

ALASKA LEGISLATURE

HOUSE and SENATE FINANCE COMMITTEE FILES, 2005-2006 2850

tax exemption granted to a railroad by South Carolina.¹²² After the railroad and its successors had enjoyed the exemption for thirteen years, the state passed a new tax law, pursuant to which the treasurers of two counties within the state started taxing the railroad's property.¹²³ The railroad sued the treasurers and claimed that the new law impaired the obligations of a contract between the state and the railroad company.¹²⁴ The treasurers were represented in this litigation by the state attorney general.¹²⁵ No issue of immunity was, apparently, raised in this litigation, which proceeded to the United States Supreme Court and was resolved in favor of the railroad.¹²⁶

Another twenty-five years passed, after which the state attempted once again to tax the railroad.¹²⁷ In subsequent litigation, the Supreme Court decided that the state was effectively a party to, and was therefore bound by the judgment in, the first case.¹²⁸ Although noting that private parties may not sue a state without its consent, the Court observed that:

Although a State may not be sued without its consent, such immunity is a privilege which may be waived, and hence where a State voluntarily becomes a party to a cause and submits its rights for judicial determination, it will be bound thereby and cannot escape the result of its own voluntary act by invoking the prohibitions of the Eleventh Amendment.¹²⁹

The *Gunter* case made several noteworthy points. First, the Court distinguished a state's *consent* to be sued from the subtly different concept of the state's *waiver* of its immunity from suit without consent. The Court had jealously guarded the states' right to limit the former,¹³⁰ but here it said that the latter may occur when a state simply "voluntarily becomes a party to a cause and submits its rights for judicial determination."¹³¹ Moreover, the Court held such a waiver to be irrevocable: the state could not later invoke its immunity to "escape

122. *Id.* at 277.

123. *Id.*

124. *Id.* at 273.

125. *Id.*

126. *Humphrey v. Pegues*, 83 U.S. (16 Wall.) 244, 249 (1872).

127. *Gunter*, 200 U.S. at 279.

128. *Id.* at 289.

129. *Id.* at 284 (citing *Clark v. Barnard*, 108 U.S. 436, 447 (1883)).

130. See *supra* Part II.A.1.

131. *Gunter*, 200 U.S. at 284.

the result of its own voluntary act."¹³² The Court determined that the state attorney general, by virtue of his authority to litigate on behalf of the state, could effectively bind the state and waive the state's immunity by failing to assert it in the initial litigation.¹³³ Finally, and most important, *Gunter* extended the rule of *Clark* to the situation in which the state was an ordinary defendant and not the party invoking federal jurisdiction; even in such a case, the state's voluntary appearance would constitute a waiver of its immunity. Thus, although *Gunter* was another slightly peculiar case (because immunity was waived in the first, separate suit), it applied a broad rule that states waive their immunity by simply failing to assert it.

Further developments confirmed the broad rule of waiver. *Porto Rico v. Ramos*¹³⁴ was a somewhat tangled case concerning title to real property. The plaintiff, Ramos, claiming to be the owner of certain real property, sued Eduardo Wood, who was holding the property as an estate administrator.¹³⁵ Because Wood was an alien, Ramos sued in federal district court.¹³⁶ Wood asserted that the property had escheated to Puerto Rico.¹³⁷

Puerto Rico then appeared by its attorney general and sought time to determine whether it should be made a party defendant in the case.¹³⁸ The case was continued, after which Puerto Rico again appeared and claimed an interest in the action.¹³⁹ The district court ordered Puerto Rico to be made a party defendant, and Ramos amended his complaint accordingly.¹⁴⁰ Puerto Rico then, however, demurred to the complaint on the ground of sovereign immunity.¹⁴¹ The demurrer was overruled, and Ramos won a judgment.¹⁴²

The Supreme Court affirmed.¹⁴³ Puerto Rico, as noted, was not the defendant in the beginning; it had voluntarily petitioned to be

132. *Id.*

133. *Id.* at 288.

134. 232 U.S. 627 (1914).

135. *Id.* at 628.

136. *Id.*

137. *Id.* at 628-29.

138. *Id.* at 629.

139. *Id.*

140. *Id.*

141. *Id.* at 630.

142. *Id.* at 630-31.

143. *Id.* at 633.

made a defendant.¹⁴⁴ The attorney general had taken time to consider this action, and had decided to intervene so as to be better able to look after Puerto Rico's interests in the litigation.¹⁴⁵ Having done so, Puerto Rico had consented to be a party to the case.¹⁴⁶ Moreover, its consent was irrevocable. The Court explained, "the immunity of sovereignty from suit without its consent cannot be carried so far as to permit it to reverse the action invoked by it, and to come in and go out of court at its will, the other party having no right of resistance to either step."¹⁴⁷

Like *Clark*, *Ramos* shows the willingness of the Supreme Court to hold sovereign defendants to the consequences of their own litigation decisions. Puerto Rico challenged the court's jurisdiction immediately upon being made a defendant; nonetheless, the Court held that it could not first ask to be made a defendant and then challenge the court's power over it. The case also evinces judicial concern for the interests of the private plaintiff. By observing that the sovereign cannot "come in and go out of court at its will, the other party having no right of resistance to either step," the Court suggests that, notwithstanding the sovereign character of the defendant, some regard must be given to the interests of the other party.

Although *Ramos* is yet another slightly unusual case in that the sovereign defendant itself sought to be made a party to the suit, the case represents an extension beyond *Clark*, because in *Ramos*, the sovereign intervened as a defendant, not as a claimant to a fund in the possession of the court. Moreover, *Ramos* continued the pattern of *Clark* and *Gunter* in that its language and reasoning were broad. The Court stated a strong pro-plaintiff rule that, without reference to the particular circumstances of the case, constricted the ability of sovereign defendants to assert sovereign immunity.

Moreover, once again, further developments showed the Court giving full effect to the broad language employed in the previous cases. The starkest example of this period's jurisprudence came in *Richardson v. Fajardo Sugar Co.*,¹⁴⁸ decided in 1916. In *Richardson*, the plaintiff, a corporation, sought a refund of an allegedly unlawful

144 *Id.* at 631.

145 *Id.*

146 *Id.* at 632.

147 *Id.*

148 241 U.S. 44 (1916).

tax, which it had paid under protest to the treasurer of Puerto Rico.¹⁴⁹ The plaintiff sued the treasurer in federal court.¹⁵⁰ The treasurer answered the plaintiff's complaint, and some other steps were also taken: the parties fixed a day for trial by stipulation, and the plaintiff filed an amended and supplemental complaint, which the defendant answered.¹⁵¹ Then, eight months after the action was first instituted, the defendant moved for dismissal on the ground of sovereign immunity.¹⁵²

The Supreme Court briskly denied the defendant's assertion of immunity as untimely. Citing *Ramos* and *Gunter*, the Court simply said: "Whatever might have been the merit of [defendant's] position if promptly asserted and adhered to, we hold . . . that having solemnly appeared and taken the other steps above narrated, [defendant] could not thereafter deny the court's jurisdiction."¹⁵³ The Court did not appear to believe that the case required any lengthy discussion.

Richardson unequivocally evinces a strongly pro-plaintiff rule of waiver. The case is simple and straightforward. It shows that, unlike the rules regarding *consent* to suit, the traditional rule regarding *waivers* of sovereign immunity strongly favored plaintiffs.

The defendant in *Richardson* appeared in the ordinary character of a defendant; he was not the one invoking the federal court's jurisdiction. The defendant never expressly waived immunity or consented to suit. The waiver of immunity arose only implicitly, from the defendant's failure to assert immunity at the proper time. Moreover, the defendant did not wait very long before attempting to assert immunity. The assertion was made while the case was still in trial court and was, indeed, only a few months old and still in its pretrial stages. Notwithstanding all of these points, the Supreme Court held that the defendant had waited too long and that his implicit waiver of immunity from suit was binding.¹⁵⁴

149. *Id.* at 46-47.

