and rewards inefficiencies in the delivery system, to alternative payment mechanisms that can drive improved value.
- II. **Strengthened Primary Care:** A high-performing health care system rests on a foundation of access to primary care providers who are adequately supported to manage and coordinate care for their patients.
- III. **Care Management:** Improvements in medical management of Medicaid services will ensure appropriate utilization of services.
- IV. **Workforce Innovation:** 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 with more support for patient care.

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<sup>1</sup> Differences in cost reporting requirements between tribal and non-tribal hospitals make calculations and comparisons between the two difficult.

- V. **Maximizing federal matching fund opportunities:** Medicaid waiver opportunities that allow delivery and payment for services outside of the traditional Medicaid program will be thoroughly explored. Those identified as saving state general funds and improving care will be pursued. Working with other state agencies and with systems such as the statewide community health centers may provide support to leverage federal financing. Partnerships with the tribal health system and our ability to receive 100% federal reimbursement for Medicaid services provided in that system could result in additional state general fund savings.
- VI. **Improved Telehealth Capability:** Identification of barriers to service delivery through telehealth to improve access, address health care system capacity, and reduce travel requirements for rural Alaskans.

These reforms will strengthen and incorporate program improvements already underway in Alaska's Medicaid Program, which include:

- An initiative to control overutilization of hospital emergency room services;
- Increased fraud and abuse prevention and control efforts;
- Activities to reduce waste, i.e., unnecessary or ineffective services, through improved medical management;
- Home and community-based service improvements for seniors and Alaskans with disabilities with a focus on person-centered planning and conflict-free services;
- Coordination with Patient-Centered Medical Home initiatives;
- Coordination with the Alaska tribal health system to increase community resources and strengthen systems of care across the state; and,
- Investigating methods for refinancing Medicaid through waiver options.

The reform effort will also evaluate potential strategies for increasing prevention and shared responsibility, for example through:

- Cost-sharing requirements for certain enrollees, such as those between 100% and 138% FPL;
- Cost-sharing for certain services, such as non-emergency use of hospital emergency department services;
- Support for Health Savings Accounts (HSAs) for certain enrollees;
- Choice restrictions for certain enrollees and services to direct patients to the appropriate level of care;
- Incentives for healthy behaviors;

- Increased access to preventative services shown to improve health outcomes and decrease health care costs; and,
- Work assistance benefits for the expansion group, such as access to job search websites, resume assistance and skills-to-job matching services, job training, vocational rehabilitation and other work supports.

The Medicaid reform plan will be based in part on recommendations from the Alaska Health Care Commission and the Medicaid Reform Advisory Group. The department will be supported in this effort with funding from the Alaska Mental Health Trust Authority for a technical assistance contract. The contractor will assess and recommend various options for reform, and support the department to draft the plan with input from national and local experts and feedback from the public. Their work will include an in-depth analysis of different types of benefit packages, and will consider the applicability of innovations from other states to Alaska's Medicaid program and health care market.

## End Notes

<sup>i</sup> Walker/Mallott Transition Team Reports: <http://gov.alaska.gov/Walker/transition-2014.html>

<sup>ii</sup> *Medicaid in Alaska Under the ACA*. Health Policy Center, the Urban Institute. February 2013. Available on <http://dhss.alaska.gov/healthyalaska/>

<sup>iii</sup> Sommers, BD, Long, SK, Baicker, K. Changes in Mortality after Massachusetts Health Care Reform. *Ann Intern Med*. 2014; 160(9):585-593. Doi:10.7326/M13-2275.

<sup>iv</sup> *Ibid.*

<sup>v</sup> *Medicaid in Alaska Under the ACA*. Health Policy Center, the Urban Institute. February 2013. Available on <http://dhss.alaska.gov/healthyalaska/>.

<sup>vi</sup> *Chronic Disease in Alaska: 2014 Brief Report*. Alaska Department of Health & Social Services. [http://dhss.alaska.gov/dph/Chronic/Documents/Publications/assets/2014\\_CDBriefReport.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/Publications/assets/2014_CDBriefReport.pdf)

<sup>vii</sup> DiPietro, B., & Klingenmaier, L. (2013). Achieving Public Health Goals through Medicaid Expansion: Opportunities in Criminal Justice, Homelessness, and Behavioral Health with the Patient Protection and Affordable Act. *American Journal of Public Health*, 25-29.

<sup>viii</sup> *Early Impacts of the Medicaid Expansion for the Homeless Population*. Kaiser Family Foundation. Nov 2014. <http://kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population/>

<sup>ix</sup> *Projected Population, Enrollment, Service Costs and Demographics of Medicaid Expansion Beginning in FY 2016*. Evergreen Economics analysis for the Alaska Department of Health & Social Services. February 4, 2015. Available on <http://dhss.alaska.gov/healthyalaska>.

<sup>x</sup> *Ibid.* And, *Fiscal and Economic Impacts of Medicaid Expansion in Alaska*. Northern Economics. February 2013. Both reports are available on <http://dhss.alaska.gov/healthyalaska>.

<sup>xi</sup> *Projected Population, Enrollment, Service Costs and Demographics of Medicaid Expansion Beginning in FY 2016*. Evergreen Economics analysis for the Alaska Department of Health & Social Services. February 4, 2015. Available on <http://dhss.alaska.gov/healthyalaska>.

<sup>xii</sup> *Fiscal and Economic Impacts of Medicaid Expansion in Alaska*. Northern Economics. February 2013. Available on <http://dhss.alaska.gov/healthyalaska>.

<sup>xiii</sup> *Impact of Insurance Expansion on Hospital Uncompensated Care Costs in 2014*. Office of the Assistant Secretary for Planning & Evaluation, US Department of Health & Human Services. [http://aspe.hhs.gov/health/reports/2014/uncompensatedcare/ib\\_uncompensatedcare.pdf](http://aspe.hhs.gov/health/reports/2014/uncompensatedcare/ib_uncompensatedcare.pdf)

<sup>xiv</sup> *Projected Population, Enrollment, Service Costs and Demographics of Medicaid Expansion Beginning in FY 2016*. Evergreen Economics analysis for the Alaska Department of Health & Social Services. February 4, 2015. Available on <http://dhss.alaska.gov/healthyalaska>.

<sup>xv</sup> *Ibid.*

<sup>xvi</sup> <http://d2vx0b949pmiku.cloudfront.net/wp-content/uploads/2012/11/Uncompensated-care-Talking-Points-Final-1-29-15.pdf>



**Supporters of Medicaid Reform & Expansion**

1. AARP Alaska
2. Abused Women's Aid in Crisis, Inc. (AWAIC)
3. Ahtna, Incorporated
4. AK Child & Family
5. AKEELA
6. Alaska AFL-CIO
7. Alaska AIDS Assistance Association
8. Alaska Association on Developmental Disabilities
9. Alaska Baptist Family Services
10. Alaska Brain Injury Network
11. Alaska Chamber
12. Alaska Coalition on Housing and Homelessness
13. Alaska Early Childhood Advocacy Group
14. Alaska Family Services
15. Alaska Federation of Natives
16. Alaska Geriatric Exchange Network
17. Alaska Injury Prevention Center
18. Alaska Island Community Services
19. Alaska Legal Services Corp.
20. Alaska Literacy Program
21. Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse



22. Alaska Mental Health Trust Authority
23. Alaska Municipal League
24. Alaska Native Brotherhood and Alaska Native Sisterhood Camp 70
25. Alaska Native Health Board
26. Alaska Native Tribal Health Consortium
27. Alaska Network on Domestic Violence and Sexual Assault
28. Alaska Nurses Association
29. Alaska Pharmacists Association
30. Alaska Physical Therapy Association
31. Alaska Physicians & Surgeons
32. Alaska Primary Care Association
33. Alaska State Hospital & Nursing Home Association
34. Alaska State Medical Association
35. Alaska Women's Lobby
36. Alaska Youth & Family Network
37. Aleutian Housing Authority
38. Aleutian Pribilof Islands Association, Inc.
39. American Cancer Society
40. American Diabetes Association
41. American Heart Association/American Stroke Association
42. American Lung Association in Alaska



43. Anchorage Chamber of Commerce
44. Anchorage Coalition to End Homelessness
45. Anchorage Community Mental Health Services
46. Anchorage Faith & Action Congregations Together
47. Anchorage Human and Social Services Executive Directors
48. Anchorage Municipal Assembly
49. Anchorage Neighborhood Health Center
50. Anchorage Youth Development Coalition (AYDC)
51. ANCSA Regional Association
52. The Arc of Anchorage
53. Assets, Inc.
54. Bartlett Regional Hospital
55. Bering Straits Native Corporation
56. Bethel Chamber of Commerce
57. Bristol Bay Area Health Corporation
58. Bristol Bay Native Association
59. Bristol Bay Native Corporation
60. Camp Fire USA Alaska Council
61. Cancer Action Network
62. Catholic Community Services
63. Catholic Social Services



64. CCS Early Learning
65. Central Peninsula Hospital
66. CHOICES
67. City of Barrow
68. City of Pelican
69. City of Valdez
70. Community Connections
71. Congregation Sukkat Shalom
72. Cook Inlet Council on Alcohol & Drug Abuse
73. Cook Inlet Region Inc.
74. Cook Inlet Tribal Council
75. Co-Occurring Disorders Institute
76. Cordova Community Medical Center
77. Covenant House Alaska
78. Curyung Tribal Council
79. Denali Family Services
80. Doyon Limited
81. Effective Health Design
82. Enroll Alaska
83. Fairbanks Community Mental Health Services
84. Fairbanks Economic Development Corporation



85. Fairbanks Native Association
86. Family Centered Services of Alaska
87. Food Bank of Alaska
88. Foraker Group
89. Frontier Community Services
90. Gastineau Human Services Corporation
91. Governor's Council on Disabilities & Special Education
92. Greater Fairbanks Community Hospital Foundation
93. Hope Community Resources, Inc.
94. Identity Inc.
95. Iliuliuk Family and Health Services
96. Interior Aids Association
97. Juneau Alliance for Mental Health, Inc.
98. Juneau Central Council AFL/ CIO
99. Juneau City & Borough Assembly
100. Juneau Economic Development Council
101. Juneau Tlingit & Haida Community Council
102. Juneau Youth Services
103. Kenai Peninsula Borough Assembly
104. Kenaitze Indian Tribe
105. Kodiak Area Native Association



106. League of Women Voters of Alaska
107. March of Dimes Foundation Alaska Chapter
108. Matanuska-Susitna Borough Assembly
109. Mat-Su Health Foundation
110. Mat-Su Health Services, Inc.
111. Mountain-Pacific Quality Health Foundation
112. Municipality of Skagway
113. NAACP
114. NAMI
115. NANA Regional Corporation
116. Narcotic Drug Treatment Center, Inc.
117. National Association of Social Workers – Alaska Chapter
118. National Council on Alcoholism and Drug Dependence Juneau, Alaska
119. Native Village of White Mountain
120. NEA Alaska
121. New Koliganek Village Council
122. Nine Star Education and Employment Services
123. Nondalton Tribal Council
124. North Slope Borough
125. North Star Behavioral Health
126. Norton Sound Health Corporation



- 127. Peninsula Community Health Services of Alaska
- 128. Petersburg Mental Health Services, Inc.
- 129. Planned Parenthood of the Great Northwest
- 130. Professional Nursing Consultants
- 131. Railbelt Mental Health & Addictions
- 132. Rainforest Recovery Center
- 133. Residential Youth Care, Inc.
- 134. RurAL CAP
- 135. SeaView Community Services
- 136. Sitka Borough Assembly
- 137. Sitka Counseling & Prevention Services
- 138. Sitka Tribe of Alaska
- 139. Southcentral Foundation
- 140. Southeast Alaska Independent Living, Inc.
- 141. Southeast Alaska Regional Health Consortium
- 142. South Peninsula Behavioral Health Services, Inc.
- 143. Statewide Independent Living Council of Alaska
- 144. Tanana Chiefs Conference
- 145. Tanana Valley Clinic
- 146. Tangirnaq Native Village/ Woody Island Tribal Council
- 147. thread



- 148. United Way of Anchorage
- 149. Valdez Health Advisory Council
- 150. Valley Medical Care
- 151. Volunteers of America Alaska
- 152. Yukon-Kuskokwim Health Corporation
- 153. YWCA Alaska

**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 6, 2015

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

Dear Governor Walker,

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

Ahtna, Incorporated 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 "Michelle Anderson". The signature is written in a cursive, flowing style with a large initial "M" and a long, sweeping underline.

Michelle Anderson  
President



The Alaska Behavioral Health Association (ABHA), a member-driven organization of mental health and substance abuse treatment centers across the state of Alaska, STRONGLY SUPPORTS THE EXPANSION OF MEDICAID.

*It is the right thing to do for our clients and community members, their families, and the State.*



ALASKA



Aleutian Pribilof  
ISLANDS ASSOCIATION

**FAMILY**  
SERVICES

AKCHILD & FAMILY



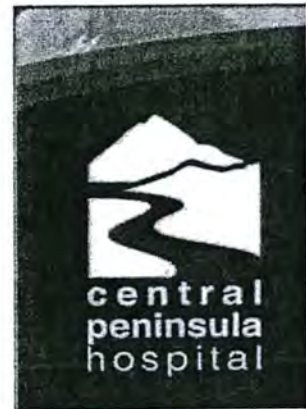
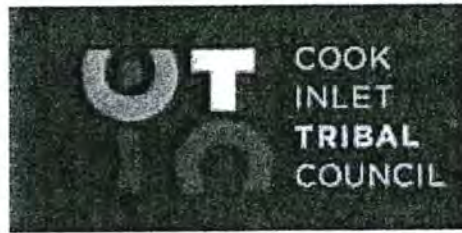
ALASKA  
YOUTH & FAMILY  
NETWORK

Anchorage Community



Mental Health  
Services, Inc.





**CICADA**

**FAIRBANKS COMMUNITY**



**Mental Health Services, Inc.**



**FAIRBANKS NATIVE ASSOCIATION**

*Family Centered Services of Alaska*



**Frontier Community Services**



**GHS**

Gastineau Human Services Corporation



**HOPE**  
Community Resources Inc.



**Mat-Su Health Services, Inc.**  
Integrated Medical and Behavioral Health Care



Sitka Counseling & Prevention Services



NATIONAL COUNCIL  
ON ALCOHOLISM AND  
DRUG DEPENDENCE

NCADD  
NORTH ALASKA

Railbelt  
Mental  
Health &  
Addictions



**NorthStar**  
Behavioral Health



PETERSBURG MENTAL  
HEALTH SERVICES, INC.

**PGHS**

Peninsula Community  
Health Services of Alaska  
MEDICAL • DENTAL • BEHAVIORAL HEALTH



Rainforest  
Recovery  
Center

Southcentral  
Foundation



Volunteers  
of America®  
ALASKA



South Peninsula  
Behavioral Health Services, Inc.



# ALASKA AFL-CIO

1333 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.

Well, this project isn't a pipeline with all its inherent obstacles to fruition; it is much simpler than that. This project can be done with a simple vote of 21 members of the Alaska State House and 11 members of the Alaska State Senate.

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

*To facilitate a united provider voice for best practices, advocacy, partnerships and networking.*



**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.



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



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



### **Medicaid Expansion – It's *Your* Business**

The issue of Medicaid expansion in Alaska is finally garnering the attention of Alaska businesses. After all, the new federal health care law makes health care everyone's business. This issue is not alone in affecting the business environment in Alaska.

Alaska Chamber members recently met and adopted 40 policy positions. When asked to prioritize these policies, members selected opposition to the referendum to repeal oil tax reform, support for comprehensive workers' compensation reform, and support for Medicaid expansion as priorities.

The Alaska Chamber Board ratified these priorities and decided to also keep the high cost of energy, permitting efficiencies and access to resources as priorities. While each of these top priorities is distinct, the fundamental underlying issue is the same – the cost of doing business in Alaska.

The Alaska Chamber's core mission is to make Alaska the best place to do business. It's about making Alaska competitive and there are many factors businesses consider when deciding how much and where to invest.

The decision of the Alaska Chamber to support Medicaid expansion is a pragmatic one. Like it, love it, or hate it, the Affordable Care Act is the law of the land and businesses have no choice but to deal with it. Most importantly, Alaska businesses are looking for ways to stay in Alaska and grow our economy. To stay in the competitive game, Alaska businesses are looking to reduce and contain costs.

Given the federal fiscal situation, and the track record the feds have with keeping commitments, Alaska Chamber members support Medicaid expansion with caveats. Those caveats include support for a fail-safe provision and/or supporting an alternative to Medicaid expansion. A fail-safe provision means that if the feds renege on their funding commitment, Alaska will opt out of the expansion. Alaska Chamber members are also open to finding a private sector alternative to address Alaska's uninsured under the new federal law.

As taxpayers, all Alaskans are subject to the increased federal taxes established to fund the Affordable Care Act. If Alaska does not expand Medicaid, Alaskan's taxes will pay for the uninsured in other states. Alaska businesses and all insured Alaskans will bear even higher insurance premiums and health care costs to cover those uninsured.



## ALASKA CHAMBER

Currently, the cost of care for uninsured Alaskans who are unable to pay for their care are covered by those who are insured. In the health care industry it is called uncompensated care. Employers providing insurance to their employees and individuals buying health insurance pay for this uncompensated care in the form of increased premiums costs.