150. *Id.* at 44, 47.

151. *Id.* at 47.

152. *Id.*

153. *Id.* (citations omitted).

154. One detail remains: in *Richardson*, and in *Ramos* as well, the defendant was Puerto Rico, which is a United States territory, not a state. Several indications, however, show that the cases provide the rule that would have applied to state defendants in the same period. Most importantly, the Court's opinions in the two cases make no reference to the territorial status of Puerto Rico. The opinions appear to treat the cases as involving general rules of sovereign immunity that would apply equally to the case of a state defendant. Moreover, a year before *Ramos*, the Court had expressly stated that Puerto Rico "is of such nature as to come within the

Considered together, the Supreme Court's early cases on waiver of state sovereign immunity reflected a very different, and much more pro-plaintiff, rule than its cases regarding state consent to suit. Even where a state never consented to suit, it could be held to have waived its immunity from suit without consent. Such waivers could arise implicitly from a state's conduct, including its mere failure to assert its immunity at the proper time. A state could be bound by the actions of its litigation counsel. Finally, a state's waiver of its immunity, once made in litigation, was irrevocable. These principles persisted until 1945.¹⁵⁵

B. Waiver Doctrine Constricted

The year 1945 witnessed a marked shift in the Supreme Court's approach to waiver issues, which occurred in the case of *Ford Motor Co. v. Department of Treasury of Indiana*.¹⁵⁶ *Ford Motor Co.* was in form quite similar to the *Richardson* case just discussed: it was an action brought in federal court to recover an allegedly illegal tax collected by state officials.¹⁵⁷ The defendants were the state's Department of the Treasury and three officials who together constituted the department's board.¹⁵⁸ The defendants, represented by the state's attorney general, defended the case on its merits throughout proceedings in the trial and appellate courts. They made no mention of the issue of sovereign immunity in either court.¹⁵⁹ When the case reached

general rule exempting a government sovereign in its attributes from being sued without its consent." *Porto Rico v. Rosaly*, 227 U.S. 270, 273 (1913). This statement suggests that the rules for suits against Puerto Rico would be the same as those for cases against state sovereigns. The Court cited this case in *Richardson*, 241 U.S. at 47, so it had not forgotten about it. Similarly, Puerto Rico is today treated as a state for Eleventh Amendment purposes. See *P.R. Aqueduct & Sewer Auth. v. Metcalf & Eddy, Inc.*, 506 U.S. 139, 141-42 n.1 (1993) (assuming this point *arguendo*); *Ramirez v. P.R. Fire Serv.*, 715 F.2d 694, 697 (1st Cir. 1983) (holding that the Eleventh Amendment applies to Puerto Rico in all aspects). Finally, in *Richardson*, the Court relied upon *Gunter*, a case involving a state defendant, 241 U.S. at 47; see *supra* notes 148-53 and accompanying text. The fair inference from all these indications is that the holdings of *Richardson* and *Ramos* would apply to state defendants.

155. See *Hill v. Blind Indus. & Servs. of Md.*, 179 F.3d 754, 760 (9th Cir. 1999) ("Before 1945, it was generally acknowledged that a state waives its Eleventh Amendment immunity by litigating a case on the merits without timely objecting to the federal court's assertion of jurisdiction."), *amended by* 201 F.3d 1186 (9th Cir. 2000); *The Sao Vicente v. Transportes Maritimos do Estado*, 281 F. 111, 115 (2d Cir. 1922) ("The underlying principle of *Clark v. Barnard* has been consistently followed"), *cert. dismissed*, 260 U.S. 151 (1922).

156. 323 U.S. 459 (1945).

157. *Id.* at 460-61.

158. *Id.* at 460.

159. *Id.* at 466-67.

the Supreme Court, however, the defendants, for the first time, asserted that sovereign immunity barred the plaintiff's suit.¹⁶⁰ Possibly the defendant's tardiness resulted from another shift in the Supreme Court's sovereign immunity doctrines: it was only a year earlier, in the case of *Great Northern Life Insurance Co. v. Read*,¹⁶¹ that the Supreme Court had ruled that an action against state officials seeking a refund of wrongfully collected taxes constituted a suit against the state itself subject to the defense of sovereign immunity, rather than an action against officials subject to the rule of *Ex parte Young*.¹⁶² Therefore, it might not have occurred to the defendants to assert immunity from suit until after the appellate proceedings were already concluded.¹⁶³ In any event, the defendants did not raise their immunity until the case reached the last possible court.

The Supreme Court made several important rulings in favor of the defendants. First, it reiterated its holding from *Read*, that the suit, although naming individual defendants, was effectively a suit against the state of Indiana and subject to the rules of state sovereign immunity.¹⁶⁴ Second, the Court, relying on its earlier decision in *Reeves*, held that the state had not consented to be sued in federal court, even though a state statute authorized a refund action against the state treasury department "in any court of competent jurisdiction."¹⁶⁵ The Court held that the statute evinced the state's consent only to suits in the state's own courts.¹⁶⁶

Finally, the Supreme Court determined that the defendants' assertion of immunity "was in time."¹⁶⁷ The defendants added a new wrinkle to the issue of waivers of state sovereign immunity: the issue of state law authority. Defense counsel conceded that their failure to assert immunity from suit in the lower courts constituted a waiver of immunity, but only if they were authorized by state law to make such

160. *Id.* at 467.

161. 322 U.S. 47 (1944).

162. *Id.* at 53.

163. The *Read* decision did not come until one month after Indiana had already prevailed in the court of appeals on the merits of Ford's suit against it. *Id.* at 47; *Ford Motor Co. v. Dep't of Treasury*, 141 F.2d 24, 24, 26 (7th Cir. 1944).

164. *Ford Motor Co.*, 323 U.S. at 462-63.

165. *Id.* at 465-66 (quoting BURNS, IND. STAT. ASSN. § 64-2602 (1943 Replacement)).

166. *Id.*

167. *Id.* at 467.

a waiver.¹⁶⁸ They claimed that under the relevant state law they were not competent to waive the state's sovereign immunity.¹⁶⁹

The Supreme Court agreed. The Constitution of Indiana, the Court observed, provided that the state legislature might generally waive immunity for a class of cases, but expressly forbade it to waive immunity in a particular case or to pay damages to a particular claimant.¹⁷⁰ From this provision, the Court inferred that the legislature would not, except by clear language, confer discretion on state executive or administrative officials to waive immunity in a particular case.¹⁷¹ Although the state attorney general was generally authorized to represent the state in litigation, the state supreme court had construed his powers strictly and had held that he did not have the broad authority of an attorney general at common law.¹⁷² Accordingly, the Court held that the defendants could not have effected a waiver of the state's sovereign immunity.¹⁷³

The Court's holding represented a considerable departure from the waiver cases discussed in Part II.A.2. In none of the previous cases had the Court demanded that, before a court could find that a state had waived its sovereign immunity from suit, the court first inquire into the authority of the state's attorneys to waive immunity as a matter of state law. To the contrary, in *Gunter*, the Court had held that the state attorney general's appearance had waived the state's sovereign immunity based simply on his general authority under state law to represent the state in litigation.¹⁷⁴ In *Ford Motor Co.*, the Court said that in *Gunter*, the state's submission to the court was authorized by state statute, not by the unauthorized consent of an official.¹⁷⁵ This argument, however, hardly seems like a persuasive distinction, inasmuch as the attorney general's authority in both cases was simply the authority to represent the state in litigation. In one case this was held to be sufficient to bind the state to a waiver of immunity; in the other,

168. *Id.*

169. *Id.*

170. *Id.* at 468.

171. *Id.*

172. *Id.* at 468-69.

173. *Id.* at 469-70.

174. *Gunter v. Atl. Coast Line R.R. Co.*, 200 U.S. 273, 288 (1906).