If Alaska does not expand Medicaid, we will continue to pay these increased premiums as well as pay the new federal taxes. If Alaska expands Medicaid, a portion of the federal taxes Alaskans pay will return to the state and uncompensated care losses will decrease. Alaska Chamber members believe this will result in lower or slower growth of health care premiums.

It's worth noting that the Alaska Chamber also supports a reduction in the State of Alaska's spending levels to a more sustainable level of \$5.5 billion in total general fund spending. Current state spending levels are unsustainably high and are damaging to Alaska's competitiveness and our economic future.

Make no mistake, even with expected cost offsets, expanding Medicaid increases costs for the State of Alaska. How then can the Alaska Chamber support Medicaid expansion? It's simple. Alaska businesses, which fund the state's coffers, simply can not afford to pay once, much less twice, to provide health care for Alaska's uninsured.

To compete, to grow, and to secure a future for our state, Alaska businesses know that costs must be controlled. This means the Alaska Chamber promotes policies that create a good business environment. We support reasonable tax structures, sustainable state budgets, efficient permitting systems, increased access to resources, meaningful changes to workers' comp and taking a pragmatic approach in response to the Affordable Care Act. That's our business, and it's your business too.

Rachael Petro  
President & CEO  
Alaska Chamber of Commerce



**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, access to medical insurance has a direct impact on maintaining housing for the working poor in Alaska; 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, that The Alaska Coalition on Housing and 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 Alaska Coalition on Housing and 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.

A handwritten signature in black ink, appearing to read "Scott Ciambor".

Scott Ciambor, Board Chair  
April 8, 2015

April 10, 2015

The Honorable Governor Walker  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Governor Walker

The Alaska Early Childhood Advocacy Group recognizes and supports Medicaid Reform and Expansion. Our group represents Alaska AEYC, Alaska Head Start Association, Alaska Infant Learning Program Association, Best Beginnings, Parents as Teachers State Office and thread. AECAG strongly urges the Alaska Legislature to expand Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy. As Early Childhood Advocates, we understand that "This is the Right Thing To Do!"

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.

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.

Alaska Early Childhood Advocacy Group 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,

Margaret Bauer  
Chair, AECAG





ALASKA FEDERATION OF NATIVES, INC.  
2013 ANNUAL CONVENTION  
RESOLUTION 13-18

- TITLE:** A RESOLUTION URGING THE GOVERNOR AND THE ALASKA STATE LEGISLATURE TO ENSURE THAT THE FULL IMPACT OF POTENTIAL MEDICAID EXPANSION IS CONSIDERED AND TO TAKE COMPLETE ADVANTAGE OF FEDERAL RESOURCES TO EXPAND MEDICAID COVERAGE TO IMPROVE THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY
- WHEREAS:** The Alaska Federation of Natives (AFN) is the largest statewide Native organization in Alaska and its membership includes 118 federally-recognized tribes, 133 village corporations, 13 regional corporations, and 11 regional nonprofit and tribal consortiums that contract and run federal and state programs; and
- WHEREAS:** The mission of AFN is to enhance and promote the cultural, economic, and political voice of the entire Alaska Native community; and
- WHEREAS:** Alaska has the option to expand Medicaid benefits by increasing the income eligibility level to 138% of the federal poverty level; and
- WHEREAS:** Independent analyses indicate significant benefits to individual Alaskans and to the Alaskan economy; and
- WHEREAS:** Approximately 40,000 more Alaskans (including 16,000 Alaska Natives and American Indians) would be covered by Medicaid; and
- WHEREAS:** The increase in eligible beneficiaries would provide increased access to care, patient travel and services that individuals are not able to afford, such as glasses, certain dental and other procedures; and
- WHEREAS:** Increasing access to care leads to healthier Alaskans; and
- WHEREAS:** The State would receive \$1.1 billion in federal revenues for the first seven years of implementation (2014-2020) for a net state contribution of \$23.4 million (\$90.7 million minus \$67.3 in offsets); and
- WHEREAS:** 4,000 new jobs would be created with \$1.2 billion in Alaskan wages and salaries throughout Alaska (2014-2020); and

WHEREAS: The multiplier effect of additional resources will benefit the State economy and all Alaskans by an estimated \$2.49 billion in increased economic activity throughout Alaska (2014-2020); 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. 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; and

WHEREAS: The federal match to the State of Alaska would be 100% for 2014-2016, then gradually transition to 90% by 2020 and beyond; and

WHEREAS: This federal match is consistent with the federal match for other programs (roads at 9%; runways at 5%); and

WHEREAS: The State has the option of Medicaid Expansion authorization contingent upon receiving a federal match rate of at least 90%; and

WHEREAS: The State has the option of various Medicaid Expansion demonstration projects it may also consider

NOW THEREFORE BE IT RESOLVED by the delegates to the 2013 Annual Convention of the Alaska Federation of Natives Inc., that that the Alaska Federation of Natives urges the Governor and the Alaska Legislature to continue their efforts to conduct responsible, thorough analyses of potential models for implementing Medicaid expansion to determine their full potential impact on Alaska, including potential improvement to the health status of Alaskans who currently lack sufficient health coverage, enhanced support to businesses involved in the health care industry, the multiplier effect on Alaska's economy, the potential ability to reduce or eliminate cross-subsidies for health care now provided to the uninsured and underinsured and financing models for Alaska

BE IT FURTHER RESOLVED that the Alaska Federation of Natives urges the Governor and the Alaska State Legislature to adopt Medicaid expansion effective January 1, 2014 so that so that Alaska residents can benefit from the services at the earliest opportunity.

BE IT FURTHER RESOLVED that this resolution shall be the policy of AFN until it is withdrawn or modified by subsequent resolution.

SUBMITTED BY: COUNCIL FOR THE ADVANCEMENT OF ALASKA NATIVES  
COMMITTEE RECOMMENDATION: DO PASS  
CONVENTION ACTION:



# AGENET

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

**Mailing Address: c/o Marianne Mills, 419 6th Street, Juneau, Alaska 99801**

**Phone: 907-463-6194**

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

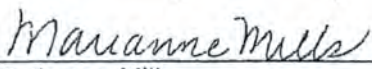
WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

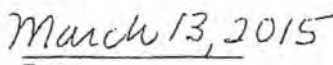
WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

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  
President  
AgeNet

  
\_\_\_\_\_  
Date

Advisory Board on Alcoholism  
and Drug Abuse



Alaska Mental Health Board

ALASKA MENTAL HEALTH BOARD  
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE  
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

Medicaid expansion may serve as a catalyst for meaningful Medicaid reform and we 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



217 Second Street, Suite 200 • Juneau, Alaska 99801  
Tel (907) 586-1325 • Fax (907) 463-5480 • www.akml.org

**ALASKA MUNICIPAL LEAGUE  
BOARD OF DIRECTORS**

**BOARD OF DIRECTORS RESOLUTION #2015-01**

**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 new federal 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**, Medicaid expansion must absolutely only move forward side-by-side with Medicaid reform, as the current system is known to have many substantial problems; 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.


**NOW, THEREFORE BE IT RESOLVED** that the Alaska Municipal League Board of Directors ~~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 Alaska Municipal League 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.

Signed:

  
Linda Murphy, President, Alaska Municipal League

Attest:

  
Kathie Wasserman, Executive Director, Alaska Municipal League

FYI HV  
LO  
OMB



Please date  
Stamp  
3/12

RESOLUTION NO. #2015-1

Sponsored by: Alaska Native Brotherhood and Alaska Native Sisterhood  
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

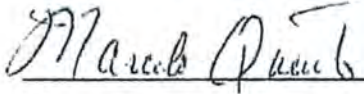
WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid reform; and

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

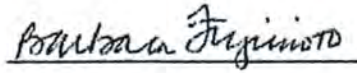
WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

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



# Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

☎ 907.562.6006 📠 907.563.2001 · 4000 Ambassador Dr, Suite 101 · Anchorage, Alaska 99508 · [www.anhb.org](http://www.anhb.org)

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.

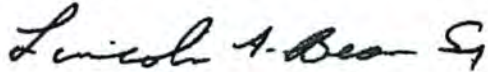
Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

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  
MANILAQ ASSOCIATION  
METLAKATLA INDIAN  
COMMUNITY  
MT. SANFORD  
TRIBAL CONSORTIUM  
NATIVE VILLAGE  
OF EKLUTNA  
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." with a stylized flourish at the end.

Lincoln Bean, Sr., Chairman  
Alaska Native Health Board



Andy Teuber

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.

Governor Walker  
March 12, 2015  
Page 2 of 2

ANTHC'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". The signature is fluid and cursive, with a prominent initial "A" and a long, sweeping underline.

Andy Teuber  
Chairman and President

Main Office

130 Seward St #209  
Juneau, Alaska 99801  
Phone: (907) 586-3650  
Fax: (907) 463-4493  
www.andvsa.org



Pro Bono Office

PO Box 6631  
Sitka, Alaska 99835  
Phone: (907) 747-7545  
Fax: (907)747-7547

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December 2, 2014

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

Dear Governor Walker:

Congratulations on being chosen to serve as the 13<sup>th</sup> Governor of the great State of Alaska. I look forward to working with you and your administration on issues important to victims and survivors of domestic violence, sexual assault and teen dating violence.

This letter is intended to introduce you to our work and to provide you with a perspective from the Alaskans who are doing the work and to inform you as to how a difference is being made in our state. Much has changed and begun changing in Alaska around domestic and sexual violence. Numerous partnerships and collaborations have occurred between state departments, tribes, non-profits and local community organizations and individuals.

The Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) is a 501(c) (3) membership based non-profit organization comprised of community based direct service domestic violence and sexual assault intervention and prevention programs. The following outlines our plan for moving forward with addressing the epidemic of domestic violence and sexual assault in Alaska and advancing our community-based prevention efforts. We sincerely hope that you and your administration will join us in continuing this endeavor.

**I. Alaska National Guard**

First, I want to thank you for turning the light on what was occurring within the Alaska National Guard, when first approached by a chaplain last fall; and for speaking out against the retaliation, breaches of confidentiality and privacy that victims endured, while the chain of command turned a blind eye and retaliated against whistleblowers. From what little we have learned from media accounts, heavily redacted public records, and a federal report by an investigatory team with no subpoena power, I fear this is only the tip of the iceberg.

---

Member Programs

Anchorage AWAIC, STAR Barrow AWIC Bethel TWC Cordova CFRC Dillingham SAFE  
Fairbanks IAC Homer SPHH Juneau AWARE Kenai LeeShore Center Ketchikan WISH Kodiak KWRCC  
Kotzebue MFCC Nome BSWG Seward SCS Sitka SAFV Unalaska USAFV Valdez AVV

Many of our community-based programs provide direct services to military members, including members of the Alaska National Guard and to civilian sexual assault survivors victimized by Alaska National Guard members. We have seen firsthand the trauma and hopelessness victims feel when reports of sexual assault go unheeded and the chain of command acts more as a facilitator of the abuse than supporting victims and holding perpetrators accountable.

As you begin your first term as Governor, I am writing to ask that you take immediate action to begin implementing the reforms needed to bring transparency, accountability and enhanced protections to victims of sexual assault and whistleblowers who bravely come forward. These include:

1. Establish penalties for those who violate victims' confidentiality;
2. Establish a reporting structure outside of the chain command;
3. Review the relevant whistleblower laws and insure that adequate protections exist against retaliation to protect those brave men and women who come forward;
4. Immediately release the full OCI investigative report, protecting victim's privacy where necessary;
5. Order your attorney general to fully comply with the pending public records requests and personally review the already released heavily redacted documents to determine whether the level and extent of redaction is necessary to protect victim confidentiality or if it is an excess use of executive privilege;
6. Order your attorney general to immediately appoint a special prosecutor with full investigatory and subpoena powers to determine the extent of the problem, the extent that the Administration acted or failed to act on reported sexual assaults in the Alaska National Guard and whether criminal laws or ethical laws were violated; and the extent to which victims' constitutional rights to privacy and due process were violated;

I think we can agree that we owe it to Alaskans to know the true nature of events surrounding the Alaska National Guard. We need to show our brave men and women who have committed to serving Alaskans through their guard service that we are listening to their stories and we will take action so that this will never happen to another Alaskan Guard member.

## **II. Medicaid expansion**

We fully support your pledge to expand Medicaid under the Affordable Care Act. Expansion would reach tens of thousands of Alaskans, many of whom are victims of violence. It is common for instances of abuse to first be detected by medical providers, who then refer women and children to appropriate services in their communities. In this regard, access to regular medical care is one of our first screening and referral tools. But beyond increasing knowledge of and referrals to community resources, an increase in Medicaid eligibility under the Affordable Care Act will allow women to make safe choices. When women know they have resources to adequately provide for their children, they are more likely to take steps to leave abusive situations. Accepting Medicaid expansion will afford such security to scores of working mothers.

According to Alaska Native Tribal Health Consortium (ANTHC), approximately 41,000 more low-income uninsured Alaskans will benefit from Medicaid expansion. This will undoubtedly increase Alaska's economy by creating an estimated 4,000 new jobs and increasing economic activity by an estimated \$2.49 billion with minimal implementation costs to the state in the first year. The cost benefit analysis favoring expanding Medicaid access is undeniable.

### **III. Denali KidCare**

In addition to accepting expanding Medicaid funds, we would ask that you consider expanding Denali KidCare to 200% of the federal poverty level. This would further close the gap for uninsured Alaskans with children that will not fall under expanded Medicaid eligibility under the Affordable Care Act. As you may know, former Senator Bettye Davis passed legislation in 2010 to do exactly this. It passed both bodies of the legislature but was later vetoed by Governor Parnell on ideological grounds.

### **IV. Funding of Community Based Domestic Violence and Sexual Assault Agencies**

Funding of shelter programs is critical as shelters are the cornerstone of crisis intervention providing supportive counseling, safety planning, assisting victims with getting protective orders, civil legal assistance, housing, and referrals to other community based partners, such as substance abuse treatment and mental health counselling. Programs provide matching funds to leverage both federal and state money and also provide match through the in-kind volunteer services of 3,027 Alaskans, totaling 78,576 of hours service in FY 13 volunteering at the shelters; a true testament to the importance of these facilities in our communities. Alaskans have also been generous in donating foods, supplies and clothing to the shelter programs.

On September 17, 2013, 18 out of 19 domestic violence programs across Alaska participated in the 2013 National Census on Domestic Violence Services. The figures below represent the information provided by the 18 participating programs about services provided during the 24-hour survey period. The results are:

- 618 victims served in one day
  - 268 in shelter
  - 68 in program transitional housing
  - 282 adults and children received non-residential services, including individual counselling, legal advocacy, and children's support groups
- 97 crisis line calls answered
- 51 unmet requests for services due to lack of resources

For FY 2013, a total of 9,330 victims of domestic violence and sexual assault were served at community-based victim service agencies. Shelters throughout the state offered over 99,524 shelter nights. 90% of program participants self-reported learning more about resources and help available to themselves and their families and how to access those resources from the assistance they received and 87% of program participants reporting knowing more or different intervention safety strategies than they did prior to receiving services.

The Council on Domestic Violence and Sexual Assault (CDVSA) is the main funder for core services in Alaska. The CDVSA currently funds 20 agencies located throughout regional hubs in Alaska. Although the programs are placed in regional hubs where there is greater access to services, all programs have large service areas that include the villages in their region. For example, the Aiding Women in Rape Emergencies (AWARE) here in Juneau, also provides services to 9 northern southeast communities and villages. Some programs have service areas equivalent to the geographic size of one or more states in the lower 48.

In addition, many programs and villages in their service areas are only accessible via boat or plane. Women and children in these villages are often transported by the DVSA program to the hub community for services, shelter and safety. This can be a significant expense for programs outside of the Anchorage bowl. For example, a child who is sexually abused, who is located in a North Slope Borough village, must be transported first to Barrow, and then to Fairbanks to receive a medical forensic examination and services at the child advocacy center. Arctic Women In Crisis (AWIC), the North Slope Borough shelter, pays the costs for transporting these victims to the closest place for services and safety in Fairbanks at significant cost to the program.

During Governor Parnell's tenure, shelters saw a minimal increase in funding to the CDVSA each year to maintain the prior year's level of service. For FY15, the CDVSA has requested funds in the amount of \$367,200 which is not new money, but rather a fund transfer to replace an expiring alcohol tax appropriation from the Department of Behavioral Health to assist programs in meeting the needs of victims to secure timely and effective mental health and substance abuse counseling, either onsite in the shelter, or through contract with a community provider. If the funds requested are not appropriated, programs throughout the state will take a \$367,200 loss of funding and be unable to continue providing comprehensive crisis intervention to victims in need of substance abuse and mental health counselling and this will have a direct impact on safety for both women and their children. By simply replacing existing funds with a different fund source, the net result will be flat funding for victim service agencies in FY15. Therefore, we ask that you support the CDVSA's transfer request as well as provide a modest 3% cost increase to assist agencies in meeting the ever increasing costs of energy and travel for victims, particularly in rural Alaska and Fairbanks, as well as basic victim needs such as food, diapers, baby formula.