175. *Ford Motor Co.*, 323 U.S. at 469-70.

it was not.¹⁷⁶ The Court also dismissed *Richardson* with the cryptic observation that in that case “without consideration of any limitations on his powers, we held that the attorney general of Puerto Rico could waive its sovereign immunity.”¹⁷⁷ The Court’s statement acknowledges that it had previously recognized a waiver of sovereign immunity based on the mere failure of counsel to assert the immunity seasonably.

Ford Motor Co. thus tightened waiver doctrine considerably. A state’s counsel’s inadvertent—or even, apparently, advertent—failure to raise immunity could not waive state sovereign immunity unless state law authorized the counsel to waive. Most state attorneys general have, of course, the power to represent the state in litigation, but few if any have express statutory authority to waive the state’s sovereign immunity from suit.¹⁷⁸

176. The Court also suggested that *Gunter* had turned on res judicata principles. *Id.* This suggestion at least had the merit of pointing to a real distinction between *Gunter* and *Ford Motor Co.*, although it was not consistent with the broad waiver language used in *Gunter*.

177. *Id.* at 469 n.14.

178. See, e.g., *id.* at 468;

[None] of the general or specific powers conferred by statute on the Indiana attorney general to appear and defend actions brought against the state or its officials can be deemed to confer on that officer power to consent to suit against the state in courts when the state has not consented to be sued.

See also *Montgomery v. Maryland*, 266 F.3d 334, 399 (4th Cir. 2001) (“[T]he Attorney General of Maryland lacks the authority to waive Eleventh Amendment immunity on behalf of the state and its officials.” (quoting *Booth v. Maryland*, 112 F.3d 139, 145 n.2 (4th Cir. 1997))), *vacated*, 122 S. Ct. 1958 (2002); *Lapides v. Bd. of Regents of the Univ. Sys.*, 251 F.3d 1372, 1375 (11th Cir. 2001) (concluding that “the Attorney General of the State of Georgia lacks the statutory authority to waive the State’s Eleventh Amendment immunity”), *rev’d on other grounds*, 535 U.S. 613, 624 (2002); *Santee Sioux Tribe v. Nebraska*, 121 F.3d 427, 432 (8th Cir. 1997) (“The Tribe has failed to demonstrate that waiver of the State’s Eleventh Amendment immunity is within the authority of Nebraska’s attorney general.”); *Estate of Porter v. Illinois*, 36 F.3d 684, 691 (7th Cir. 1994) (“As Illinois law now stands, the Attorney General is not authorized to waive Illinois’ Eleventh Amendment immunity.”); *Dagnall v. Gegenheimer*, 645 F.2d 2, 3 (5th Cir. 1981) (“Louisiana law does not clearly give attorneys for the State authority to waive its eleventh amendment immunity.”); *Taylor v. Perini*, 503 F.2d 899, 905 (6th Cir. 1974) (Weick, J., concurring) (“The Attorney General of Ohio had no power or authority to waive sovereign immunity of either the State or its officers and agent . . .”), *vacated*, 421 U.S. 982, 982–83 (1975); *Mallon v. City of Long Beach*, 11 Cal. Rptr. 15, 22 (Cal. Ct. App. 1961) (“At bar there was no evidence that any authority had been conferred on the attorney general to waive the state’s right of immunity.”); *Dep’t of Pub. Safety v. Great Southwest Warehouses, Inc.*, 352 S.W.2d 493, 495 (Tex. Civ. App. 1961) (noting that the Texas Attorney General is “without legal power or authority to waive the right of the State to immunity”). *But see* ALASKA STAT. § 44.23.020(c) (Michie 2002) (giving Alaska’s Attorney General power, expiring January 1, 1999, to waive the state’s Eleventh Amendment immunity in a very limited class of cases).

Moreover, the Court expanded the holding of *Ford Motor Co.* even further with its later decision in *Edelman v. Jordan*.¹⁷⁹ The case is known principally for its holding that the "officer suit fiction" of *Ex parte Young* is limited to cases in which the plaintiff seeks prospective, injunctive relief and cannot be applied to cases seeking retroactive monetary damages.¹⁸⁰ The case also, however, almost casually, effected a significant extension of *Ford Motor Co.*

Edelman was a class action challenge to the administration of the Aid to the Aged, Blind, or Disabled (AABD) program by Illinois.¹⁸¹ Like many welfare programs, AABD was a combined federal-state program that was administered largely by state officials and partially funded by the federal government.¹⁸² Plaintiffs sued the state officials administering the program in Illinois and asserted that the state's implementation of the program violated federal law in various respects.¹⁸³ The district court agreed with the plaintiffs. It ordered the defendants to administer the program properly in the future and to pay benefits it had wrongfully denied in the past.¹⁸⁴

On appeal, the defendants, for the first time, asserted sovereign immunity from suit.¹⁸⁵ The Supreme Court held that the defendants could raise immunity on appeal for the first time.¹⁸⁶ Quoting *Ford Motor Co.*, the Court simply observed that "it has been well settled since the decision in *Ford Motor Co. v. Department of Treasury*, . . . that the Eleventh Amendment defense sufficiently partakes of the nature of a jurisdictional bar so that it need not be raised in the trial court."¹⁸⁷

As the above discussion suggests, the Court's statement is not a fully accurate rendering of *Ford Motor Co.* It is true that, in *Ford Motor Co.*, the Court made the following broad statement: "The Eleventh Amendment declares a policy and sets forth an explicit limitation on federal judicial power of such compelling force that this Court will consider the issue arising under this Amendment in this

179. 415 U.S. 651 (1974).

180. *Id.* at 664-71.

181. *Id.* at 653.

182. *Id.*

183. *Id.*

184. *Id.* at 686.

185. *Id.* at 657-58, 671.

186. *Id.* at 677-78.

187. *Id.*

HB

105

HFIN

FILE

HOUSE COMMITTEE REPORT

(11)

Date Referred to Committee: February 11, 2005

FURTHER REFERRALS:

Date of Committee Action: 4/16/06

The FINANCE Committee considered:

HB 105

HOUSE BILL NO. 105

MEDICAID FOR ADULT DENTAL SERVICES

"An Act relating to coverage for adult dental services under Medicaid; and providing for an effective date."

Recommends it be replaced with [] HCS or [] CS for HB 105 (FIN)
 For Senate Bills with new title: [] Technical Title [] New Title: HCR _____ [] Same Title [] New Title

- [] attach amendments
- [] add new referral to _____ Committee
- [] Letter of Intent Finance Committee

List of
Abbrev
for
Depts.:

- ADM
- CED
- COR
- CRT
- EED
- DEC
- DFG
- GOV
- HSS
- LEG
- LAW
- LWF
- MVA
- DNR
- DPS
- REV
- DOT
- UA

<u>NEW FISCAL NOTES</u>				
*Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero
<u>DEPT</u>				
<u>DHSS</u>		<input checked="" type="checkbox"/>		

<u>PREVIOUS FISCAL NOTES</u>				
List by Dept(s):	FN#	Fiscal	Indet.	Zero

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
<u>Moffatt</u>	Hawker	*			
<u>Bruce Weyhrauch</u>	Weyhrauch	X			
<u>Kelly</u>	Kelly			X	
<u>Kertula</u>	Kertula	✓			
<u>Stacy Meyer</u>	Stacy Meyer	✓			
Chair: <u>K. Meyer</u>					✓
Chair:					✓

ALASKA STATE LEGISLATURE HOUSE FINANCE COMMITTEE

Representative Mike Chenault
Co-Chairman
(907) 465-3779

Fax: (907) 465-2833

Representative_Mike_Chenault@legis.state.ak.us

145 Main St, Loop #223
Kenai, Alaska 99611



Representative Kevin Meyer
Co-Chairman
(907) 465-4945

Fax: (907) 465-3476

Representative_Kevin_Meyer@legis.state.ak.us

716 W. 4th Avenue
Anchorage, Alaska 99501

State Capitol, Juneau, Alaska 99801-1182

Letter of Intent
House Finance Committee
CS HB 105 (FIN) Medicaid for Adult Dental
Adopted April 6, 2006

By adopting this bill, it is the intent of the House Finance Committee to increase adult dental care services for an eligible recipient of Medicaid under AS 47.07 to ensure that services critical to a recipient are implemented first, while controlling the overall growth of the costs of the increase in services.