#### **V. Empowering Choice Housing Program (ECHP)**

In 2012, the Alaska Housing Finance Corporation proposed to remove its decade long practice of providing preferences for underserved, special needs populations. The result of the preference system was year's long waiting lists for housing in communities throughout Alaska. In place of a preference system, AHFC partnered with various stakeholders to create programs of set-aside vouchers for these special needs populations: veteran's, youth aging out of foster care, prisoner re-entry, victims of domestic violence and sexual assault, people with disabilities.

AHFC and the ANDVSA worked collaboratively to create a set-aside program that would replace the preference system. The Empowering Choice Housing Program was a result of this collaboration. The

ECHP provides housing to victims fleeing violent homes, which would otherwise either be homeless with their children, or have no choice but to return to the abuser.

As of October 31, 2014, the ECHP has assisted 470 Alaskans, 81 percent earn a household income of less than 30 percent of median income; and 72 percent are women head of households. AHFC's data shows that the ECHP has been a success in helping abused women and children most in financial need who would be homeless without the program.

The ECHP is funded through AHFC's Moving to Work federal Block Grant with a match by the state legislature. The ECHP has been nationally recognized as a model program for victims of domestic violence and sexual assault at the same time benefitting private landlords who rent properties and accept voucher assistance under the program. **We request that you continue to fund the ECHP at the requested \$2,000,000 in the capital budget** so that we can continue to leverage federal dollars and make sure that no victim is forced to choose between homelessness or continuing physical and sexual abuse at home.

## **VI. Governor Parnell's "Choose Respect" Initiative**

Governor Parnell's Choose Respect initiative expanded many positive changes to the lives of Alaskans. I would like to highlight several important key components that we know are necessary to continue fighting the epidemic of domestic violence and sexual assaults in our communities. If these components were to end, we will lose the significant ground we have gained over the last 6 years.

### **A. History and Background**

I was honored to be part of Governor's Parnell's transition team and part of the workgroups that formed to vision and develop his "Choose Respect" campaign. In the beginning, the goal of the campaign was heavily criminal justice focused. Through the course of discussions, ANDVSA was able to bring forward ideas for a more comprehensive approach, collaborating with partners such as the Alaska Mental Health Trust Authority (AMHTA), and making recommendations surrounding mental health and substance abuse treatment needs of victims, accountability and rehabilitation for abusers and cross-training for system response.

### **B. ANDVSA Pro Bono Program**

ANDVSA's Pro Bono program has been providing comprehensive civil representation to victims of domestic violence, sexual assault and stalking for the past 15 years, utilizing a hybrid model of staff attorneys and volunteer attorneys. Attorneys provide legal assistance in a range of civil proceedings including divorce, child custody, employment, housing and protection order cases. Clients are referred from trained legal advocates in member programs statewide, who help to screen cases and provide safety planning and support services as needed throughout the case.

The pro bono program is an excellent example of how funding can be leveraged to maximize benefit. Governor Parnell funded \$60,000 through a \$3 million appropriation that sits in the Governor's office

and this funding combined with our own federal grant and other sources has returned an investment of attorney's donated pro bono legal services to the state of \$1.2 million dollars in FY13. Many of these volunteers have donated over 100 hours to their clients. Client satisfaction evaluations have shown that in every case, victims say they feel safer because of the representation they have received.

In addition to funding, prior Attorney Generals have worked with the ANDVSA to assist in recruiting more pro bono attorneys and recognizing pro bono champions. For example, Attorney General Dan Sullivan sent recruitment letters to the Alaska Bar Association helping us to increase the number of volunteer attorneys and presented awards to the Pro Bono attorney of the year at an annual event celebrating our volunteers. Finally, at our Annual Continuing Legal Education (CLE) conference every year, both Governors and Attorney Generals have attended and provided support and encouragement to the Alaska bar as a whole.

For FY 13, the ANDVSA's Pro Bono program was able to assist a total of 222 cases, due to the assistance of our volunteer attorneys. In FY 14, that number grew to 280. Each year, we turn away more victims than our resources allow us to provide. To meet the growing demand and shortage of resources, this year, in addition to the \$60,000 being provided through the Governor's office, the CDVSA has requested an additional \$100,000 which would allow the ANDVSA to hire a full-time attorney to accept civil legal cases and increase the number of victims served by 50. **We ask that you continue to provide \$60,000 and approve the additional \$100,000 in funding for these efforts.** The return on the state's investment will continue to be realized and grow which benefits victims of violence throughout the state. We would also welcome the opportunity to work with you and your Attorney General on recruitment of new pro bono volunteers.

#### **C. Outreach/Education**

Outreach and education is a critical resource to insuring that victims know where and how to access services. The CDVSA has requested \$300,000 to provide resource and referral information to villages in regional service areas and to maintain activities in the schools such as age appropriate safety classes.

We know from recent surveys that many villages are unfamiliar with regional DVSA services and how to access them. This is unacceptable. During FY 15, fourteen of twenty funded programs provided trainings to village participants. However, with stagnant outreach and education funding, many requests for outreach and education in villages could not be met.

While we support village based safe homes and shelters, few exist and therefore it is essential that regional programs remain a strong and viable safety net for everyone. This year, the CDVSA has requested \$300,000 in outreach and education services. **We ask that you support the CDVSA's outreach and education funding request for \$300,000** so that victims in villages are aware of and can access regional services and programs can improve their outreach and education efforts.

#### **D. Community Based Prevention Strategies**

In 2010, the Alaska State Legislature strengthened Governor's Parnell proposals to advance community based prevention activities. Simply put, primary prevention is stopping violence before it occurs and working on community based strategies to shift social norms. Violence is so pervasive in Alaskan homes and communities, primary prevention is urgent. Nationally, and in Alaska, studies have shown that primary prevention works when strategically planned, well-coordinated and comprehensive.

All of our programs employ some prevention strategies in their communities as shown in the enclosed Community Prevention Snapshots 2013. However, in addition, the Alaska State Legislature has provided \$1.4 million in community-based prevention funding to look more deeply at effective strategies and several communities have benefitted from this.

For the first three years, this funding allowed two tribal associations; Alaska Village Council of Presidents (AVCP) in Bethel and the Kodiak Area Native Association (KANA) to collaborate with community partners, including the Tundra Women's Coalition in Bethel and the Kodiak Women's Resource Center (KWRCC) in Kodiak to advance different prevention strategies. Similarly, two other DVSA programs: Safe and Fear Free Environment (SAFE) in Dillingham, in collaboration with the Bristol Bay Native Association and other community partners and Sitkans Against Family Violence (SAFV) received grants to promote their prevention strategies. Last year, the communities participating shifted to include Juneau, Homer, Anchorage and continuing funding in Sitka, which has a very strong prevention program.

The funding for these efforts has been included in the Governor's Office budget and sent to the CDVSA through Reimbursable Services Agreement. Each year, Governor Parnell, requested the funds as an INCM to maintain the level of programming. Unfortunately, each year the legislature has changed these funds to one-time increments, although continues to fund them each year as requested. Prevention is truly the way that we will move toward violence free Alaskan communities. We ask that you continue to support these important community-based prevention efforts by continuing to fund the \$1.4 million in the CDVSA's base budget.

#### **E. Universal Education and Marketing**

In order to raise public awareness, intervene and prevent sexual violence, domestic violence and teen dating violence in Alaska, the CDVSA through a grant to the ANDVSA uses funds to continue its work to establish campaigns that serve to educate Alaskans on: the impact of violence on themselves and in their communities; services available; and violence prevention.

Over the past 4 years that the universal education and marketing campaign has been in effect, we are seeing some discernable results. For example, several programs report seeing more victims, but at an earlier point in the abuse cycle and with fewer injuries due to, what we believe is an increased public awareness of available assistance and resources. This is a significant point and positively impacts both health care and public safety in all our communities.

In addition, five major collaborative public awareness and prevention campaigns have been funded through the Governor's Office RSA'd to the CDVSA and have been highly successful in reaching different key populations, in particular, men, youth and parents.

## **1. Alaska Men Choose Respect**

Alaska Men Choose Respect (AMCR) is men working to end violence by choosing and teaching respect in their communities. AMCR media messages and opportunities allow men to come together as allies to end violence, promote respect, and strengthen Alaska communities.

### **History and Background**

The Alaska Men Choose Respect campaign began in 2009 as a campaign designed to highlight the work men were doing to end violence and as a call to action for more men to become involved in these efforts. This was done through a series of media, web, and print materials which featured Alaskan men with their friends, families, and communities showcasing the ways in which they choose and teach respect. The web materials, specifically [amcr.com](http://amcr.com), provides men with information about Alaska's violence and connects them to resources where they can learn more about what men can do to help prevent it. Alaska Men Choose Respect is the first Alaskan campaign specifically considering Alaskan men and boys as leaders in ending violence. This project brought attention to the work men were doing in the movement to end violence and encouraged men to find their place and work as allies to create safer communities and end violence in Alaska.

**Current and past funding** and key partnerships for COMPASS includes the Council on Domestic Violence and Sexual Assault's (CDVSA); State of Alaska, Division of Public Health, Section of Women's, Children's and Family Health; CDC DELTA; Office of Violence Against Women Engaging Men and Boys; and Pathways to Prevention Statewide Steering Committee.

## **2. COMPASS – Men Mentoring Men**

COMPASS - A Guide for Men - is a resource for adult male mentors who work with young Alaskan men aged 12 to 18. COMPASS presents mentors with opportunities and activities designed to support young men as they explore and identify their values, goals and unique identities. The activities, teachable moments and discussions described in the guide create a safe atmosphere for men and boys to learn about and practice healthy lifestyles. In addition, these strategies are designed to be easily incorporated into the day-to-day interactions that already exist between mentors and youth in team sports, camping, hiking, fishing, hunting and other activities. Ultimately the guide promotes meaningful conversations between men and male youth that promote healthy identities, build positive relationships, and strengthen communities. Please see the project description for more in-depth information.

## **3. Lead On! – Engaging Youth in Leadership**

Lead On! For Peace and Equality is an annual statewide youth leadership conference. At Lead On!, youth leaders from all over the state come together to gain leadership skills, plan positive change in their home communities, as well as connect with likeminded peers to end violence. Lead On!, youth bring change back to their communities by creating and carrying out projects among their peers. In 2013

over 120 youth and supporting adults attend Lead On!, with the ultimate goal of learning and implementing skills around the prevention of violence in local communities.

Lead On! reaches youth from across Alaska with a high representation of native youth from villages. The 2013 LeadOn! Conference saw youth and community members participating from the communities of Anchorage, Angoon, Atmautluak, Bethel, Cordova, Deering, Dillingham, Dutch Harbor, Eyak, Hooper Bay, Homer, Juneau, Ketchikan, Kiana, Kipnuk, Kodiak, Kotlik, Kotzebue, Kwethluk, Napaskiak, Nenana, Noatak, Nome, New Stuyahok, Old Harbor, Sandpoint, Scammon Bay, Sitka, St. Michael, St. Paul and Togiak.

Examples of Lead On! community-based youth projects include:

**Anchorage:** Lead On youth participants hosted a community dinner featuring a round table for businesses and organizations to provide resources for volunteer youth opportunities.

**Cordova:** youth helped accomplish their goal of bringing together Cordova youth leaders and adults in the community to create a youth leadership group in their community and helped create goals and objectives for the coming year.

**Kwethluk:** Youth and supporting adults in this community to bring a Lead On speaker to their community. Youth raised money and helped find donated miles to bring Lakota Harden to their community to hold relationships workshops with youth and adults.

**Lead On! founding sponsors** have included the Alaska Department of Public Safety- Council on Domestic Violence and Sexual Assault; Alaska Network on Domestic Violence and Sexual Assault; Alaska Department of Health and Social Services: Division of Public Health- Women's, Children's and Family Health; Chronic Disease Prevention and Health Promotion; Alaska Department of Health and Social Services: Division of Behavioral Health; Association of Village Council Presidents; The Centers for Disease Control and Prevention- DELTA Project, Rape Prevention Education; Mat-Su Health Foundation; Alaskan Children's Trust; Alaskan Native Medical Center; Alaska Native Heritage Center.

#### 4. **Stand Up! Speak Up!**

Stand Up Speak Up Alaska is a youth-led campaign focused on promoting healthy relationships, engaging youth leaders, and developing healthy relationship skills for both youth and their peers. The Stand Up Speak Up campaign not only engages youth to work to end violence through media, but provides opportunities for youth to build the skills they need to be effective leaders in their communities. The Stand Up Speak Up mini-grant program gives up to \$2000 to projects planned and implemented by youth around promoting respect and healthy relationships. Projects that have taken place in the past include community potlucks, the creation of a video on healthy relationships and a cultural camp where elders and youth connected.

In 2011, an evaluation was completed to help us determine recognition of the Stand Up Speak Up campaign and to see what youth were taking away from the messages. Initial quantitative and qualitative data indicated youth exposed to Stand Up Speak Up messaging recognized the campaign and

understood the messages. Each year the Stand Up Speak Up media campaign is measured by keeping track the reach and scope of the campaign. Below are some of the findings.

#### Between 2012-2014

- Printed materials (SUSU posters, Healthy Relationship cards, stickers) distributed to all Alaskan high schools, elementary schools and public health clinics.
- Reached 435,529 viewers with PSAs online and on television
- Awarded 23 mini-grant projects for a total of \$32,000
- 470 youth directly involved in community project planning
- Another 2,500 individuals were reached through SUSU youth led community events

**History and Background:** The Stand Up Speak Up media campaign was started in 2008 in collaboration with the Council on Domestic Violence and Sexual Assault and the Department of Health and Social Services with youth input and direction. Since then it has grown to include communities and youth from nearly all communities around the state.

**Funding sources:** In the past Stand Up Speak Up has been funded by sponsors including the Alaska Department of Public Safety- Council on Domestic Violence and Sexual Assault; Alaska Network on Domestic Violence and Sexual Assault; Alaska Department of Health and Social Services: Division of Public Health.

#### **F. Unmet Training Needs**

Alaska is very strong on criminal laws regarding domestic violence and sexual abuse. However, for the laws to be effective there must be systems that are highly functioning and meet the safety needs of victims. To be highly functioning, it is imperative that there is adequate training resources to systems that interact with victims with a preferred provider trainer list that all partners agree upon to provide consistent training to prosecution, state, tribal, municipal law enforcement, advocacy, health providers, tribal and state courts. Several state agencies currently receive some form of training funds related to domestic violence and sexual assault issues. However, a comprehensive training plan has not yet been adopted to best meet the needs of Alaskans victimization by violence. Some examples of what such a plan would entail:

- Successful professionals in their fields, known for working across systems, train their peers (law enforcement, prosecution)
- Consider the issue of increasing safety for victims through coordinated training for municipal police departments
- Consider the issue of increasing safety for victims through consistent training and mentoring for prosecutors
- Consider the issue of increasing safety for victims through judicial education and monitoring.

#### **IV. Communication between Federal, Tribes and State**

Communication between the federal government, tribes and the State of Alaska occurs on several fronts. The CDVSA is the administrator of several federal grants that go to DVSA programs and tribes also receive federal funds that are only available to tribal entities. The CDVSA works with the tribes to insure that programming is not duplicative and that funds are used in the most efficient manner.

Second, the CDVSA Board is comprised of several members of the administration that decides programming needs for the state. The board membership includes: the Commissioners from the Department of Health and Social Services, the Department of Public Safety, the Department of Corrections, the Department of Education and Early Development, and the Department of Law. Also included on the Council are four public members, appointed by the Governor, one of which represents rural Alaska and are often tribal members.

Since 2009, with passage of the Tribal Law and Order Act, the ANDVSA has worked diligently with our Congressional delegation to push for inclusion of Alaska's tribes in tribal funding opportunities within the Bureau of Justice Programs for law enforcement and court resources, and Indian Health Services for funding of village clinics that would improve response to victims. We have also been involved in seeing that Alaska Native women have the same rights as native women in the lower 48 and that tribal courts receive rightful recognition and access to tribal court grants, something that is not currently available.

ANDVSA and our programs welcome all opportunities to collaborate and work with tribes and tribal courts. We have invited tribal judges to our Board meetings to speak with program representatives, include tribal programs in our training opportunities and most recently, are hosting a tribal panel at our upcoming yearly advocacy training in Anchorage.

In addition, some of our programs are either tribally based, such as AWIC in Barrow or Manillaq in Kotzebue, while others are led by native women, such as Tundra Women's Coalition (TWC) in Bethel and SAFE in Dillingham, and Bering Sea Women's Group (BSWG) in Nome, who work to provide culturally relevant services to victims in their community and villages in their service areas. Much more must be done, but the progress we have seen over the last several years gives us hope that more opportunities for collaboration will arise and someday Alaska Native women will have the same access to services and the same rights as native women in the Lower 48. This will take diligence on behalf of our Congressional delegation to amend the relevant laws that are creating barriers for our tribes and tribal partners. We are committed to continue fighting for these much needed changes.

#### **Reduced Funding Impact Statement**

We understand that the State of Alaska is facing severe budget times with plummeting oil prices and a \$3 billion deficit looming. However, we think it is important for you to know the impact of not continuing to fund or reducing funding for domestic violence and sexual assault programs.

Governor Walker, in the nearly 20 years that I have been doing this work, I can definitely say that change is happening. I have witnessed the changes that occur almost daily in our communities. There is still

much to be accomplished and we look forward to working with you and your administration to continue changing our communities' beliefs, attitudes and social norms surrounding violence. To do so, we must continue the awareness, education, outreach, providing safe places for women and children to go, both in shelter and safe affordable housing opportunities and make sure that comprehensive services are available to victims who have the courage to leave their abusers and begin a life of hope and healing for them and their children free from violence.

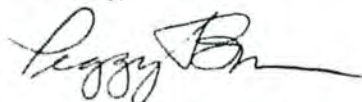
Not continuing to fund or reducing funding would do a great disservice to all of Alaska. Programs serve the entire region in their respective hubs. If programs were to lose ground, the first cuts would come in staffing which directly impacts education and outreach efforts in schools, prevention activities in communities, and outreach and education in villages. Core services, such as shelter, legal advocacy, medical accompaniment and safety planning would be protected at all costs, but the number of advocates available to provide these services will decrease, leaving programs with less organizational capacity to serve the same number of victims. The collateral financial impact of this will fall on everyone whose public safety would be compromised when law enforcement is not able to bring victims to safety at the shelter or call upon an advocate 24/7 to accompany a victim for a medical forensic exam to preserve evidence of a sexual assault.

Currently, many smaller programs already operate with only a limited staff and one advocate available per shift. This advocate is tasked with crisis intervention, shelter security and the business line. In addition, they are assisting clients with intake, protective orders, and legal advocacy. They are constantly and consistently interrupted from crisis intervention by having to perform all the other duties that a household of women and children in crisis require, as well as seemingly trivial things like unlocking bedroom doors, serving food program meals and responding to housekeeping issues such as clogged toilets. In these programs, cuts to funding would be devastating.

Our shelter programs are vital organizations within our communities. Community partnerships and collaboration are key to our success and the programs work closely with not only providing referrals to community partners but also accepting referrals from them. We have found that often program referrals are made from other community partners due to our expertise in working with women in trauma from violence and children that have been exposed to violence in their homes. If our programs were forced to cut services or serve fewer families, all of the work we have advanced over the couple of years would halt, not only leaving an absence of support in the community but also breaking trust. The impact would ripple through local communities at an alarming rate.

Governor Walker we would welcome the opportunity to discuss this plan with you and your administration at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Peggy Brown". The signature is fluid and cursive, with a large initial "P" and "B".

Peggy Brown, Executive Director



## Alaska Nurses Association

3701 E. Tudor Road, Suite 208

Anchorage, Alaska 99507

(907) 274-0827

[www.aknurse.org](http://www.aknurse.org)

March 16, 2015

Governor Bill Walker  
Alaska State Capitol  
Juneau, Alaska 99801

Dear Governor Walker,

The Alaska Nurses Association 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, bringing 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 your 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.

The Alaska Nurses Association 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,

Donna Phillips, BSN, RN  
Labor Council Chair  
Alaska Nurses Association

Jane Erickson, RN, CCRN  
Vice President, Board of Directors  
Alaska Nurses Association

Arlene Briscoe, RN-BC  
Legislative Chair  
Alaska Nurses Association



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### Alaska Nurses Association Resolutions Supporting Medicaid Expansion

**Resolution 2014-1:** Be it resolved that the following are priorities for the Alaska Nurses Association's education and advocacy activities for October 2014 to October 2015:

**Working to ensure that all Alaskans have access to affordable health insurance, including expanding Medicaid and Denali KidCare financial eligibility criteria.**

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**Resolution 2014-3:** Whereas 53% of pregnancies in Alaska are unintended, and over 64% of the births resulting from those pregnancies are paid by Denali Kid Care. This resulted in state costs of \$29 million in 2006.

Furthermore, 26% of these unintended pregnancies result in abortions.

Whereas, supporting low-income Alaskans' access to birth control, a Medicaid family planning program could prevent unintended pregnancies, saving the state of Alaska millions of dollars.

Whereas, Medicaid family planning program provides family planning services – including pap smears, some STD screening, and birth control – to every woman whose pregnancy or abortion care would otherwise be paid by the state through Denali Kid Care if they were to get pregnant.

Whereas a Medicaid family planning program could be funded 90% federally with a 10% state match, and the federal-state partnership prohibits providing any abortion coverage.

Whereas, in states as diverse as Alabama, Arkansas, California, Oregon and South Carolina, successful programs have each saved over \$15 million in a single year by implementing a Medicaid family planning program.

Whereas, on average, for every \$1 spent on birth control services, \$5.68 is saved in pregnancy care costs.

Whereas, the program would cost about \$1 million in state funds the first year, it could potentially save over \$9.9 million in state Denali Kid Care unintended pregnancy care costs during the same year, resulting in a net savings to the state budget of \$8.9 million per year.

**Therefore be it resolved that the Alaska Nurses Association advocates for the Governor or Legislature to apply for a State Plan Amendment (SPA) to bring needed access to family planning services.**

**Therefore be it further resolved that the Alaska Nurses Association advocates for legislation and funding to increase this program to families at 200% of poverty income level.**

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**The Alaska Nurses Association strongly endorses Medicaid expansion and a Medicaid State Plan Amendment for family planning services, for the benefit of Alaskans and the Alaskan economy, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.**

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*The Alaska Nurses Association serves to advance and support the profession of nursing. The Alaska Nurses Association's core purpose includes working for improvement of health standards and promoting access to health care services for all Alaskans.*



## Alaska Pharmacists Association

April 8, 2015

Alaska State Senate and House of Representatives  
State Capitol Room  
Juneau, AK 99801

On behalf of the Alaska Pharmacists Association (AKPhA), I would like to weigh in on the subject of Medicaid expansion in Alaska.

There have been several large financial analyses of this issue. A majority of these analyses have shown a significant **POSITIVE FINANCIAL IMPACT** for both the private sector and for the State of Alaska. For example, if Medicaid expansion were enacted in Alaska it, has been projected that we will see an increase of approximately 4,000 new jobs, \$2.5 billion in economic activity, \$1.2 billion in salaries and wages, and an increase in medical care for over 40,000 lower income residents. Despite these staggeringly positive economic and social impacts, the actual increase in Medicaid expenditures by the State of Alaska have been projected at only a 1.4% increase of total Medicaid costs.

Besides the positive financial impact of Medicaid expansion for the State of Alaska, there is a strong argument that can be made from a social welfare perspective. Many religious, social advocacy, medical and other groups, both liberal and conservative, have advocated for Medicaid expansion from this perspective alone. The AKPhA joins in the argument that Medicaid expansion is the right thing to do socially.

The 200 members of the AKPhA have discussed the issue of Medicaid expansion at length at our recent annual AKPhA Convention in February, 2015. An overwhelming majority of the members of the AKPhA voiced strong support in favor of Medicaid expansion in Alaska.

The Pharmacists of the Alaska Pharmacists Association are dedicated to providing safe and appropriate medication treatment for the residents of our great state. Medicaid expansion provides a venue to increase medication access to those in needs while also improving our economy in a way that won't negatively impact the state government's budget. Please consider the many positive aspects of Medicaid expansion during your deliberations and votes on this critical matter to the future of the State of Alaska.

Thank you for your time,

Dan Nelson, PharmD.  
President  
Alaska Pharmacists Association

E-mail: [akphrmcy@alaska.net](mailto:akphrmcy@alaska.net)

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## ALASKA PHYSICAL THERAPY ASSOCIATION, INC.

A CHAPTER OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION  
PO BOX 140351 ANCHORAGE, AK 99514-0351  
PHONE (907) 566-3749

The Honorable Bill Walker  
Alaska State Capitol, 3<sup>rd</sup> Floor  
Juneau, Alaska 99811-0001

Dear Governor Walker:

The Alaska Physical Therapy Association is in strong support of Medicaid expansion. Access to healthcare is critical for our citizens to stay safe, well, and functioning effectively in their homes and communities. We believe that the proposed expansion in concert with reform measures currently being considered in the Legislature will not only improve the health of Alaskans but will also be good for the Alaskan economy.

Members of our community need to be able to access care at the right place, at the right time, and from the right provider at the right price. When people lack access to health insurance they delay treatment and end up receiving care in the most expensive locations - the emergency room and in hospitals. Early access to health care services will enable Alaskans to stay healthier for longer in their homes and communities. Individuals frequently delay receiving adequate medical care because it is too expensive or too difficult to access. Medicaid expansion will also allow health conditions to be treated at a time when care is relatively less expensive. Early intervention can improve health outcomes, save money and more importantly contribute significantly to quality of life. Nearly 42,000 of our fellow Alaskans will be eligible for health coverage under Medicaid expansion. Access to care will improve health outcomes by reducing the number of uninsured Alaskans by half, improve preventive and primary care access, and provide substance abuse treatment and mental health counseling. As you are aware, Alaska has higher incidence of conditions like sexually transmitted infections, diabetes, depression, substance abuse and suicide. All of the above conditions can either be prevented or effectively managed by accessing appropriate primary care. Improved access to affordable healthcare is a critical step if we want to address these serious health concerns in our state.

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. We don't turn down federal money for education, transportation, and the military, and we shouldn't turn it down for health care.

Medicaid expansion is healthy for Alaskans and healthy for the state's budget. Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. Alaska's participation can be contingent on the federal match remaining at 90%.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. 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.

Thank you for your leadership in spearheading this critical process for a healthier Alaska.

Respectfully,

LeeAnne Carrothers, PT, PhD  
President, Alaska Physical Therapy Association



ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION

### **Resolution 2012 #2**

A resolution of support by the Executive Committee of the Alaska State Hospital and Nursing Home Association on behalf of its membership concerning the expansion of the Medicaid Program in Alaska.

WHEREAS: Affordability and accessibility of health care is an important issue for all Alaskans;

WHEREAS: On June 28, 2012 the Supreme Court of the United States ruled on certain aspects of the Affordable Care Act and its constitutionality;

WHEREAS: As part of this ruling the Supreme Court allows, without penalty, states to either expand their Medicaid program to serve certain recipients up to 138% of FPL or decline to expand their Medicaid program to serve these recipients;

WHEREAS: Governor Parnell must now determine if Alaska will expand their Medicaid coverage in accordance with these provisions;

WHEREAS: Approximately 35,000-55,000 uninsured or underinsured Alaskans will be eligible for Medicaid under this expansion;

WHEREAS: Expanding this coverage will lessen the financial impact to the state's employers, increase access for needy and uninsured Alaskans and alleviate the uncompensated care burden with Alaska hospitals and providers;

WHEREAS: The federal government will fund the first three years of the expansion at 100% federal funding for programmatic services and then stepping down funding to 90% in 2019 and beyond resulting in approximately \$2 billion in new health care funding over the next five years;

WHEREAS: The ACA and other Congressional actions will reduce or *likely* will reduce Medicare payments to hospitals over a similar period;

**THEREFORE BE IT RESOLVED, THAT:**

The Executive Committee of the Association, on behalf of its members, formally supports the expansion of Medicaid recipients to 138% FPL,

**FURTHER BE IT RESOLVED, THAT:**

The Association pledges to support Governor Parnell and his Administration in any way feasible to provide information, resources and support to gain the information necessary to fully evaluate the benefits and the costs of such an expansion.

Passed by the majority of the Executive Committee this 16<sup>th</sup> day of August, 2012

ATTEST:

Signature to follow

Bruce Lamoureux  
Chair

# Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

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April 2, 2015

The Honorable Steve Thompson  
Alaska House of Representatives  
State Capital Room 515  
Juneau, AK 99801

RE: House Bill 178

Dear Representative Thompson:

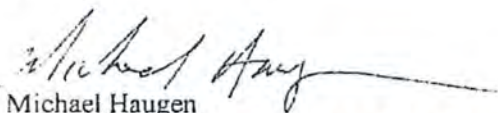
The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

As the Legislature debates Medicaid reform and expansion measures this Session we would like to make you aware of our current policy position on access to healthcare in Alaska. ASMA strongly supports access to healthcare for all Alaskans, and in that context supports robust and sustainable payment mechanisms for the Alaska healthcare industry. ASMA supports expansion of coverage of the approximately 30,000 currently uninsured Alaskans.

Improved access to healthcare in Alaska and improving the efficiency and effectiveness of Alaska's current Medicaid health care service system are important to improving the health outcomes of Alaskans.

Please let us know if there is anything we can do to further support passage of this legislation.

Sincerely,



Michael Haugen

Executive Director: The Alaska State Medical Association

# Alaska Women's Lobby

P.O. Box 20891, Juneau, AK 99802-0891  
AWL@akwomenslobby.org ~ [www.akwomenslobby.org](http://www.akwomenslobby.org)  
Like us on Facebook at AK Women's Lobby

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## ALASKA WOMEN'S LOBBY

### Resolution

Adopted March 13, 2015

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

**WHEREAS**, the current threshold for Medicaid eligibility in Alaska is 81 percent of the Federal Poverty Level (FPL) for working parents and 77 percent of the FPL for jobless parents, while there is currently no income eligibility threshold for adults who are not parents<sup>i</sup>; and

**WHEREAS**, the current expansion to Medicaid will increase eligibility of both parents and non-parent adults up to 138 percent of the FPL<sup>ii</sup>; and

**WHEREAS**, women represented 47.9% of the Alaska workforce, but only earned 38.2% of the total earnings for 2010, averaging \$.67 for every \$1 earned by their male counterparts<sup>iii</sup>; 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, thereby supporting healthier families; 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<sup>iv</sup>; 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**, Medicaid expansion will significantly reduce the burden of uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013; and

**NOW THEREFORE BE IT RESOLVED**, the Alaska Women's Lobby 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 Alaska Women's Lobby 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.

*Defending and advancing the rights and needs of women, children, and families in Alaska.*

**Committee Members: Jayne Andreen, Elizabeth Belknap, Nancy Courtney, Heather Davis, LaRae Jones, Rebecca Madison, Nicole Nelson, Jorden Nigro, Taber Rehbaum, Kari Robinson, Shannon Vargas**  
**Lobbyist: Caren Robinson**

<sup>i</sup> The Urban Institute, Health Policy Center. Medicaid in Alaska under the Affordable Care Act. 2013.

<sup>ii</sup> The Urban Institute, Health Policy Center. Medicaid in Alaska under the Affordable Care Act. 2013.

<sup>iii</sup> Alaska Legislative Research Services. Women in Alaska, LRS Report 13.072. December 2012.

<sup>iv</sup> The Lewin Group. An Analysis of the Impact of Medicaid Expansion in Alaska. 2013.



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%.

Medicaid expansion may serve as a catalyst for meaningful Medicaid reform and we 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

## Aleutian Pribilof Islands Association, Inc.

1131 E. International Airport Rd.  
Anchorage, Alaska 99518-1408  
Phone (907) 276-2700  
Fax (907) 279-4351

March 23, 2015

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

Dear Governor Walker,

The Aleutian Pribilof Islands Association 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.

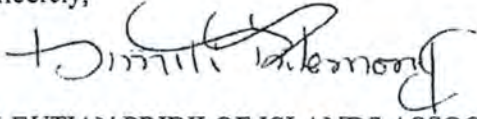
In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for 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 of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

The Aleutian Pribilof Islands Association 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 "Dimitri Philemonof". The signature is written in a cursive style with some loops and flourishes.

ALEUTIAN PRIBILOF ISLANDS ASSOCIATION

Dimitri Philemonof  
President & CEO

Cc: Charles Fagerstrom, APIA Health Director  
Mark Hamm, APIA Chief Financial Officer



American Heart Association | American Stroke Association

*Learn and Live...*

Western States Affiliate  
3700 Woodland Drive, Suite 700  
Anchorage, AK 99517  
(907) 865-5300  
[www.heart.org](http://www.heart.org)

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Oakland

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Chairman-Elect  
Mike Eolen  
Newport Beach

President-Elect  
Kirk Knowlton, M.D.  
La Jolla

Secretary  
Deepak Srivastava, M.D.  
San Francisco

Treasurer  
Pierre P. Habis  
Los Angeles

Executive Vice President  
Kathy Rogers

Chief Development Officer  
Ginnie Gallin

March 30, 2015

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

**RE: HB 148 – Support**

Dear Governor Walker,

The American Heart Association/American Stroke Association (AHA/ASA) supports your HB 148. This bill expands Medicaid in July 2015 for the benefit of Alaskans and the Alaska economy.

Nearly 42,000 Alaskans will be eligible for health coverage under Medicaid expansion. Expansion improves health outcomes by reducing the number of uninsured Alaskans by half and improving preventative and primary care access. Patients with heart disease and stroke with Medicaid coverage are more likely to take their medication appropriately, have their blood pressure controlled, and more likely to have been checked for high cholesterol, compared to the uninsured.

Heart Disease and Stroke combined, are responsible for more deaths in Alaska than any other cause. Medicaid is already an important source of health insurance coverage for patients with heart disease, stroke, and other cardiovascular diseases (CVD), and through Medicaid expansion, it will become an even more important source of coverage for currently uninsured adults with or at-risk for CVD.

There are significant economic benefits associated with Medicaid expansion. Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. More than \$1 billion in new federal revenues to the state will be realized, 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.

In addition to new federal revenue, savings to the state budget have also been identified. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for Alaskans and healthy for the state's budget.

The AHA/ASA supports HB 148 and the positive impact it will have on the health of Alaskans and the economy.

Sincerely,

A handwritten signature in cursive script that reads "Jamie Morgan".