It is the intent of the House Finance Committee that the Department of Health and Social Services implement the increase in adult dental care services authorized by HB 105 by adopting regulations consistent with the department's obligation to contain the costs of increased services in order to provide these services within appropriation limits.

It is also the intent of the House Finance Committee that the department implement measures to contain costs, which may include, but are not limited to, establishing the scope of services that are eligible for payment of preventative and restorative dental care for eligible recipients.

Handwritten signature of Representative Kevin Meyer in black ink.

Representative Kevin Meyer
Co-Chairman, House Finance Committee

Handwritten signature of Representative Mike Chenault in black ink.

Representative Mike Chenault
Co-Chairman, House Finance Committee

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FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: _____
 () Publish Date: HB105CS(FIN)-DHSS-DHCS-04-06-06
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): _____

Title ADULT DENTAL COVERAGE UNDER MEDICAID

RDU Health Care Services

Component Medicaid Services

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester HOUSE (FIN)

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,633.0	10,292.0	10,133.8			
Miscellaneous						
TOTAL OPERATING	2,633.0	10,292.0	10,133.8	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2007	FY 2008	FY 2009	FY 2010	FY 2	FY 2012
1002 Federal Receipts	1,988.3	7,557.8	7,323.8			
1003 GF Match	219.7	1,309.2	1,385.0			
1004 GF						
1037 GF/Mental Health						
1091 MHTAAR	425.0	1,425.0	1,425.0			
Other(Specify Type-do not abbreviate)						
TOTAL	2,633.0	10,292.0	10,133.8	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Historically Medicaid Dental Benefits for recipients 21 years or older, have been limited to immediate relief of pain and acute infection. Routine preventive or restorative services have not been covered.

Under this bill, Dental Benefits for Adults would be expanded to include preventive and restorative care up to a cap of \$1,150 per person annually. Examples of services that could be provided at that level are: one exam, 4 bitewing radiographs, cleaning and about 8 restorations or extractions, or: one exam and an upper or lower full denture.

This bill has a sunset clause in FY2009. (cont. on page 2)

Prepared by: Sherry Hill, Special Assistant Phone: 465-1618
 Division: Office of the Commissioner Date/Time: 04/06/2006
 Approved by: Karleen Jackson, Commissioner Date: 04/06/2006
 Agency: Department of Health and Social Services

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

It is estimated that approximately 41,000 individuals would be eligible for the expanded Medicaid Dental Benefits, including adults with disabilities and seniors. Not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates.

Of the 41,000 eligible persons, about 25% are Alaska Native and 28% are Mental Health Trust clients. Fifty percent of the eligible Alaska Natives would utilize the service from the outset as most are already connected with tribal dental programs and have good access to care. About 35% of the Mental Health Trust clients are expected to access dental care initially given that the Trust and grantee programs serving these clients will advocate for them and assist clients in getting appointments. Participation in the program by non-Native, non-Trust adults will ramp up slowly with 15% of eligible persons utilizing the service in the first year, 25% in the second year, and 35% in the third year. Overall there will be an estimated 12,000 participants in the first year (29% of eligible adults), 14,000 in the second year (34%), and 15,800 in the third year (39%).

Based on the assumptions below on utilization of dental benefits, the weighted average benefit for a full fiscal year is about \$730 per recipient. Of adult recipients that access dental care it is estimated that:

- o 15% will receive up to \$250 in benefits
- o 25% will receive up to \$500 in benefits
- o 25% will receive up to \$750 in benefits
- o 20% will receive up to \$1,000 in benefits
- o 15% will receive the maximum \$1,150 in benefits.

These utilization rates are based on provider capacity (the extent of dental access through tribal and community health center dental programs, and the extent of private dental participation in the Medicaid program) Because of the limited number of dentists and available appointments for new clients, some adults will only be able to get in to see the dentist once or twice in a year. Treatment needs also affect utilization rates (not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates.)

It is anticipated that the program will be operational the last quarter of FY07 so costs in that year are 25% of the full year's costs and adjusted 20% higher to allow for pent up demand. A 3% growth in utilization is included in FY08 & FY09 to reflect possible increases in eligible adults and/or an increased percentage of adults accessing the dental services in the first few years. Adults on the program for several years would eventually have their major treatment needs met and move to a "maintenance" level of care (e.g., routine exam and cleanings but less restorative needs and less dental emergencies).

It is anticipated that this service expansion will reduce dental emergency services; however there will always be adults who avoid the dentist until there is an acute need. Because the service would not be implemented until the 4th quarter of FY07, claims for emergency dental services will likely remain the same in FY07. In the second year emergency dental services would be reduced 25%, or about \$500.0. In the third year emergency dental services would be 50% of current costs, or about \$1,000.0

Factoring in those individuals who are eligible for 100% federal reimbursement, the federal contribution (through FY 2009) will cover approximately 72-76% of the cost.

24-GH1081AF
Mischel
4/5/06

adopted 4/6/06

CS FOR HOUSE BILL NO. 105()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to coverage for adult dental services under Medicaid; and providing
2 for an effective date."

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

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

6 PURPOSE; INTENT. (a) The purpose of this Act is to increase adult dental care
7 services for an eligible recipient of Medicaid under AS 47.07 to ensure that services critical to
8 a recipient are implemented first, while controlling the overall growth of the costs of the
9 increase in services.

10 (b) It is the intent of the legislature that the Department of Health and Social Services
11 implement the increase in adult dental care services authorized by this Act through the
12 adoption of regulations consistent with the department's obligation to contain the costs of the
13 increased services in order to provide the services within appropriation limits. It is further the
14 intent of the legislature that the Department of Health and Social Services implement

1 mechanisms to contain costs, which may include establishing a maximum amount of benefits
2 for each eligible recipient in a fiscal year for the services and specifying the scope of the
3 services.

4 * **Sec. 2.** AS 47.07 is amended by adding a new section to read:

5 **Sec. 47.07.067. Payment for adult dental services.** (a) The department shall
6 pay for preventative and restorative adult dental services provided under
7 AS 47.07.030(b) and under regulations adopted by the commissioner in conformity
8 with applicable federal requirements and this chapter. Regulations adopted under this
9 section must include the following:

10 (1) a maximum amount of benefits for preventative and restorative
11 adult dental services of \$1,150 for each eligible recipient in a fiscal year; this
12 paragraph does not apply to minimum treatment for the immediate relief of pain and
13 acute infection provided by a licensed dentist; and

14 (2) specification of the scope of coverage for preventative and
15 restorative adult dental services.

16 (b) As used in this section, "minimum treatment" means the application or
17 prescription of a medication or material deemed necessary by the dentist for the
18 palliative treatment of pain or for the reduction of the spread of infection.

19 * **Sec. 3.** AS 47.07.900 is amended by adding a new paragraph to read:

20 (20) "adult dental services" means minimum treatment for the
21 immediate relief of pain and acute infection provided by a licensed dentist.

22 * **Sec. 4.** AS 47.07.900(1) is repealed.

23 * **Sec. 5.** AS 47.07.067, as added in sec. 2 of this Act, is repealed June 30, 2009.

24 * **Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to
25 read:

26 **TRANSITION: REGULATIONS.** The Department of Health and Social Services may
27 proceed to adopt regulations necessary to implement the changes made by this Act. The
28 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the
29 effective date of the statutory changes.

30 * **Sec. 7.** Section 3 of this Act takes effect July 1, 2009.

31 * **Sec. 8.** Section 6 of this Act takes effect immediately under AS 01.10.070(c).

1

* Sec. 9. Except as provided in secs. 7 and 8 of this Act, this Act takes effect July 1, 2006.

relegated

4/6

*Weyhrauch
Amendments*

24-GH1081F
Mischel
4/5/06

CS FOR HOUSE BILL NO. 105()

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

"An Act relating to coverage for adult dental services under Medicaid; and providing for an effective date."

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

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

It is the intent of the Committee

~~PURPOSE, INTENT~~ (a) The purpose of this Act is to increase adult dental care services for an eligible recipient of Medicaid under AS 47.07 to ensure that services critical to a recipient are implemented first, while controlling the overall growth of the costs of the increase in services.

also It is the intent of the ~~legislature~~ *committee* that the Department of Health and Social Services implement the increase in adult dental care services authorized by ~~this Act~~ *HB 105* ~~through the adoption of~~ *by* regulations consistent with the department's obligation to contain the costs of the increased services in order to provide the services within appropriation limits. It is ~~the~~ *Committee's* intent of the ~~legislature~~ that the Department of Health and Social Services implement

measure
~~mechanisms~~ to contain costs, which may include ^{but not be limited to,} establishing a maximum amount of benefits for each eligible recipient in a fiscal year for the services and specifying the scope of the services.

~~* Sec. 2. AS 47.07 is amended by adding a new section to read:~~

~~Sec. 47.07.067. Payment for adult dental services. (a) The department shall pay for preventative and restorative adult dental services provided under AS 47.07.030(b) and under regulations adopted by the commissioner in conformity with applicable federal requirements and this chapter. Regulations adopted under this section must include the following:~~

~~(1) a maximum amount of benefits for preventative and restorative adult dental services of \$1,150 for each eligible recipient in a fiscal year; this paragraph does not apply to minimum treatment for the immediate relief of pain and acute infection provided by a licensed dentist; and~~

~~(2) specification of the scope of coverage for preventative and restorative adult dental services.~~

~~(b) As used in this section, "minimum treatment" means the application or prescription of a medication or material deemed necessary by the dentist for the palliative treatment of pain or for the reduction of the spread of infection.~~

~~* Sec. 3. AS 47.07.900 is amended by adding a new paragraph to read:~~

~~(20) "adult dental services" means minimum treatment for the immediate relief of pain and acute infection provided by a licensed dentist.~~

~~* Sec. 4. AS 47.07.900(1) is repealed.~~

~~* Sec. 5. AS 47.07.067, as added in sec. 2 of this Act, is repealed June 30, 2009.~~

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

~~TRANSITION: REGULATIONS. The Department of Health and Social Services may proceed to adopt regulations necessary to implement the changes made by this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the statutory changes.~~

~~* Sec. 7. Section 3 of this Act takes effect July 1, 2009.~~

~~* Sec. 8. Section 6 of this Act takes effect immediately under AS 01.10.070(c).~~

passed file

4/6/2006
(2:27 PM)

AMENDMENT

Rep.
BY Meyer By Request

OFFERED IN THE HOUSE FINANCE
COMMITTEE
TO: CSHB 105

1 Page 2, line 6, following "for":
2 Insert: "minimum treatment and for"
3

4 Page 2, lines 11 - 13, following "year;":
5 Delete "this paragraph does not apply to minimum treatment for the immediate relief of
6 pain and acute infection provided by a licensed dentist;"
7

8 Page 2, line 17
9 After "by"
10 Insert "a licensed"
11 Delete "the"

12
13 Page 2, line 18:
14 Delete "palliative treatment"
15 Insert "immediate relief"

16
17 Page 2, line 18
18 After "pain"
19 Delete "or for the reduction of the"
20 Insert "and or reduce the"
21

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB105CS(HES)-DHSS-DHCS-01-25-06
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 RDU Health Care Services
 Component Medicaid Services

Revision Date/Time (Note if correction): _____
 Title ADULT DENTAL COVERAGE UNDER MEDICAID

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester HOUSE (FIN)

Component No 2077

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	3,469.4	11,548.1	11,912.5	11,081.4	10,814.9	11,166.7
Miscellaneous						
TOTAL OPERATING	3,469.4	11,548.1	11,912.5	11,081.4	10,814.9	11,166.7
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	2,285.1	7,608.7	7,790.9	7,212.5	7,058.8	7,356.6
1003 GF Match	759.3	2,514.4	2,696.6	2,818.9	3,056.1	3,460.1
1004 GF						
1037 GF/Mental Health						
1092 MHTAAR	425.0	1,425.0	1,425.0	1,050.0	700.0	350.0
Other(Specify Type-do not abbreviate)						
TOTAL	3,469.4	11,548.1	11,912.5	11,081.4	10,814.9	11,166.7

Estimate of any current year (FY2006) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Historically Medicaid Dental Benefits for recipients 21 years or older, have been limited to immediate relief of pain and acute infection. Routine preventive or restorative services have not been covered.

Under this bill, Dental Benefits for Adults would be expanded to include preventive and restorative care up to a cap of \$1,150 per person annually. Examples of services that could be provided at that level are: one exam, 4 bitewing radiographs, cleaning and about 8 restorations or extractions, or: one exam and an upper or lower full denture.

con't on next page

Prepared by: Janet Clarke, Assistant Commissioner
 Division: Finance and Management Services
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone: 907-261-1630
 Date/Time: 01/24/2006
 Date: 01/25/2006

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

BILL NO. HB105CS(HES)-DHSS-DHCS-01-25-06

ANALYSIS CONTINUATION
Analysis Con't

It is estimated that approximately 41,000 individuals would be eligible for the expanded Medicaid Dental Benefits, including adults with disabilities and seniors. Not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates. Of the 41,000 eligible persons, 50% of Alaska Native adults and 35% of non-Native adults are expected to access dental care - about 15,800 individuals.

Based on the assumptions below on utilization of dental benefits, the weighted average benefit for a full fiscal year is about \$730 per recipient.

- Of adult recipients that access dental care it is estimated that:
 - 15% will receive up to \$250 in benefits
 - 25% will receive up to \$500 in benefits
 - 25% will receive up to \$750 in benefits
 - 20% will receive up to \$1,000 in benefits
 - 15% will receive the maximum \$1,150 in benefits.

The SFY08 estimated expenditure for a full year (\$11,548.1) represents the costs for the 15,800 individuals projected to receive the additional benefit at an estimated weighted average cost of \$730.

These utilization rates are based on provider capacity (the extent of dental access through tribal and community health center dental programs, and the extent of private dental participation in the Medicaid program) and treatment needs (not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates.)

Factoring in those individuals who are eligible for 100% federal reimbursement, the federal contribution (through FY 2012) will cover approximately 66% of the costs. State GF will constitute about 25% and Mental Health Trust about 9% of the matching funds.

It is anticipated that the program will be operational the last quarter of FY07 so costs in that year are calculated at approximately 25% of FY08 costs and adjusted higher to allow for pent up demand.

A 3% growth in utilization is included to reflect possible increases in eligible adults and/or an increased percentage of adults accessing the dental services. This utilization is partially offset by projected lower expenses in FY10, FY11 & FY12 under the assumption that adults on the program for several years would eventually have their major treatment needs met and move to a "maintenance" level of care (e.g., routine exam and cleanings but less restorative needs and less dental emergencies).

It is anticipated that this service expansion will reduce dental emergencies, however there will always be adults who avoid the dentist until there is an acute need. Because the service would not be implemented until the 4th quarter of FY07, claims for emergency dental services will likely remain the same in FY07.

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Alaska Commission on Aging

February 7, 2005

The Honorable Peggy Wilson, Chair
House H.E.S.S. Committee
State Capitol Room 108
Juneau, AK 99801-1182

Re: HB 105, Adult Dental Services Medicaid Program


Dear Representative Wilson:

The members of the Alaska Commission on Aging would like to voice their support for passage of the Governor's Medicaid for Adult Dental Services Bill, HB 105. The Commission is charged with making recommendations to the Governor and the Legislature with respect to legislation, regulations and appropriations for programs and/or services that support the health and well-being of older Alaskans.