Jamie Morgan

Senior Director of Advocacy and Policy Campaigns



**In Support of the Expansion of Medicaid in Alaska  
Resolution 01/11-01**

**Whereas** in March 2010, the President signed the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care Reconciliation Act (P.L. 111-152) into law, collectively referred to as the Affordable Care Act. The Affordable Care Act has given states the option to expand access to Medicaid for low income adults and families.

**Whereas** the Affordable Care Act has given states the option to expand access to Medicaid for low income adults and families. The federal government will pay for 100% of the costs of covering newly

**Whereas** the Anchorage Chamber of Commerce recognizes the concern expressed by its membership of the rising cost of healthcare in Alaska. Further, the employer shared responsibility portion of the ACA which goes into effect January 1, 2015 may adversely affect some members as they will be required to offer health insurance or pay a penalty.

**Whereas** the expansion of Medicaid in Alaska will help to offset some of the costs to employers both in the provision of health coverage for lower wage employees and the reduction of cost shifting to all insured Alaskans for uncompensated care.

**Now therefore be it resolved**, that the Anchorage Chamber supports the expansion of Medicaid with the understanding that the Governor and Alaska State legislature reevaluate Alaska's participation in Medicaid Expansion should the federal match fall below 90%.

**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-Kieley

ACEH Education and Advocacy Committee

  
Carmen Springer

ACEH Coalition Director

Whereas, good health and wellness are 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.

Therefore, we the undersigned non-profits support the following Medicaid Expansion strategies:

- 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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## *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 Alaska

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# UNDERSTANDING *Medicaid Expansion*



*A Guide for People of Faith*

Alaska's faith leaders are often the first people to whom families turn in times of need. Clergy know the pain surrounding not only the spiritual needs of their people, but also the physical needs, such as the need for food or rental assistance. Increasingly, more 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 medical care 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 expanding



Medicaid under the Affordable Care Act.

Most important is that Alaska's citizens have accurate information about the issue. This booklet provides currently available and relevant information.<sup>1</sup> We begin where people of faith always begin—with our values and our beliefs.

<sup>1</sup> This document is based on information and studies available to the public as of August 2013. An analysis commissioned by the State of Alaska has not been released to the public and is therefore not referenced. A statement issued by the Department of Health and Social Services states, "The Department is withholding the April 12, 2013, document, titled 'An Analysis of the Impact of Medicaid Expansion in Alaska,' as it is exempt from disclosure under the deliberative process privilege."



## **WHY** *does the faith community care about health care?*

**W**hen 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 need of food. He had compassion on them; he fed them.<sup>4</sup> Jesus noticed people's needs, hurts, and sufferings. He noticed the widow in Nain who was about to bury her only son. He had compassion for her, and so he gave the breath of life back to her son.<sup>5</sup> In compassion, Jesus healed a man of leprosy<sup>6</sup> and two men of their blindness.<sup>7</sup>*

Compassion means that Jesus had a deep response to people's needs and sufferings. He was so deeply moved that it hurt, like someone had kicked him in the stomach. He was upset by what he witnessed, and so he did something about it. Jesus asks for the same compassion from us. Thus, we teach: "As God's chosen ones, holy and beloved, clothe yourselves with compassion."<sup>8</sup>

As people of faith, we know that our God of compassion cares deeply for the health of His creation, including the medical health of the people of Alaska. It is good and wise for Alaska to consider the facts and figures, the dollars and cents, about Medicaid expansion. In the final analysis, our state budget becomes an expression of our values.

<sup>2</sup> Matthew 22:39; Mark 12:31; Luke 10:27

<sup>3</sup> Matthew 14:14

<sup>4</sup> Matthew 15:32; Mark 8:2

<sup>5</sup> Luke 7:13

<sup>6</sup> Mark 1:41

<sup>7</sup> Matthew 20:34

<sup>8</sup> Colossians 3:12

## WHAT is the status of health care costs and benefits in Alaska?

Employers are feeling the weight of rapidly rising health care costs in Alaska.<sup>9</sup> 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/February-Issue-4 2012*

<sup>10</sup> Neal Fried, "The Cost of Living in Alaska," *Alaska Economic Trends*, July 2013, Alaska Department of Labor, p. 5.

<sup>11</sup> See note 10, page 7.

<sup>12</sup> See note 9, Bradner.



## **HOW** *does* *Medicaid help?*

**M**edicaid 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>13</sup>

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<sup>13</sup> "Medicaid in Alaska: The Opportunities and Challenges of Health Reform," Executive Summary, April 2011, AK Health Reform, p. 1

## 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 earning \$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 a minimum Medicaid income eligibility. Beginning in January 2014, individuals under 65 years of age with incomes below 138 percent of the federal poverty level will be eligible for Medicaid.<sup>17</sup> Each state must decide for itself whether to expand its Medicaid program.

For the first time, low-income adults without children can be guaranteed coverage through 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 outlines the changes possible in Alaska under the Medicaid expansion.

POPULATION GROUPS	CURRENT ALASKA MEDICAID COVERAGE	MEDICAID EXPANSION OPTION
Working Low-Income Parents	Up to 81% of FPL	Up to 138% of FPL
Non-working Low-Income Parents	Up to 76% of FPL	Up to 138% of FPL
Childless Adults (19-64 years)	None	Up to 138% of FPL

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, Alaska could expect more people to receive preventive care, a decrease in the statewide mortality rate, and a healthier Alaska.

<sup>14</sup> See 2013 Federal Poverty Guidelines, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2013-Federal-Poverty-level-charts.pdf>. See also Alaska Medicaid standards and Alaska's federal poverty guidelines, [http://dhss.alaska.gov/dpa/Documents/POLICY/PDF/2013%20Med\\_standards.pdf](http://dhss.alaska.gov/dpa/Documents/POLICY/PDF/2013%20Med_standards.pdf).

<sup>15</sup> Children and pregnant women will be largely unaffected by the Medicaid Expansion in Alaska as they are covered by Medicaid/Denali KidCare with incomes up to 175% of the federal poverty guidelines. People over 65 and some disabled persons may also receive medical benefits through Medicare. According to Karen Pardue, CEO of the Alaska State Hospital and Nursing Home Association, hospitals need Medicaid expansion and extra revenue because under the Affordable Care Act, providers in Alaska could lose up to \$25 million dollars per year in Medicare reimbursements. Peter Granitz, "Health Care Providers Push Governor Parnell to Expand Medicaid," Alaska Public Media, November 27, 2012.

<sup>16</sup> Mark Foster and Scott Goldsmith, "Alaska's Health-Care Bill: \$7.5 Billion and Climbing," UA Research Summary No. 18, Institute of 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 method of calculating income makes the effective eligibility 138% of FPL.

<sup>18</sup> Affordable Care Act: Eligibility, Medicaid.gov, Keeping America Healthy.

<sup>19</sup> Matthew Buettgens and Christopher Hildebrand, "Medicaid in Alaska Under the ACA," Health Policy Center, The Urban Institute, Feb. 1, 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

and can pay their bills.<sup>21</sup> Even the state, as an employer, is adversely affected by uncompensated 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 are insured by Medicaid in Alaska, health care providers could see a dramatic decrease in bad debt and uncompensated health care costs. Employers, such as the state, and individuals could see a decrease in the cost of their insurance.

The state could expect other cost savings as a result of the expansion, which could further offset the cost of Medicaid expansion. For example, beginning in 2014, state prison inmates could be eligible for Medicaid coverage for hospital expenses,<sup>23</sup> providing substantial savings to Alaska's prison budget.

<sup>20</sup> See note 19, Bueltgens, pp. 13-15.

<sup>21</sup> Tim Bradner, "Report: Alaska health care industry booming," *Alaska Journal of Commerce (AJC)*, January 2012.

<sup>22</sup> Representative Gabrielle LeDoux, "Affordable Health Insurance for All Alaskans, Frequently Asked Questions," Alaska State Legislature, 2007-08. [http://www.housemajority.org/ledoux/pdfs/25/hb0242\\_faqs.pdf](http://www.housemajority.org/ledoux/pdfs/25/hb0242_faqs.pdf).

<sup>23</sup> Christine Vestal, "Medicaid Expansion Seen Covering Nearly All State Prisoners," *The Pew Charitable Trusts*, October 18, 2011.

## 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 placing those 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 prayer and dialogue by the people of Alaska is now.



<sup>24</sup> "Where the States Stand: June 14, 2013" (map), The Advisory Board Company, <http://www.advisory.com/Daily-Briefing/2012/11/09/MedicaidMap#lightbox/1/>.

<sup>25</sup> Conversation with Susan Johnson, US Department of Health & Human Services, Region 10 Director, August 15, 2013. See also Dylan Scott, "CMS, States Could Adopt Medicaid Expansion, Then Drop It," 8/6/2012, <http://www.governing.com/news/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, August 13, 2013.

<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.



*Can people of faith*  
**MAKE A DIFFERENCE?**

1. **STUDY** the issues in the light of your faith and your values.
2. **ORGANIZE** discussion groups and create a dialogue in your congregation.
3. **PRAY** for Alaska's decision makers.
4. **SHARE** your views with Governor Parnell and your legislators.

For further information contact AFACT, 907-297-7737.

*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)

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*AFACT is a 501(c)(3) nonprofit corporation.*

CLERK'S OFFICE

APPROVED

Date: 3-3-2015

Submitted by: ASSEMBLY CHAIR TRAINI,  
VICE-CHAIR GRAY-JACKSON, ASSEMBLY  
MEMBERS FLYNN, HALL, HONEMAN, PETERSEN,  
STARR, STEELE

Prepared by: Office of the Municipal Clerk  
For reading: March 3, 2015

ANCHORAGE, ALASKA  
AR NO. 2015-71

1 A RESOLUTION OF THE ANCHORAGE MUNICIPAL ASSEMBLY URGING THE  
2 ALASKA STATE LEGISLATURE TO EXPAND MEDICAID COVERAGE TO IMPROVE  
3 THE HEALTH OF ALASKANS AND TO IMPROVE THE ALASKAN ECONOMY.

---

4  
5 WHEREAS, nearly 42,000 of our family members, friends and neighbors have the  
6 opportunity to gain health care coverage under expansion; and  
7

8 WHEREAS, Medicaid expansion will improve health outcomes by reducing the  
9 number of uninsured Alaskans by half, improving preventive and primary care access,  
10 providing substance abuse treatment and mental health counseling, and reducing the  
11 mortality rate; and  
12

13 WHEREAS, Medicaid expansion brings over \$1 billion in new Federal revenue into  
14 Alaska over the first five years; and  
15

16 WHEREAS, studies project expansion will likely yield 4,000 new jobs, \$1.2 billion  
17 more in wages and salaries paid to Alaskans, and \$2.49 billion in increased economic  
18 activity throughout the State; and  
19

20 WHEREAS, with expansion the State would save \$6.1 million in FY2016 by using  
21 Federal funds to pay for health services currently paid for with State general funds; and,  
22

23 WHEREAS, Federal funds will pay for 100% of services provided to the expansion  
24 population through 2016 and will transition to 90% in 2020 and beyond; and  
25

26 WHEREAS, the State's continued participation is contingent upon maintaining the  
27 90% match; and  
28

29 WHEREAS, Medicaid expansion will significantly reduce the burden of  
30 uncompensated care, which was over \$90 million at non-tribal Alaska hospitals in 2013;  
31 and  
32

33 WHEREAS, Medicaid expansion will serve as a catalyst for meaningful Medicaid  
34 reform; and  
35

36 WHEREAS, leveraging the Federal resources that come with expansion is the  
37 State's biggest opportunity to finance reform efforts; and  
38



**Resolution 15-01**

**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 percent of services provided to the expansion population through 2016 and will transition to 90 percent in 2020 and beyond; and

WHEREAS, the State's continued participation is contingent upon maintaining the 90 percent 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

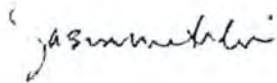
WHEREAS, leveraging the federal resources that come with expansion is the State's biggest opportunity to finance reform efforts; and

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 ANCSA Regional Association 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 ANCSA Regional Association 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.

ADOPTED AND DATED THIS 10th DAY OF MARCH, 2015 BY THE ANCSA REGIONAL ASSOCIATION BOARD OF DIRECTORS.

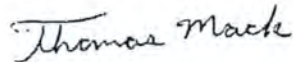


Jason Metrokin, Chairman of the Board

3.10.15

Date

ATTEST:



Thomas Mack, Secretary

3.10.15

Date

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907 796 8900

[www.bartletthospital.org](http://www.bartletthospital.org)

## 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



AV



MAR 10 2015

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.

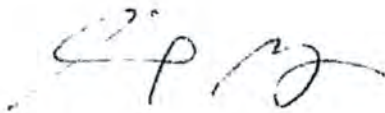
Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

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

of utmost importance, 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', with a stylized flourish at the end.

Gail R. Schubert,  
President & CEO



April 8, 2015

The Honorable Senator Lyman Hoffman  
State Senate  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Senator Hoffman,

The Bethel Chamber of Commerce 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.

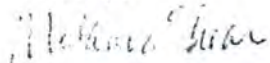
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The Bethel Chamber of Commerce endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy.

Sincerely,



Milanna Shear

President

Bethel Chamber of Commerce



April 8, 2015

The Honorable Rep. Bob Herron  
House of Representatives  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Herron,

The Bethel Chamber of Commerce 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.

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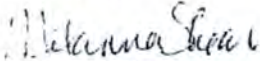
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Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining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

The Bethel Chamber of Commerce 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,



Milanna Shear

President

Bethel Chamber of Commerce



**Resolution # 2015-4**

**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 Bethel Chamber of Commerce 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 Bethel Chamber of Commerce 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.

*Alicanna Stuart, Sec.*  
*4/9/2015*



**Bristol Bay Area  
Health Corporation**  
8000 Kanakanak Road  
P.O. Box 130  
Dillingham, AK 99576  
(907) 842-5201  
800-478-5201  
FAX (907) 842-8354

*Bristol Bay Area Health  
Corporation is a tribal  
organization representing  
34 villages in Southwest  
Alaska:*

Aleknagik  
Chignik Bay  
Chignik Lagoon  
Chignik Lake  
Clark's Point  
Dillingham  
Egegik  
Ekuk  
Ekwok  
Goodnews Bay  
Igloodig  
Iliamna  
Ivanof Bay  
Kanatak  
King Salmon  
Knugank  
Kokhanok  
Kollignek  
Lavelock  
Manokotak  
Naknek  
New Stuyahok  
Newhalen  
Nondalton  
Pedro Bay  
Perryville  
Pilot Point  
Platinum  
Port Halden  
Portage Creek  
South Naknek  
Togalak  
Twin Hills  
Ugashik

*Our mission is to  
provide health care  
with competence  
and sensitivity*

Via email and fax

March 13, 2015

The Honorable Governor Bill Walker  
Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker,

The Bristol Bay Area Health Corporation a consortium of 34 tribes in southwest Alaska 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 of utmost importance, reform efforts should

not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

Bristol Bay Area Health 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,

**BRISTOL BAY AREA HEALTH CORPORATION**



Robert J. Clark  
President/Chief Executive Officer

cc: Commissioner Valerie Davidson  
Alaska Native Health Board  
BBAHC Executive Committee  
BBAHC Division Managers  
Representative Bryce Edgmon  
Representative Lyman Hoffman  
Senator Gary Stevens



# BRISTOL BAY NATIVE ASSOCIATION

PO BOX 310 DILLINGHAM ALASKA 99576

PHONE: (907) 842-5257

TOLL FREE 1-800-478-5257 FAX: (907) 842-5932

## FAX TRANSMISSION COVER SHEET

DATE: March 25, 2015

TO: Governor Bill Walker

FAX: (907) 465-3532

SENDER: Ralph Andersen

RE: Resolutions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax Received  
MAR 25 2015  
Office of the Governor

*Please receive  
- 615  
- Conclusions  
- Placement  
- March 25, 2015*



12 PAGE (S), INCLUDING THIS COVER SHEET  
If you do not receive all the pages please call

       HARD COPY WILL FOLLOW IN THE MAIL ON THIS DATE         
       HARD COPY WILL NOT FOLLOW.

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1-888-918-3663  
FAX: 842-1092

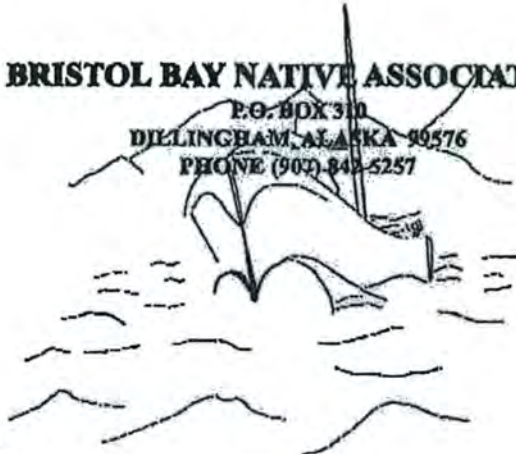
**REALTY**  
(907) 842-5257  
1-800-478-5257  
FAX: 842-5939

**SOCIAL SERVICES**  
(907) 842-4139  
1-800-478-4139  
FAX: 842-4106

**HEAD START**  
(907) 842-4059  
1-800-478-4059  
FAX: 842-2338

**BRISTOL BAY NATIVE ASSOCIATION**

P.O. BOX 310  
DILLINGHAM, ALASKA 99576  
PHONE (907) 842-5257



Tribal Councils  
Served by BBNA:

- Aloaganik
- Chignik Bay
- Chignik Lagoon
- Chignik Lake
- Clarks Point
- Curyung
- Egegik
- Etuk
- Ekwik
- Igagak
- Iliamna
- Ivanof Bay
- Kanaiak
- King Salmon
- Kotzebuk
- Koliganik
- Levelock
- Mackenzie
- Nalimik
- New Smyrna
- Nauyasik
- Nondahok
- Pedro Bay
- Panville
- Pilot Point
- Port Heiden
- Portage Creek
- South Nalimik
- Togiak
- Twin Hills
- Ugashik

March 25, 2015

State of Alaska  
Governor Bill Walker  
Third Floor, State Capitol  
P.O. Box 110001  
Juneau, Alaska 99811-0001

Dear Governor Walker:

Via Fax - 465-3532

Enclosed please find resolutions:

- 2015-02      • 2015-03      • 2015-07      • 2015-08      • 2015-11

These resolutions were passed during the Full Board of Directors meeting of the Bristol Bay Native Association, March 18-20, 2015. BBNA, the regional non-profit for the Bristol Bay region, represents 31 tribes.

These resolutions represent a formal statement of considered opinion, intent, and resolve of the Association and its tribes. We have taken this action out of concern for our social, economic, and cultural well-being. We communicate these resolutions to inform you of our position and to earnestly solicit your assistance in our efforts.

Sincerely,

**BRISTOL BAY NATIVE ASSOCIATION**

*Ralph Andersen*  
 Ralph Andersen  
 President & CEO

Enclosure(s)

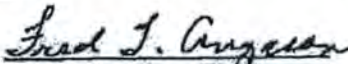
**BRISTOL BAY NATIVE ASSOCIATION  
P.O. BOX 310  
DILLINGHAM, ALASKA 99576  
(907) 842-5257  
By the Full Board of Directors**

**Resolution 2015 - 02**

**A RESOLUTION URGING THE ALASKA STATE LEGISLATURE TO ENACT HOUSE BILL 148, GOVERNOR WALKER'S MEDICAID EXPANSION BILL**

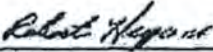
- WHEREAS: The Bristol Bay Native Association (BBNA) is a regional Alaska Native non-profit corporation and tribal consortium serving 31 tribal communities in the Bristol Bay Region of Alaska; and
- WHEREAS: On March 17, 2015 Governor Bill Walker transmitted to the Alaska State Legislature HB 148, a bill that would expand Medicaid to Alaskans who earn \$20,314 per year or less or married couples who earn \$27,490 or less, and makes various reforms to the Medicaid program in Alaska;
- WHEREAS: The expansion of Medicaid would benefit an estimated 42,000 people, while bringing in \$146 million in new federal money in 2016 and subsequent years and generating an estimated 4,000 jobs and \$1.2 billion in wages and salaries, while actually reducing the state's general fund budget by \$6.5 million; and
- WHEREAS: Many of the beneficiaries of the Medicaid expansion are Alaska Natives who are otherwise completely dependent on the under-funded Indian Health Service system for health care, and the Medicaid expansion will be a significant source of new third-party revenues for tribal health providers operating IHS programs;
- WHEREAS: Although the State of Alaska will have to assume 10% of the cost of the Medicaid expansion beginning in 2020, the additional cost will be more than offset by savings to the state and increased economic activity generated by the expansion;

NOW THEREFORE BE IT RESOLVED by the Bristol Bay Native Association Board of Directors that it urges the Alaska State Legislature to promptly enact House Bill 148, Governor Bill Walker's Medicaid expansion legislation.

  
Fred T. Angasan, Chairman

**CERTIFICATION:**

I, the undersigned Secretary of the Bristol Bay Native Association, Inc. do hereby certify that the foregoing resolution was passed by the Full Board of Directors of the Bristol Bay Native Association at a duly called and noticed meeting on the 20<sup>th</sup> day of March, 2015, and that a quorum was present.

  
\_\_\_\_\_  
Robert Heyano, Secretary



*Enriching Our Native Way of Life*

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.

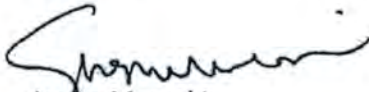
Studies suggest that expanding Medicaid will greatly reduce the number of uninsured Alaskans and will save lives - by some estimates 30 lives a year. Without insurance many individuals are forced to ignore health issues until they become unbearable and they are forced to seek care in an emergency room. 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". The signature is fluid and cursive, with a prominent initial "J" and a long, sweeping tail.

Jason Metrokin  
President & CEO



February 17, 2015

Governor Walker:

Cancer is the leading cause of death in Alaska, but there is good news: knowing what we know today, we could prevent half of all cancer deaths, saving over 300,000 lives annually in the US. Success on this scale will require the commitment of all levels of government and strong community and private sector support.

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. ACS CAN supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. We need your help.

We would like to draw your attention to two priority areas on the ACS CAN agenda this session:

- **100% Smoke-free Indoor Workplaces** ACS CAN strongly supports SB 1, protecting Alaskans from secondhand smoke in the workplace. Only half the state's population is currently protected by a smoke-free workplace ordinance. It is time for the legislature to act protect workers and patrons across the state from secondhand smoke and electronic cigarette aerosol.
- **Expanding Medicaid in Alaska** - ACS CAN supports the expansion of Medicaid eligibility in order to provide access to care that otherwise might not be accessible or affordable. Options like this increase the likelihood that cancers and other chronic diseases will be found at their earliest stages where treatment can be less costly and health outcomes greatly improved.

As these measures come before you in the Alaska Legislature, please consider our positions. We are always available as a resource to you and your constituents. Your vote can reduce the burden of cancer across our state. Together, we can and will save lives.

Sincerely,

Johna Beech  
Volunteer State Lead Ambassador

American Cancer Society Cancer Action Network  
3851 Piper Street, Suite U240, Anchorage, AK 99508  
[www.acscan.org/alaska](http://www.acscan.org/alaska)



# Catholic Social Services

OFFICE OF THE GOVERNOR  
11/11

3710 East 20th Avenue, Anchorage, AK 99508 • (907) 222-7300 • Fax (907) 258-1991 • www.cssalaska.org

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

*Providing Help  
Creating Hope*





# CITY OF BARROW

"Farthest North Incorporated City"

Fax Received  
MAR 28 2015  
Office of the Governor

## PRIORITY IMPORTANCE

28 March 2015

Governor Bill Walker  
State Capitol  
PO Box 10001  
Juneau, AK 99801-0001

Via FAX 907-465-8882

**SUBJECT:** City of Barrow Resolution in Support of Medicaid Expansion

Good afternoon, Governor Walker

Attached is a copy of City of Barrow Resolution 18-2015, "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 Harcharik  
Mayor

Cc: Barrow City Council  
files



# CITY OF BARROW

*"Farthest North Incorporated City"*

---

## 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

**WHEREAS**, the State has the option of implementing segments of numerous Medicaid expansion demonstration projects it may also consider as part of reform; 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:



  
\_\_\_\_\_

Bob Harcharek, Mayor

  
\_\_\_\_\_

Aolele Poe, City Clerk



City  
of  
Pelican

BOX 737 - PELICAN, ALASKA 99832 - PHONE: 735-2202/2203 - FAX: 735-2258 - EMAIL: cityhall@pelicancity.org - WEBSITE: www.pelican.net

**CITY OF PELICAN  
RESOLUTION 2015-14**

**A RESOLUTION OF THE CITY OF PELICAN IN SUPPORT OF GOVERNOR BILL WALKER'S  
LEGISLATION RELATING TO MEDICAID EXPANSION AND REFORM**

**WHEREAS**, Governor Walker introduced legislation (SB78/HB148) to expand Medicaid; and  
**WHEREAS**, Medicaid expansion takes advantage of available federal resources by accepting an estimated \$146 million in federal Medicaid expansion money; and  
**WHEREAS**, SB78/HB148 lays out the Governor's plan to reform the State of Alaska's Medicaid system to ensure the program is affordable over the long term; and  
**WHEREAS**, the legislation makes healthcare coverage available through Medicaid to adults who earn \$20,314 or less (\$9.76 per hour) or married couples who earn \$27,490 or less; and  
**WHEREAS**, access to healthcare improves health outcomes and increased productivity and independence; and  
**WHEREAS**, more Alaskans will get preventive and primary healthcare, including behavioral health services and help in managing costly chronic diseases.  
**NOW THEREFORE BE IT RESOLVED THAT** the City of Pelican supports passage of Governor Walker's (SB78/HB148) legislation relating to Medicaid Expansion and Reform.  
**PASSED, APPROVED AND ADOPTED THIS 8th DAY OF APRIL, 2015.**

Signed: Patricia Phillips  
Patricia Phillips, Mayor

Attest: Kelly L. Chapman  
Kelly L. Chapman, City Clerk



April 10, 2015

29<sup>th</sup> Legislature of the State of Alaska  
State Capitol  
Juneau, AK 99801

RE: Medicaid Expansion

Dear Legislators,

Please accept this letter as support for SB 78 and HB 148 regarding the Governors' efforts to expand Medicaid. While it is acknowledged that there are many facets to this issue, with some aspects perhaps not completely known at this time; the preponderance of information available does still clearly makes this initiative worth pursuing. Being able to serve more Alaskans, while simultaneously having the potential to reduce pressure on the State budget, is an opportunity that deserves to garner our attention, especially in our current environment. Therefore please make every effort to work with the Governor to move this important legislation forward. Thank you for your consideration.

Respectfully,

A handwritten signature in cursive script that reads "John Hozey".

John Hozey  
Valdez City Manager



## *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

*211 Cordova St. ✧ PO Box 22071 ✧ Juneau, AK 99802*



March 9, 2015

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

RE: CIRI Support for Medicaid Expansion

Dear Governor Walker,

I am writing on behalf of Cook Inlet Region, Inc. (CIRI) to express support for your efforts to expand Medicaid in July 2015. CIRI believes Medicaid expansion provides an important opportunity to invest in the health of Alaskans and the health of our state's economy.

Medicaid expansion will give nearly 42,000 of our fellow Alaskans access to health care coverage that is otherwise unavailable to them. Expansion will improve health outcomes by reducing the number of uninsured Alaskans by half, increase preventative and primary care access and provide substance abuse treatment and mental health counseling.

There are significant economic benefits associated with Medicaid expansion that will positively impact our state's economy, at a time we are faced with declining oil prices and the resulting budget challenges. It is estimated that Medicaid expansion will bring in more than \$1 billion in new federal revenue to our state, driving some 4,000 new jobs, \$1.2 billion in wages and salaries and \$2.49 billion in increased economic activity over the first five years. In addition to new revenue, the state budget will realize significant savings as well.

Medicaid expansion also will serve as a catalyst for meaningful Medicaid reform. We recognize that the state must do things differently to make Medicaid sustainable and are pleased to hear that the Department of Health & Human Services has issued an RFP for technical assistance related to reform efforts. However, reform of the current program should not delay access to health care coverage for those Alaskans who would be eligible under Medicaid expansion.

CIRI endorses Medicaid expansion and believes that healthy Alaskans are productive Alaskans who will, in turn, contribute to the health of our communities and economy as a whole.

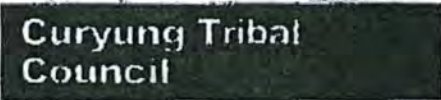
Sincerely,

Cook Inlet Region, Inc.

Sophie Minich  
President and Chief Executive Officer

FYI LO  
HV  
Becca  
Grace  
Katie M

P.O. Box 216  
Dillingham, AK 99576  
Phone: (907) 842-2384/4508/2544/3383/1751  
Fax: (907) 842-4510



# Fax

To: Office of the Governors From: CM

Fax: 907-269-7461 Pages: 3

Phone: \_\_\_\_\_ Date: 3/19/15

Re: Resolution of Support CC: \_\_\_\_\_

Urgent  For Review  Please Comment  Please Reply  Please Recycle

• Comments

RECEIVED  
MARCH 21 2015  
COURT REPORTER

\_\_\_\_\_ The original of this fax will be mailed on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_ The original of this fax will not be mailed (unless specifically requested).



**Curyung Tribal Council**  
**PO Box 216 • 531 D Street**  
**Dillingham, Alaska 99576**  
**Phone: (907) 842-2384**  
**Fax: (907) 842-4510**

**Curyung Tribal Council**  
**Resolution 2015-09**

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

**WHEREAS:** the Curyung Tribal Council is the federally recognized Alaska Native tribe serving its tribal members and the community of Dillingham; and

**WHEREAS:** Curyung Tribal Council, acting as the duly recognized governing body pursuant to the Constitution of Curyung, has the authority of establishing relationships and entering into contracts for the benefit and well-being of the Tribe; and

**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,** Curyung 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 Curyung 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 resolution was duly considered and adopted by the Curyung Tribal Council in Dillingham, Alaska on March 18, 2015 at which a quorum of Council members were in attendance.

For <u>17</u>	Against <u>0</u>	Abstain <u>0</u>
Present <u>17</u>	Absent <u>0</u>	

  
Thomas Tilden, 1<sup>st</sup> Chief

**ATTEST:**

  
Gayla Hoseth, 3<sup>rd</sup> Chief



LEADER in All We Do

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,

Aaron M. Schutt  
President and CEO

April 3, 2015

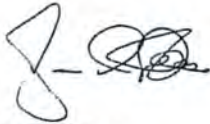
Alaska State Legislature  
State Capitol Building  
Juneau AK 99801

Dear Legislators,

As the President/CEO of Fairbanks Economic Development Corporation (FEDC) I am writing you in support of HB 148 and SB 78. Alaska, and particularly Alaskans, is in troubling economic times and all reasonable measures should and must be taken to assure our citizens' continued economic and personal well-being. Expansion of Medicaid can immediately extend access to health insurance for an estimated 42,000 low-income Alaskans. Support of Medicaid Expansion not only provides a safety net to our most economically vulnerable Alaskans, it also provides Alaska with an estimated additional \$1.1 billion in Federal Revenue.

That additional Federal Revenue will create approximately 4,000 jobs and help reduce the State budget by \$6 million. Support of this legislation is a win for Alaskans and a win for Alaska. On behalf of the FEDC staff and our Board of Directors, I am asking for your support for HB 148 and SB 78.

Thank you for your consideration,



Jim Dodson  
President & CEO  
Fairbanks Economic Development Corporation



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

**Department of  
Health and Social Services**

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.

**RESOLUTION OF THE EXECUTIVE COMMITTEE**

**OF THE**

**THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION,  
INCORPORATED**

**RESOLUTION 2013-5**

WHEREAS The Greater Fairbanks Community Hospital Foundation, Incorporated ("Fairbanks Hospital Foundation") is the owner of Fairbanks Memorial Hospital, which is operated by Banner Health.


WHEREAS the Fairbanks Hospital Foundation was established to ensure that Fairbanks never again face the prospect of a community without health care by providing outstanding medical facilities and technology; overseeing an excellent operator; creating an environment that attracts quality, caring physicians who wish to be part of the community and; creating partnerships to deliver quality patient care.

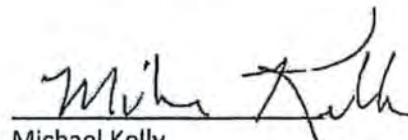
WHEREAS it is the belief of the Fairbanks Hospital Foundation that the Medicaid Expansion would provide underserved patients access to healthcare, thereby increasing the quality of care to the Fairbanks community and Interior Alaska.

WHEREAS the Fairbanks Hospital Foundation recognizes the complexities of the Affordable Care Act and the challenges the Governor and State of Alaska Legislature face in navigating what is best for Alaska, but they also believe that the Governor and the State of Alaska Legislature can and will accomplish a solution.

THEREFORE the Executive Committee of the Fairbanks Hospital Foundation requests that the Governor and State of Alaska Legislature consider adopting a Medicaid Expansion plan using tailored approaches that they feel best meet the needs of the Alaskan people, thereby providing underserved patients access to healthcare.

The foregoing resolution was adopted by the Executive Committee at a regularly scheduled meeting on October 10, 2013.

  
Jeffrey J. Cook  
President

  
Michael Kelly  
1<sup>st</sup> Vice-President

# JUNEAU CENTRAL LABOR COUNCIL

American Federation of Labor and Congress of Industrial Organizations



Alaska Public Employees Association/AFT  
Alaska State Employees Association/AFSCME Local 52  
Confidential Employees Assoc., APEA/AFT Local 6133  
General Teamsters Local 959, State of Alaska  
Inland Boatmen's Union of the Pacific, Alaska Region  
International Brotherhood of Electrical Workers Local 1547  
International Longshore and Warehouse Union Local 200  
International Union of Operating Engineers Local 302  
Juneau Career Fire Fighters Association Local 4304, IAFF

Juneau Education Association/NEA-Alaska Laborers  
International Union of North America Local 942  
Marine Engineers Beneficial Association, District 1  
Masters, Mates & Pilots, Pacific Maritime Region  
Pacific Northwest Regional Council of Carpenters Local 1281  
Plumbers & Pipefitters Local 262  
Public Employees Local 71  
Public Safety Employees Association/AFSCME Local 803  
University of Alaska Federation of Teachers/AFT Local 2404

**"Doing Alaska's Work, Living Alaska's Lives, Making Alaska a Great Place to Live"**

---

26 February 2015

The Honorable State Representative Mark Neuman, Co-Chair, and  
The Honorable State Representative Steve Thompson, Co-Chair, and  
The Honorable Members of the Alaska House Finance Committee

RE: Medicaid Expansion

Honorable Co-Chairs Neuman and Thompson, and Honorable Committee Members:

The Juneau Central Labor Council, AFL-CIO, is the local Juneau entity of the State and national AFL-CIO, and represents the organized labor organizations listed on our letterhead, above, and their approximately six thousand (6,000) members in the City & Borough of Juneau area. Including families, we estimate the CBJ labor community numbers in excess of 10,000 citizens.