While HB 105 proposes dental coverage for all adults who are Medicaid eligible and not just for seniors, the Commission believes this bill will be particularly helpful to our most needy and vulnerable older Alaskans who receive their medical care through Medicaid services. There is extensive research which shows a correlation between good dental health and longevity. Dental health has also been linked to overall physical and emotional well-being. The Governor's proposed bill would fill an important gap in Alaska's continuum of care for older Alaskans as it will provide preventative care and one set of dentures per year, which would add up to cost savings in the future.

The members of the Commission on Aging respectfully ask your consideration and support for passage of HB105 and sufficient funding to ensure this program is successful.

Sincerely,



Linda Gohl, Executive Director
Alaska Commission on Aging

FRANK H. MURKOWSKI
GOVERNOR

P.O. BOX 110593

JUNEAU, ALASKA 99811-0693

PHONE (907) 465-3250

FAX (907) 465-1398



FRANK H. MURKOWSKI, GOVERNOR
State of Alaska

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION.

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-269-8990 • Fax: 907-269-8985 • Toll Free 800-3-269-8990

February 10, 2005

The Honorable Representative Peggy Wilson, Chair
House Committee on Health, Education & Social Services
State Capital, Room 108
Juneau, AK 99801-1182

Re: HB 105 Adult Dental Services

Dear Representative Wilson:

The Governor's Council on Disabilities & Special Education is in full support of HB 105 which will provide critical dental care for adults through Medicaid. This bill will include preventive and restorative dental services to a capped amount of \$1,150 per year. This legislation is among the top three legislative priorities for the Council, which has long advocated for dental coverage.

Adult individuals with developmental disabilities are among those currently not receiving dental services. As most individuals with developmental disabilities are Medicaid recipients, this service is currently unavailable to the majority of those the Council represents. In addition, the limited amount of financial resources people with developmental disabilities can earn and save, makes it very difficult to afford any dental care.

Healthy teeth are essential for proper nutrition and good general health, as well as for employability and general appearance. Some individuals with developmental disabilities take medications that complicate their dental health, so this population in particular, has a high need for dental care. With the commitment of a \$5 million contribution from the Alaska Mental Health Trust Authority over five years as well as the federal match, the State is able to minimize its cost. Over time, the State's investment, coupled with the Trust funded donated dental and dental training programs, will significantly reduce the cost for emergency dental services.

In summary, the Council urges adoption of the Governor's legislation to include adult preventive dental coverage under Medicaid.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Edmands".

Beth Edmands
Chair

Creating Change That Improves The Lives Of People With Disabilities



TANANA CHIEFS CONFERENCE
 Health Services Dental Clinic
 Dr. Michael Kwasinski, Director
 Chief Peter John Tribal Building
 122 First Ave.
 Fairbanks, AK 99701
 (907) 452-8251 Fax: 459-3837
 Toll Free in Alaska 1-800-478-7822

10 February 2005

TO: Fairbanks Legislative Information
 FROM: Dr. Michael Kwasinski, Director TCC Dental Clinic
 RE: Medicaid Adult Dental Services - HB 105

Medicaid adult dental services now only cover services for pain or acute infection. Many times by the time a tooth hurts or is infected, it is too late to do anything but, extract the tooth. Once individuals begin losing their teeth self-sufficiency often becomes more of an obstacle, particularly in the job market. Also, it is more difficult to eat a balanced diet, possibly leading to other health problems. Only very soft foods are eaten; leaving out fruits and vegetables and many times meat. This is especially difficult with a subsistence diet.

TCC Dental Services supports the expansion of adult dental services covered by Medicaid, HB 105. Access to dental exams, x-rays, fillings, and dentures would assist in preventing the loss of teeth due to infection. Dental cleaning would prevent the loss of teeth due to periodontal disease. Medicaid recipients would be better able to maintain a healthy diet and keep an adequate presentation of their smile, important to self-esteem and self-sufficiency in today's competitive work force.

Please feel free to contact me at 907-4552-8251 x3207 for further clarification. Thank you.

CAPT Michael Kwasinski DDS
 U.S.P.H.S. Dental Corps

Our Vision

Healthy People across Generations.

Our Mission

TCC Health Services, in partnership with those we serve, promotes and enhances spiritual, physical, mental and emotional wellness through education, prevention and the delivery of quality services.

volunteer dentist who donated the care he so desperately needed: several extractions, restorations, scaling, and a partial denture.

Since 1994, over 1,000 people have applied for help through the DDS program because they had no where else to turn for needed care for seriously-neglected problems. Though some are not qualified for Medicaid because their income is a little too high for eligibility, many others are Medicaid recipients who were suffering because Medicaid has not paid for needed dental care.

Even if the state were to include such treatment in the public aid program, many others would not qualify and we could still serve some through the Donated Dental Services program. Many others who we cannot help and are so vulnerable would benefit enormously from the passage of HB 105 as I could get care before their problems progressed to where Mr. M. found himself needing over \$5,000 worth of treatment and suffering so much. We hope the Legislature can pass HB 105.



April 3, 2006

The Honorable Mike Chenault, Co-Chair
House Finance Committee
Alaska State Capitol, Room 505
Juneau, AK 99801-1182

The Honorable Kevin Meyer, Co-Chair
House Finance Committee
Alaska State Capitol, Room 515
Juneau, AK 99801-1182

RE: HB 105 (Governor Murkowski)—Support

Dear Co-Chairs Chenault and Meyer:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 105, introduced by the House Rules Committee at the request of Governor Murkowski.

Under Alaska's current Medicaid program, the only dental coverage offered adult beneficiaries is for emergency care. HB 105 would offer funding, albeit annually capped at \$1,150, which would begin to address preventive and restorative care. Currently, for example, an older Alaskan on Medicaid who resides in a long term care facility and needs dentures would not be able to secure them under the program. Older persons who have dental problems, missing teeth, or are in need of dentures often have accompanying nutrition problems. These nutrition problems can exacerbate other health issues and create an overall deterioration in health status. We believe dental care is essential to quality health care. Funding for dental care should be considered sensible prevention with the long term possibility of saving Medicaid funds that would not be need to be spent on more serious health care problems resulting from poor oral health status.

We urge an "AYE" vote on HB 105.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Bill Stoltze
Representative Richard Foster
Representative Mike Hawker
Representative Jim Holm
Representative Mike Kelly
Representative Bruce Weyhrauch
Representative Beth Kerttula
Representative Reggie Joule
Representative Carl Moses
Governor Frank Murkowski
Commissioner Karleen Jackson

Louanne Christian

From: Rep. Kevin Meyer
Sent: Wednesday, April 05, 2006 10:33 AM
To: Louanne Christian
Subject: FW: Support of HB 105 - Medicaid for Adult Dental Services

Please add this to members' packets for HB 105. Thank you!

From: Meredith Parham [mailto:mparham@akanhs.org]
Sent: Wednesday, April 05, 2006 8:51 AM
To: Rep. Kevin Meyer
Subject: Support of HB 105 - Medicaid for Adult Dental Services

Dear Rep. Meyer:

As a parent of an adult child with a dual diagnosis (mental health and development mental disabilities) who receives Medicaid benefits, I urge your support of HB105 (Medicaid for Adult Dental Services). My daughter must take medications that leave her more vulnerable than the general public for ongoing dental/periodontal problems. Her resources are quite limited, since she relies on her SSA, SSDI, and APA benefits for income (she has not yet gained the skills to enable her to hold employment). Other than me, she has no relatives to assist her. Dental care in Alaska is especially expensive and paying for the preventive dental care recommended by her dentist in order to allay future major dental problems is a continuing problem.

Thank you.

Meredith Parham, Executive Assistant
Anchorage Neighborhood Housing Services
mparham@akanhs.org
Phone: (907) 677-8422
Fax: (907) 677-8452

THE CONTENTS OF THIS EMAIL MESSAGE, INCLUDING ANY ATTACHMENTS, ARE INTENDED SOLELY FOR THE USE OF THE DESIGNATED RECIPIENT AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND PROTECTED FROM DISCLOSURE BY APPLICABLE LAW. IF YOU ARE NOT THE DESIGNATED RECIPIENT (OR AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE DESIGNATED RECIPIENT), DISSEMINATION, DISTRIBUTION, COPYING OR USE OF THE CONTENTS OF THIS MESSAGE AND/OR ITS ATTACHMENTS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS EMAIL IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER BY REPLY EMAIL AND PERMANENTLY DELETE ALL COPIES OF THE ORIGINAL EMAIL AND ANY ATTACHMENTS. THANK YOU.

Louanne Christian

From: Rebecca Simpson [Rebecca_Simpson@assetsinc.org]

Sent: Wednesday, April 05, 2006 9:25 AM

To: Louanne Christian

Subject: HB105

Please list my letter as one asking the House of Representatives to support HB 105. People with disabilities (who happen to utilize Medicaid) do not have the financial means to have regular preventative dental care, so they end up losing their teeth and/or living with pain. At a minimum, people with disabilities or who happen to be poor, have enough of a stigma to deal with in life...lack of dental care is another way people are treated with a lack of respect and dignity.

Please pass the message for the Representatives to support HB 105 and give people a little bit of their dignity back.

Sincerely,
Rebecca L. Simpson
voter

Bristol Bay Area Health Corporation
CHR Togiak
P.O. Box 211
Togiak, AK 99678
Phone: 493-5185 Fax: 493-5183 Email: hgregorio@bbahc.org

April 5, 2006

TO: Representative Mike Chenault, House Finance Committee Co-Chair
House Finance Committee Members

FROM: Helen Gregorio, CHR Togiak
Helen Gregorio

RE: Support for HB 105/SB 79-Medicaid for Adult Dental Services

I am writing in support of House Bill 105/Senate Bill 79 to support 40,000 adults in our state in need of continued Dental services through Medicaid. I work as a Community Health Representative for my village and serve two other surrounding villages providing health promotion education among our people. Many of our people often delay dental care services until it gets so severe that teeth often have to be extracted. This makes it difficult especially for our elders to enjoy some of our native foods such as dried fish and meat. Continued and improved dental coverage under Medicaid would greatly enhance the lives and welfare of our people.

I strongly urge you to support HB 105/SB 79 and thank you for your consideration of my
Please include this letter in all committee member packets for the hearing.

Caring service with cultural sensitivity.

abha

Alaska Behavioral Health Association

April 5, 2006

Representative Meyer, Co-Chair
House Finance Committee
Fax: 907-465-3476


Dear Representative Meyer,

On behalf of our membership, I am writing to ask your support for HB 105 Medicaid for Adult Dental Services for the following reasons.

- **Prevention = reduction in Medicaid expenses for adult emergency care.** Currently, Medicaid dental services are limited to expensive emergency care for relief of pain and acute infection only and often include extraction of permanent teeth. Lack of prevention leads to costly care and future emergencies.
- **Possible reduction in Medicaid expenses for clients with chronic diseases.** Studies show links between oral health and other systemic/chronic disease including diabetes and cardiovascular disease.
- **Possible reduction in Medicaid expenses for children with poor birth outcomes.** Maternal periodontal disease is linked with pre-term, low birth-weight (PTLBW) births. One recent study indicated women with periodontal disease are 7.5 times more likely to have a PTLBW baby.
- **Annual maximum cap would control costs.** An annual per adult cap (\$1,150 per adult) encourages the dentist and client to discuss priorities and treatment options and allows Alaskans to receive a complete set of dentures over a two-year period.

Thank you for consideration and support of this legislation.

In Health,



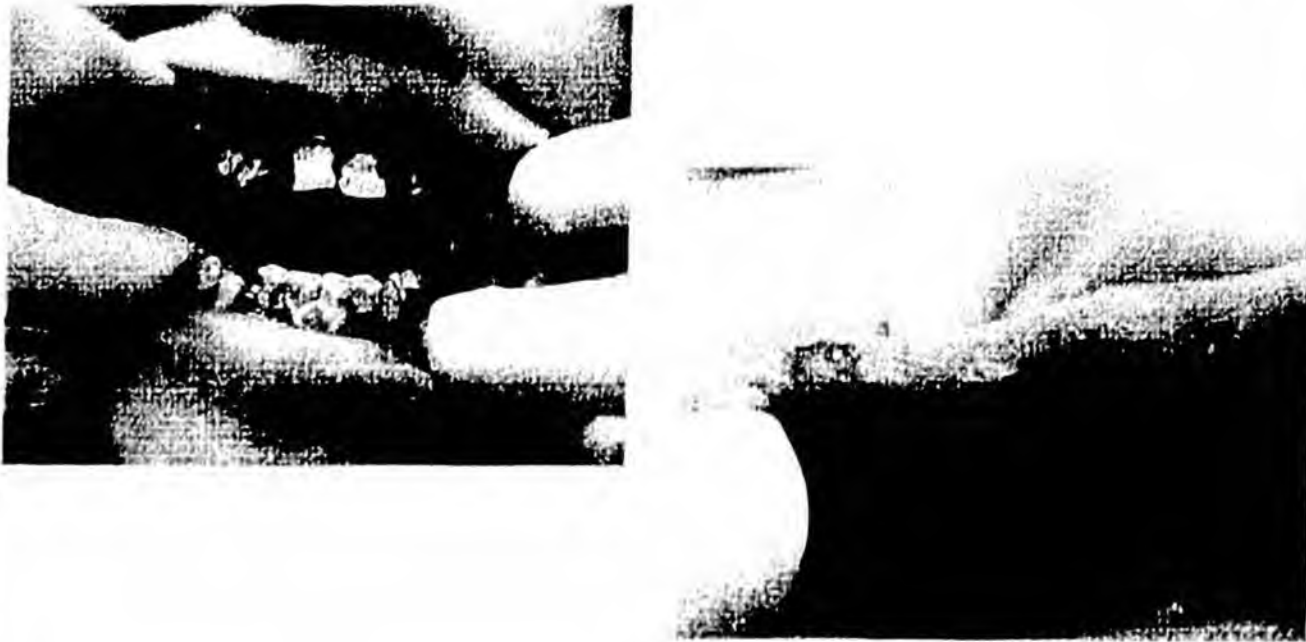
Steve Horn
Executive Director

ALASKA'S ORAL HEALTH NETWORK



**STOP THE EPIDEMIC
....Support HB105**

Oral disease.....Alaska's "silent epidemic"... Dental caries and periodontal disease are infectious diseases...transmissible from parent to child, from spouse to spouse. Stop the Epidemic...Support HB105. Improve Access to Dental Care for Adults.



ALASKA'S ORAL HEALTH NETWORK

903 West Northern Lights Blvd
Suite 200
Anchorage, AK 99503

Phone 907 929 2722
Fax 907 929 2734
E-mail drkathinkawhite@yahoo.com

***Improving Access to
Dental Care in Alaska***



Alaska Primary Care Association, Inc.
903 West Northern Lights, Suite 200
Anchorage, Alaska 99503
Phone: (907) 929-2722
Fax: (907) 929-2734

Alaska Primary Care Association

Co-Chairs Chenault and Meyers and Members
House Finance Committee
Alaska State Legislature
Juneau, Alaska 99801

Re: Support for HB 105 Medicaid for Adult Dental Services

April 5, 2006

Dear Co-Chair Chenault, Co-Chair Meyers and Members of the House Finance Committee,

Alaska Primary Care Association (APCA) represents 24 health care organizations and 115 Community Health Center (CHC) sites and other safety net providers throughout Alaska. CHCs are not-for-profit safety net providers and operate on very slim margins. The great majority of our sites are located in rural and remote areas of the state where the need for better dental care access is great. The passage of HB 105 Medicaid for Adult Dental Care would greatly benefit our currently dentally underserved population.