We write, collectively, to urge your support for adoption of the Walker Administration's proposed Medicare Expansion initiative, which we understand and believe will be of substantial health, social and financial benefit to the state of Alaska and to all the state's residents and citizens. Medicare Expansion will save the state money, infuse new money into the state and infuse new vigor, vitality and benefit to our state's fragile and overextended medical services and care capabilities.

We believe exercising the implementation of Medicare Expansion is an important component to a more secure and better managed financial and medical services future for the state of Alaska, and we respectfully urge your committee to recommend expansion and incorporate expansion into the State House Finance Committee budget recommendations.

Thank you,

Pete Ford, President  
Juneau Central Labor Council

cc: All CLC Affiliates (by email)  
AFL-CIO State Federation

Presented by: The Manager  
Introduced: 03/16/2015  
Drafted by: A. G. Mead

## 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.

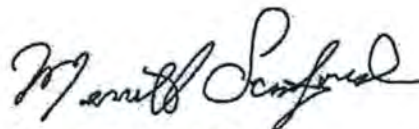
NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

**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





[JEDC.org](http://JEDC.org)  
612 West Willoughby Ave. Suite A  
Juneau, AK 99801  
Phone 907-523-2300  
Fax 907-463-3929

April 6, 2015

**The Honorable Governor Bill Walker**  
Alaska State Capitol  
Juneau, Alaska 99801-1182

**Dear Governor Walker:**

The Juneau Economic Development Council Board of Directors strongly urges support for legislation 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. According to data from the Bureau of Labor Statistics, healthcare and social assistance jobs grew over 30% faster between December 2013 and December 2014 for 24 states that implemented Affordable Care Act expansion on Jan. 1, 2014 than those that did not. Fitch Ratings says "...it could support a broader economic and tax base for state budgets and improve nonprofit hospital finances in those states."

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%.



[JEDC.org](http://JEDC.org)  
612 West Willoughby Ave. Suite A  
Juneau, AK 99801  
Phone 907-523-2300  
Fax 907-463-3929

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.

Juneau Economic Development Council Board of Directors recognizes the economic benefits associated with the Medicaid expansion in Alaska and thanks you for your efforts on behalf of Alaskans and our economy.

Sincerely,

**Brian Holst**  
**Executive Director**  
**Juneau Economic Development Council**

DRAFT



**Juneau Tlingit & Haida Community Council**  
P.O. Box 020770, Juneau, Alaska 99802  
Physically located at: 3235 Hospital Drive, Juneau, AK 99801



A T & H Community of the Central Council of Tlingit and Haida Indian Tribes of Alaska

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

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

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

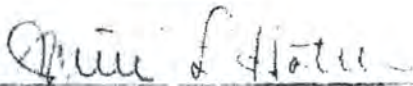
BE IT FURTHER RESOLVED that Juneau Tlingit & Haida Community Council strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health care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

Passed and approved this 12th day of March 2015, at Juneau, Alaska.

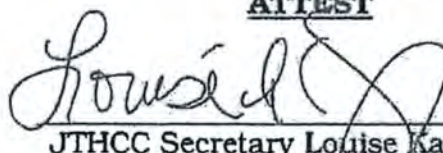
X APPROVED      \_\_\_ DISAPPROVED      \_\_\_ TABLED

26 AYES      \_\_\_ NAYS      19 ABSENT

**CERTIFY**

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

**ATTEST**

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

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;

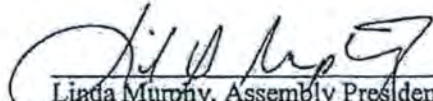
**NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH:**

**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.**

  
\_\_\_\_\_  
Liada Murphy, Assembly President

ATTEST:

  
\_\_\_\_\_  
John Blankenship, MMC, Borough Clerk



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

HV  
OM/B



**KENAITZE**  
**INDIAN**  
**TRIBE**

March 13, 2015

The Honorable Bill Walker  
Governor of Alaska  
P.O. Box 110001  
Juneau, AK 99811-001

Dear Governor Walker;

The Kenaitze Indian Tribe 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 preventive 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.

The Kenaitze Indian Tribe 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,

Rosalie Tepp  
Chairperson

WWW.KENAITZE.ORG

PHONE: (907) 335-7200 • FAX: (907) 335-7239

P.O. Box 988 • KENAI, AK 99611

**K**ODIAK  
**A**REA  
**N**ATIVE  
**A**SSOCIATION

HU  
OMB

3449 Rezanof Drive East  
Kodiak, Alaska 99615  
Phone 907.486.9800  
www.kanaweb.org

STATE OF  
ALASKA

MAR 15 2015

March 11, 2015

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

Dear Governor Walker,

Kodiak Area Native Association (KANA) 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 your 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.

Kodiak Area Native Association 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 "Andy Teuber". The signature is fluid and cursive, with a prominent flourish at the end.

Andy Teuber  
President and CEO

Cc: Commissioner Valerie Davidson, Alaska DHSS  
Monique Martin, Alaska DHSS



# The League of Women Voters

## A Voice For Citizens, A Force For Change

P.O. Box 90079, Anchorage, AK 99509-0079

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.

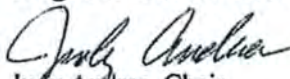
The State of Alaska has an opportunity to expand Medicaid at no immediate cost to the State through the federal Affordable Care Act. Reports from Alaska's own Department of Health and Social Services state that an expanded Medicaid program would save the State millions of dollars in Medicaid payments, 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 League of Women Voters is a nonpartisan political organization that encourages the informed and active participation of citizens in government and influences public policy through education and advocacy.*

## **The League of Women Voters of the United States: Position on Health Care**

**GOALS:** The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include 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://lww.org/content/health-care>)

HV

RECEIVED  
GOVERNOR  
2014  
12-9 2014

**March of Dimes Foundation**  
**Alaska Chapter**  
3209 Denali Street, Suite 200  
Anchorage, AK 99503  
Telephone (907) 276-4111  
Fax (907) 276-3375  
dgolden@marchofdimes.com  
[marchofdimes.com/alaska](http://marchofdimes.com/alaska)  
**Debbie Golden**  
Director of Program Services

December 29<sup>th</sup>, 2014

The Honorable Bill Walker  
Office of the Governor  
PO Box 110001  
Juneau, Alaska 99811-0001

Dear Governor Walker:

On behalf of the Alaska Chapter March of Dimes, I would like to thank you for making Medicaid expansion a priority for your administration. The mission of the March of Dimes is to improve the health of all children by preventing birth defects, preterm birth and infant mortality. We are thankful for this and other opportunities to improve the health of pregnant women and babies.

Another important aspect of our work is newborn screening. During the 2003 and 2004 legislative session, Alaska March of Dimes led the effort – with technical assistance from the Alaska Division of Public Health (ADPH) – that resulted in mandatory newborn hearing screening for all Alaska babies. In the spring of 2015, I have been told the ADPH will add screening for an important condition called Severe Combined Immunodeficiency (SCID) to the newborn metabolic screening panel. SCID is a term used to describe a group of rare inherited disorders which makes affected infants more susceptible to infection. With newborn screening, SCID can be identified early, and infants can be treated and survive. We commend ADPH for taking steps to implement this important addition to newborn screening.

In November, March of Dimes released the annual Premature Birth Report Card. The early birth of a baby has huge human and financial costs. We are disheartened to see that Alaska's grade went from an A in 2012 to a B in 2013. March of Dimes and ADPH staff are in regular communication and will continue to partner to address the problem of premature birth.

Again, thank you for already setting things in motion to improve the health of Alaska's babies and families! I look forward to continuing the strong partnership between State of Alaska and March of Dimes. Please do not hesitate to contact me if you have any questions.

Sincerely,  
  
Debbie Golden, RN, MS  
Director of Program Services



# Matanuska-Susitna Borough



April 8, 2015

Governor Bill Walker  
Third Floor, State Capitol  
PO Box 110001  
Juneau, AK 99811-0001

RE: Medicaid Expansion

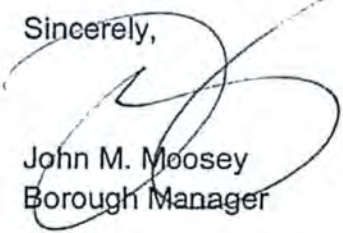
Dear Governor Walker,

The Assembly of the Matanuska-Susitna Borough endorses Governor Walker's plan for the State of Alaska to receive federal support for our uninsured by accepting Medicaid expansion. We understand that the acceptance of \$145 million in federal funding for the program will provide insurance for Alaska's most vulnerable residents. This program will have a profound impact on health care policy, which will improve Alaskans' quality of life and economic security.

Recent studies have stated that accepting federal Medicaid expansion in Alaska will prevent hundreds of premature deaths per year. It will also save money for state taxpayers according to the Kaiser Family Foundation. The Matanuska-Susitna Borough understands the need to reduce health costs in Alaska, and Medicaid expansion is a powerful tool to accomplish that goal.

Many groups have already endorsed Medicaid expansion in Alaska, including our state Chamber of Commerce, the state Hospital and Nursing Home Association, and now the Matanuska-Susitna Borough.

Sincerely,



John M. Moosey  
Borough Manager

cc. Mat-Su Legislators  
Borough Assembly



John M. Moosey \* Borough Manager \* 350 E. Dahlia Avenue \* Palmer, AK 99645  
907.861.8689 \* john.moosey@matsugov.us



## **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.

- 46% are women.

### **Faces of the Uninsured in Mat-Su:**

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.*



## Municipality of Skagway

GATEWAY TO THE KLONDIKE  
P.O. BOX 415 SKAGWAY, ALASKA 99840  
(PHONE) 907-983-2297 – Fax 907-983-2151  
[WWW.SKAGWAY.ORG](http://WWW.SKAGWAY.ORG)

**SENT VIA EMAIL**

March 10, 2015

The Honorable Dennis Egan  
Alaska State Senate  
State Capitol Room 417  
Juneau, AK 99801-1182  
[Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Dear Senator Egan:

The Municipality of Skagway 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 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%.

Medicaid expansion will serve as a catalyst for meaningful Medicaid reform. We are pleased to hear that the Department of Health and Human Services as 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 Municipality of Skagway 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 "Mark Schaefer". The signature is fluid and cursive, with the first name "Mark" being the most prominent.

Mark Schaefer  
Borough Mayor



# NAACP

Anchorage Branch #1000

## **Anchorage NAACP Urges Action on Medicaid Expansion**

12/16/2014

0 Comments

FOR IMMEDIATE RELEASE

December 12, 2014, 9:00 AM

Contact: Kevin D. McGee, (907) 441-2137

## **Anchorage NAACP Urges Action on Medicaid Expansion**

*Supports Walker Administration Efforts to Expand Coverage and Lower Costs*

ANCHORAGE: The Anchorage NAACP has endorsed Governor Walker's effort to accept federal Medicaid expansion funding. Federally-funded Medicaid expansion comes at a crucial time for Alaska, as it can reduce the growth in health costs, expand health coverage, and blunt the negative economic impact of budget deficits and declining oil prices. Medicaid expansion has become even more important as it would bring billions of dollars into Alaska at a time when the state confronts budget deficits and falling oil prices.

"Thank God Bill Walker now has the opportunity to expand Medicaid. Simply accepting this federal investment is vital to lower Alaskans' health care costs, expand health care coverage, and bring much-needed economic development to our state," said Kevin McGee, 1st Vice President and Political Action Chairman of the Anchorage NAACP.

Medicaid Expansion Addresses Key Health, Economic Challenges:

- Data from across the U.S. shows that Medicaid expansion can lower health costs, and that lack of Medicaid expansion traps consumers with higher insurance costs. After Parnell failed to expand Medicaid and failed to conduct oversight of insurance companies, Alaskans faced the highest-in-the-nation cost increases. Now Walker has an opportunity to bring down the cost of health care with Medicaid expansion, reversing damage done by Parnell.
- Medicaid expansion could expand health coverage to some 41,500 Alaskans, according to the ANTHC. This reform will improve Alaskans health, save hundreds of Alaskans per year from premature death, and reduce the number of babies born prematurely.
- Medicaid expansion will bring billions of dollars of investment and thousands of jobs to Alaska, according to the ANTHC. This economic development is vital at a time when budget deficits and falling oil prices have imperiled Alaska's economy.

###



**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 99801-8032

March 6, 2015

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

Dear Governor Walker,

NANA Regional 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.

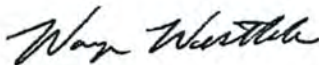
In addition to new federal revenue, savings to the state budget have also been identified in the Department of Corrections, the Chronic & Acute Medical Assistance (CAMA) Program and behavioral health grants. In FY2016, the state would realize \$6.1 million in savings. Medicaid expansion is healthy for 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 of utmost importance, reform efforts should not delay health care coverage for those Alaskans who would be eligible for Medicaid under expansion.

NANA Regional 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,



Wayne Westlake  
President/CEO

March 16, 2015

The Honorable Governor Walker  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Governor Walker,

The National Association of Social Workers Alaska Chapter (NASW-AK) 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.

NASW-AK 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,  
Stephanie Johnson, LMSW  
NASW-AK President

**Resolution 1**

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

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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,

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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, National Association of Social Workers Alaska Chapter 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 National Association of Social Workers Alaska Chapter 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.



Native Village of White Mountain  
P.O. Box 84090  
White Mountain, AK 99784  
TELEPHONE: (907) 638-3651 & FAX (907) 638-3652

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**Resolution No. 2015-03**

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

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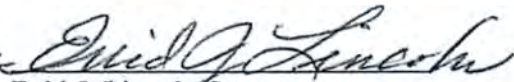
NOW THEREFORE BE IT RESOLVED, NATIVE VILLAGE OF WHITE MOUNTAIN endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

BE IT FURTHER RESOLVED, that NATIVE VILLAGE OF WHITE MOUNTAIN 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

It is hereby certified that on 19<sup>th</sup> day of March, 2015, a quorum of the NATIVE VILLAGE OF WHITE MOUNTAIN was formed and did pass and adopt the preceding resolution by a vote of 4 in favor, 0 opposed, 0 abstaining and 4 absent.

  
Peter G. Buck, President

ATTEST:   
Enid J. Lincoln, Secretary



Native Village of White Mountain  
P.O. Box 84090  
White Mountain, AK 99784  
TELEPHONE: (907) 638-3651 FAX (907) 638-3651

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March 25, 2015

The Honorable Senator Donny Olson  
State Senate  
Alaska State Capitol  
Juneau, AK 99801-1182

Dear Senator Olson,

The Native Village of White Mountain 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 FRP 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 Native Village of White Mountain endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so that they can contribute to our communities and economy.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter G. Buck". The signature is fluid and cursive, with a prominent initial "P" and "B".

Peter G. Buck  
President, Native Village of White Mountain



Native Village of White Mountain  
P.O. Box 84090  
White Mountain, AK 99784  
TELEPHONE: (907) 638-3651 FAX (907) 638-3651

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March 25, 2015

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

Dear Senator Murkowski,

The Native Village of White Mountain 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.

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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.

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Sincerely,

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Peter G. Buck  
President, Native Village of White Mountain



# NEA-ALASKA

*Affiliated with the National Education Association*

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.

ANCHORAGE OFFICE • 4100 Spenard Road • Anchorage, Alaska 99517 • (907) 274-0536 • FAX: (907) 274-0551  
JUNEAU OFFICE • 201 Main Street, Suite 300 • Juneau, Alaska 99801 • (907) 586-3090 • FAX: (907) 586-2744  
FAIRBANKS OFFICE • 2118 S. Cushman Street • Fairbanks, Alaska 99701 • (907) 456-4435 • FAX: (907) 456-2159

Honorable Bill Walker  
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, flowing style.

Ron Fuhrer  
President

cc: Alaska Legislature

fyi HU  
LO  
Becca  
Grace  
Hatic  
Paulette

# Fax Cover Sheet

New Koliganek Village Council  
P.O. Box 5057  
Koliganek, AK 99576  
Ph: 907-596-3434  
Fax: 907-596-3462  
e-mail: newkgkvc@hotmail.com

Send To: <b>Paulette</b>	From: <b>NKUC</b>
Attention:	Date: <b>3/20/15</b>
Office Location:	Office Location:
Fax Number: <b>465-3532</b>	Phone Number:

Total Pages, including cover: **3**

Comments:

Resolution 2015- 02

**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

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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,

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

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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, New Koliganek Village 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 New Koliganek Village 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 on the 19 day of March 2015.

  
Tribal Council President

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

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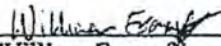
**WHEREAS,** the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

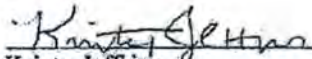
**NOW THEREFORE BE IT RESOLVED,** Nondalton Tribal Council endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

**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](mailto: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.

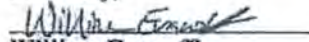
Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

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,

  
William Evanoff,  
President



Planned Parenthood Votes Northwest

Governor Bill Walker  
Alaska State Capitol  
Juneau, AK 99801

Re: Medicaid Expansion

March 18, 2015

Dear Governor Walker,

On behalf of Planned Parenthood Votes Northwest, I write today to thank you for your leadership and for introducing legislation to expand Medicaid in Alaska. As a healthcare provider that serves thousands of low-income women and men every year, we are keenly aware of the needs of vulnerable adults in Alaska.

Today, a childless adult without a disability making less than \$20,000 has no affordable health care coverage available. This has to change. We cannot continue to abandon our most vulnerable Alaskans. Expansion would bring nearly 42,000 people onto Medicaid, finally giving them access to preventive coverage like vaccinations, cancer screenings, and mental health services. What's more, the increase in healthcare usage will be an economic driver, creating thousands of jobs and generating billions in new wages and economic activity.

Medicaid expansion also gives Alaskans the opportunity to take entrepreneurial risks without the fear of losing insurance coverage. Expansion would ensure coverage for working adults while they look for work, start a business, or seek an education. Instead of worrying about how—or if—they can get health care, Alaskans can focus on building businesses, bettering themselves, and growing our economy.

With expansion, Alaskans who have been foregoing care to manage their high blood pressure so they can pay rent will no longer have to make that decision. Women who have put off their annual visits for years so they can afford bus fare can finally get cancer screenings. Our neighbors will no longer see the emergency room as their only health care option. Expansion gives us the opportunity to do what is right for all Alaskans.

We appreciate your leadership and hard work on bringing change to Alaska. We look forward to supporting your efforts to bring Medicaid to our most vulnerable Alaskans.

Sincerely,

A handwritten signature in black ink that reads 'Jessica Cler'.

Jessica Cler  
Alaska Public Affairs Manager

Planned Parenthood Votes Northwest  
4050 Lake Otis Parkway Suite 205 Anchorage, AK 99516  
907.770.9705 | [jessica.cler@ppvotestnorthwest.org](mailto:jessica.cler@ppvotestnorthwest.org)



## Residential Youth Care Inc.

2514 1st Ave Ketchikan, AK 99901 Phone (907) 225-4664 Fax 866-848-8615 [info@rycalaska.com](mailto:info@rycalaska.com)

March 16, 2015

RE: Medicaid Expansion

To Whom It May Concern:

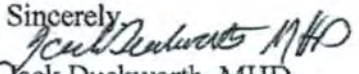
Our organization serves a high risk population: adolescents who have experienced trauma, emotional/behavioral difficulties, and/or significant functional impairments that act as barriers to a productive and successful life. We serve youth who have such difficulties that they require a residential level of care to assist in stabilizing their behaviors. These youth are at higher risk of dropping out of school, having substance abuse issues, becoming involved with the legal system, and having lifelong chronic health issues.

As a youth-serving agency, Medicaid expansion won't necessarily impact the population we currently serve. Yet, we support Medicaid expansion. In addition to the obvious benefits related to job creation and unburdening the state's general fund, RYC acknowledges the moral imperative of providing access to health care for a segment of Alaska's population that desperately needs it. Year after year our organization has the bittersweet experience of seeing young people become legal adults and go from an environment of wraparound supports and services to attempted self-reliance. Many of these young adults come back to us, years later, with the same struggles but without the resources to access the help they need in order to stabilize and regain success. It is not new information that Alaska faces enormous social challenges with regard to behavioral health issues. These are particularly wicked problems because they impact so many other areas of a person's life: school, work, home, community, relationships, and health. The loss to our state in human capital and productivity is colossal, and unconscionable.

We know, better than most perhaps, that the payment and eligibility systems are problematic, and present a barrier to efficient delivery of Medicaid services. However, the challenges that face the state with regard to these "broken" systems should not be justification for allowing a broken citizenry to flounder. Rather than restricting access to care, we request the state work hard to repair these systems, and expand Medicaid, because when it comes down to it a year of coverage can make a world of difference for a young adult. It can be the difference between homelessness and self-sufficiency, dependence and employment, and sometimes death and life. Therefore, Medicaid expansion is a legitimate strategic step toward helping our citizens and former clients.

While fixing the system while adding to it will no doubt be hard work, we have always held tightly to the belief that Alaskans are some of the hardest working people in the nation. And we're going to have to be to make a real difference in the lives of youth and adults who witness some of the highest rates of violence, suicide, substance abuse, and homicide in the nation. The payoff, though, will be great, and we believe we will all see the benefits in years to come.

Sincerely,

  
Jack Duckworth, MHD  
CEO, Residential Youth Care

**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

Resolution 2015-10

Page 2.

BE IT FURTHER RESOLVED, that the Assembly of the City and Borough of Sitka 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, 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



Sitka Tribe of Alaska  
456 Katlian Street  
Sitka, Alaska 99835

Main: 907-747-3207  
Fax: 907-747-4915

**Tribal Council Resolution 2015-027**

*Urging the Alaska Legislature to expand Medicaid coverage,  
the health of Alaskans and to improve the Alaskan economy*

WHEREAS, Sitka Tribe of Alaska is the federally recognized tribal government for more than 4,084 enrolled tribal citizens in Sitka, Alaska, organized under the Indian Reorganization Act of 1934 as amended; and

WHEREAS, Sitka Tribe of Alaska is responsible for the health, safety, welfare, and cultural preservation of its tribal citizens and their use of the Sitka Tribe traditional territory; and

WHEREAS, Sitka Tribe of Alaska's traditional territory reflects the lands and waters historically and presently the stewardship responsibility of the Shee't'ka Kwáan and as such are composed of the western side of Baranof Island, the greater reaches of Peril Strait, southwestern portions of Chichagof Island and the myriad of islands as well as the waters between these locations; and

WHEREAS, Article VII Section 9(1)(h) of the Constitution of Sitka Tribe of Alaska specifically directs the Sitka Tribal Council "to protect and preserve the Tribal property, wildlife, and natural resources within those areas under the jurisdiction of the Tribe"; 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

NOW THEREFORE BE IT RESOLVED that the Tribal Council of Sitka Tribe of 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

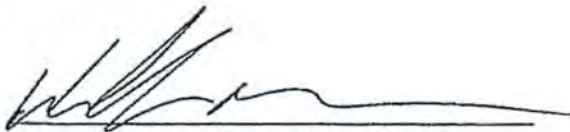
BE IT FURTHER RESOLVED, that the Tribal Council of Sitka Tribe of Alaska strongly urges the Alaska Legislature to expand Medicaid for the benefit of Alaskans and the Alaska economy to take effect in July 2015 and, though reform efforts should be of utmost importance, this work should not delay health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

#### CERTIFICATION

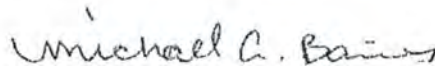
The foregoing resolution was adopted at a duly called meeting of the Tribal Council of Sitka Tribe of Alaska, held on March 18, 2015, and at which a quorum was present, by a vote of 8 IN FAVOR, 0 AGAINST, 0 ABSTAINING, and 1 ABSENT.

Attest:

Sitka Tribe of Alaska - Tribal Chairman



Sitka Tribe of Alaska - Tribal Secretary





**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, Southeast Alaska Independent Living, Inc. (SAIL) 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 SAIL 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 handwritten signature in black ink, appearing to read 'R. Purvis', is written over a horizontal line.

Robert J. Purvis, Board Chair  
Southeast Alaska Independent Living, Inc. (SAIL)

03-13-15

Date

STATEWIDE INDEPENDENT LIVING  
COUNCIL of ALASKA



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

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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 19, 2015 at Fairbanks, Alaska and a quorum was duly established.

12



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Pat McCarty  
Secretary/Treasurer





## 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

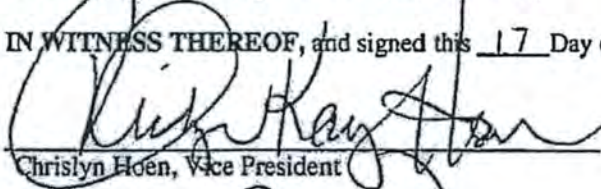
WHEREAS, the State has the option of various Medicaid expansion demonstration projects it may also consider as part of reform; and

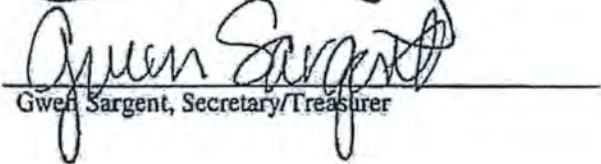
NOW THEREFORE BE IT RESOLVED, TANGIRNAQ NATIVE VILLAGE endorses Medicaid expansion, recognizing we all have an interest in ensuring that Alaskans are as productive as possible so they can contribute to our communities and economy; and

**CERTIFICATION**

This resolution was duly adopted at a meeting of the Tangirnaq Native Village, aka Woody Island Tribal 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 Hoën, Vice President

  
Gwen Sargent, Secretary/Treasurer



March 13, 2015

Office of Governor Bill Walker  
Alaska State Capitol  
PO box 110001  
Juneau, Alaska 99811

Dear Governor Walker,

Tangirnaq Native Village, aka Woody Island 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.

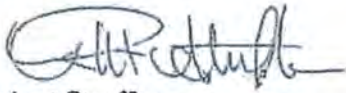
Federal funds will pay for 100% of services provided to the expansion population through 2016 and will transition to 90% in 2020 and beyond. We support Governor Walker's position that Alaska's participation is contingent on the federal match remaining at 90%.

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.

Tangirnaq Native Village, aka Woody Island 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 black ink, appearing to read "Robert Stauffer". The signature is fluid and cursive, with a large initial "R" and "S".

Robert Stauffer  
Tribal Administrator  
On behalf of Tribal Council  
Resolution 2015-07

701 West 8th Avenue, Suite 230  
Anchorage, Alaska 99501  
tel 907.263.3800  
fax 907.263.3801  
www.unitedwayofanchorage.org

AV



February 17, 2015

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

Dear Governor Walker,

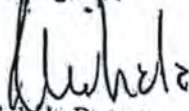
Thank you for your efforts to expand Medicaid in Alaska under the Affordable Care Act.

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.

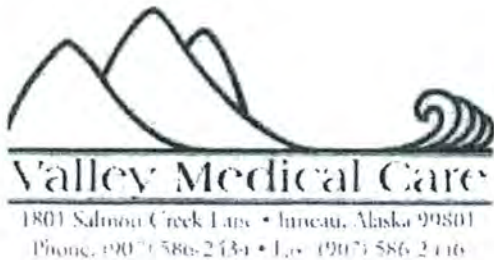
Best regards,



Michele Brown  
President

cc Commissioner Valerie Davidson

**LIVE UNITED™**



Bob Crata, M.D.  
Sharon Fisher, M.D.  
Priscilla Valentine, M.D.  
Tindy Jones, M.D.  
Anya Maier, M.D.  
Richard Welling, M.D.  
Joseph Roth, M.D.  
Dorothy Hernandez, M.D.  
Don Schneider, M.D.  
Daniel Kim, M.D.  
Taylor Dunn, M.D.  
Justine Emerson, F.N.P.  
Matthew Jones, F.N.P.  
Rebecca Young, F.N.P.  
Kim Gardner, F.N.P.  
Fina Picasants, F.N.P.  
Rachel Cluthart, C.N.M.

### Valley Medical Care Medicaid Expansion

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

WHEREAS, Valley Medical Care is the largest primary care provider in Juneau, Alaska, comprised of 11 board certified Family Physicians and 6 advanced nurse practitioners; and

WHEREAS, On a daily basis we see the adverse health consequences Alaskans suffer from the lack of health care coverage; and

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, Valley Medical Care 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 Valley Medical Care 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.

Don Schneider, MD  
Valley Medical Care PC President



# Declaration of Agreement

The undersigned, representing health and social service industries and key stakeholders in Alaska present this unified position regarding the goal of Coverage for All Alaskans. We agree to the purpose and principles declared herein, and will support each other as we work to achieve them through educational advocacy efforts.

We concur that the purpose of agreement is to advise and recommend to the Governor and Legislature of the State of Alaska to:

**Fully leverage federal Medicaid Expansion dollar to cover uninsured Alaskans and to build a better Alaska health care delivery system.**

The parties to this letter of agreement also concur to the following guiding principles on the operation and implementation of the development of the Alaska solution to achieve Coverage for All Alaskans:

1. All Alaskans will have access to basic health care coverage
  - Basic: defined as essential health benefits under the Affordable Care Act (ACA); including for Alaska: vision, dental and medically necessary travel.
2. Health care providers will receive reasonable and sustainable compensation for services provided
  - Providers include: health care professionals, licensed clinicians, health related entities and facilities.
3. Minimize uncompensated care that results in cost shifting
4. We support the Institute for Health Care Improvement's Triple Aim Framework: improve the health of the population served, enhance the patient care experience, affordability measured by the total cost.

The Coverage for All Alaskans Partnership is not a closed group and additional parties are encouraged to join by attesting to agree to the purpose and principles.

This letter of support was agreed by this group:

Alaska Primary Care Association, United Way of Anchorage, Effective Health Design, Catholic Social Services, Mountain-Pacific Quality Health Foundation, Professional Nursing Consultants, American Cancer Society, Alaska Native Health Board, Foraker Group, Alaska State Hospital and Nursing Home Association, Alaska AIDS Assistance Association, Alaska Mental Health Trust Authority, Anchorage Neighborhood Health Center, AARP, American Lung Association in Alaska, Mat-Su Health Foundation, Enroll Alaska, Alaska Physicians & Surgeons, Alaska Legal Services Corp. Identity. Inc., Iliuliuk Family and Health Services

# AGENET

## Alaska Geriatric Exchange Network

An Association of Advocates and Service Providers for Older Alaskans

April 10, 2015

Senator Anna MacKinnon, Co-Chair  
Senate Finance Committee  
State Capitol Room 516  
Juneau, Alaska 99801

Dear Senator MacKinnon:

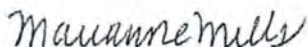
Members of the Alaska Geriatric Exchange Network (AGENET) are experienced senior service providers from across Alaska. On the following page is a list of our members. As professionals who are particularly familiar with challenges facing older Alaskans, we would like to offer our support for Senate Bill 49, allowing appropriations to the civil legal services fund from court filing fees.

Alaska Legal Services offers extremely valuable services to our older Alaskan clients, including assistance with advance directives such as power of attorney, living wills, and testamentary wills. These documents are critical for elders and their families, their health and well-being. Alaska Legal Services helps older Alaskans with housing issues, health care issues and access to income assistance programs such as social security and adult public assistance. They also advocate for and protect Alaska's seniors in regard to predatory lending, deceptive business practices, and utility cutoffs. Such services are critical to the health, safety and quality of life of older Alaskans.

SB 49 would help fund organizations that provide civil legal services to low-income individuals, such as Alaska Legal Services. We understand that this bill allows the Legislature to appropriate up to 25% of court filing fees to a fund to pay for civil legal services to Alaskans with low incomes. Such appropriations would help to continue the valuable services offered by Alaska Legal Services, especially in light of our budget shortfall.

Thank you for your thoughtful consideration of this bill. Feel free to contact me at (907) 463-6154 or [Marianne.mills@ccsjuneau.org](mailto:Marianne.mills@ccsjuneau.org) for further information.

Sincerely,



Marianne Mills, President

Mailing Address: c/o President Marianne Mills, SESS, 419 Sixth Street, Juneau, Alaska 99801

The members of AGENET include:

Senior Citizens of Kodiak	Alzheimer's Resource of Alaska
Anchorage Senior Activity Center	Tanana Chiefs Conference
Center for Community	Southeast Senior Services
Kenai Senior Services	Homer Senior Citizens, Inc.
Fairbanks Resource Agency	Serendipity Adult Day Center
Older Alaskans Program-TSA	Seward Senior Citizens, Inc.
Independent Living Center	Seaview Community Services
Soldotna Area Senior Citizens	Rendezvous Senior Day Services
Alaska Consumer Direct	Immediate Care, Inc.
Mat-Su Senior Services	Alaska Mobility Coalition
Qutekcak Native Tribe	AHFC Senior Housing Office
Southeast Alaska Independent Living	Kimber Jackson (Trust Training Cooperative)
Municipality of Anchorage	AARP Alaska
Native Village of Unalakleet	Frontier Community Services
Hearts and Hands Adult Day	MidValley Seniors, Inc.
State Independent Living Council	Nenana Tortella Council on Aging
Access Alaska	Sandra Heffern (EHD Enterprises)
Wasilla Seniors	ANTHC Elder Outreach
ResCare	Main Street ALH
Hospice of Anchorage	Sterling Area Senior Citizens

Mailing Address: c/o President Marianne Mills, SESS, 419 Sixth Street, Juneau, Alaska 99801