We are submitting this letter on behalf of our members to ask for your support for HB 105. Please help provide increased access and dental care for our most vulnerable population by passing this important piece of legislation.

Thank you for your consideration of our request.

Respectfully,


Shelley Hughes
Policy Analyst



Alaska Primary Care Association, Inc.
903 West Northern Lights, Suite 200
Anchorage, Alaska 99503
Phone: (907) 929-2722
Fax: (907) 929-2734

**Alaska Primary Care Association
Board of Directors**

RESOLUTION 2006-06

Title: Support of HB 105 / SB 79 Adult Dental Medicaid Enhancement

WHEREAS, the Alaska Primary Care Association (APCA) promotes access to dental care for all Alaskans, works to close disparity gaps in dental health throughout Alaska, and supports efforts which will improve overall dental health in Alaska; and

WHEREAS, a number of Alaskans that our member organizations are entrusted to serve are eligible for Medicaid and would be positively impacted by the passage of this legislation; and

WHEREAS, currently Medicaid only covers emergency dental services and does not cover preventative and restorative dental services; and

WHEREAS, these dental services currently covered by Medicaid are limited to expensive emergency care for relief of pain and acute infection only and often include extraction of permanent teeth and expensive emergency travel; and

WHEREAS, many Alaskans eligible for Medicaid that our member organizations are entrusted to serve are afflicted with an unusually high rate of dental disease which is not being properly addressed partly due to the current level of Medicaid dental coverage; and

WHEREAS, the American Dental Association recommends adult preventive and restorative dental services be included in all state Medicaid programs, and Community Health Centers and other safety net providers share this service expansion initiative and stand ready to implement increased dental care to those most in need; and

WHEREAS, the APCA promotes overall health for all Alaskans and studies show links between oral health and other systemic/chronic disease including diabetes and cardiovascular disease,¹ that maternal periodontal disease is linked with pre-term, low birth-weight (PTLBW) births with our recent study indicating women with periodontal disease being 7.5 times more likely to have

a PTLBW baby,² that cancer treatment and medications that reduce saliva flow can further elevate risk for oral diseases,³ and that mothers/caregivers with active dental decay increase risks of early childhood caries in infants due to transmission of bacteria.⁴

WHEREAS, recipients who receive rehabilitative dental treatment (including fillings, extractions, and dentures) are "...twice as likely to receive favorable or neutral employment outcomes as they were to receive unfavorable employment outcomes"⁵ and this would have positive impact on the general welfare and wellness of Alaskan communities; and

THEREFORE BE IT RESOLVED, that the Alaska Primary Care Association supports passage of HB 105 / SB 79 Adult Dental Medicaid Enhancement and supports legitimate and appropriate efforts necessary by its staff and members to ensure its passage.

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

SUBMITTED BY: Shelley Hughes, APCA Policy Analyst

DONE AND DATED this 15 day of March, in the year 2006.

SIGNED BY

Joan L. Fisher

Joan Fisher, APCA Board President

¹ Okero, CA et al., "Tooth Loss and Heart Disease: Findings from the Behavioral Risk Factor Surveillance System" *American Journal of Preventive Medicine*, 2005; 29:5 (supplement 1)

² Lieff S, Hurd H, McKaig R et al., "Periodontitis and Preterm Low Birth Weight in Pregnant Women" *Journal of Dental Research*, 2000;79(supplemental):608

³ "Oral Health for Older Americans", Centers for Disease Control (2004), Retrieved February 13, 2006 from: <http://www.cdc.gov/OralHealth/factsheets/adult-older.htm>

⁴ Li Y et al., "Characterization of Maternal Mutans Streptococci Transmission in an African American Population." *Dental Clinics of North America* 2003; 47(1):87-101.

⁵ "Dental Treatment Highly Effective in Helping Welfare Recipients Gain Employment". University of California - San Francisco School of Dentistry, press release, March 10, 2004.

Louanne Christian

From: idah [idah@awrconline.org]
Sent: Friday, April 07, 2006 12:37 PM
To: Rep. Kevin Meyer
Cc: Louanne Christian
Subject: HB 105 and SB 79 Please include this in all committee member packets.

Dear Representative Kevin Meyer:

I am writing in support of HB 105 and SB 79, "Medicaid for Adult Dental Services."

As you know, prevention and restorative services are less costly than emergency services for dental care or any other emergency services. Welfare recipients often suffer from poor dental care, and are twice as likely to receive favorable employment outcomes with healthy teeth and smiles. In addition, their overall health will also be positively impacted with good dental hygiene. Many clients can't afford dental care or health care in general and wait until the last moment to seek help merely because they can't afford the preventative and restorative care that prevents emergency calls.

I believe Medicaid for Adult Dental Services will save the State funds that could be used to address other issues in the long term. I therefore, respectfully request your support for HB 105 and SB 79.

Thank you for your time and consideration.

Sincerely,

Ida Hildebrand
Executive Director
AWRC



Alaska State Legislature

Please enter into the record my testimony to the

House Finance

committee name

Committee on

HB 105

bill # / subject

, dated

4/6/2006

public hearing date

I support ^{HB} 105

As Executive Director of Central Peninsula Health Centers (Aspen Dental Center), I see on a daily basis the pain and often despair of adults with dental pain who have not had the financial resources for preventive care and now do not have resources for restorative work. As a member also of the AK Mental Health Board, and recognizing that a high percent of our patients suffer symptoms of depression, I am very concerned for the Medicaid population.

Signature

Stan Steadman

Testifier

Aspen Dental Center / Central Peninsula

Representing (optional)

395 Main St Loop

Address

907-335-2022 / 262-2365 Hm

Phone number



Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
committee name

Committee on HB-105, dated 4/6/2006
bill # / subject public hearing date

I am in support of bill # HB-105 and that adult patients can use medicaid for preventive and restorative dental services. By allowing medicaid dental adult patients to receive preventive services it will lower the cost of emergency care services, because dental problems will be treated in their early stages of development. By receiving this dental care adult patients will have more confidence in themselves, which will be reflected in their jobs and lifestyle.

Signed: Michelle Maguire
Testifier

Self
Representing (optional)

47105 Milky Way Kenai, AK, 99611
Address

(907) 262-3964
Phone number



Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
committee name

Committee on HB 105 Adult Dental dated 4-6-06
bill # / subject Medicaid services public hearing date

My name is Jennifer McElroy. I am a Dental Hygienist, ^{representing myself} working in the Kenai/Soldotna area, in a Community health setting. I see, first hand, the extensive need for more comprehensive services for adult Medicaid recipients. Patients return on a daily basis to address emergency needs - like extractions, temporary fillings and infections affecting their overall health. I support HB 105 and would ask others to consider the ^{many} benefits this bill would have for people who are under ~~insured~~ ^{covered}. Just today a 7-year patient argued that he did not need to brush his teeth because his mother did not have hers - she is 34.
Thank You.

Signed: Jennifer L. McElroy, RDH
Testifier
Self

Representing (optional)
373 W. Katmai Soldotna AK 99669
Address

907-252-0624
Phone number



Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
committee name

Committee on HB 105, dated 4-6-06
bill #/subject public hearing date

I support Bill #B 105 Because.

- (1) it will save money
 - reduce emergency dental care
 - reduce ER visits for pain/infection (emergency room)
 - reduce hospital admissions for serious facial pharyngeal abscesses, even myocardial infarction.
 - reduce hospital length of stay for seriously ill who get secondary pulmonary infection from bad teeth in hospital
 - it will reduce morbidity in at risk populations (mentally ill, premature, diabetics, immune compromised, elderly)
- (2) it will benefit the population
 - prevent suffering, illness, death
 - prevent loss of teeth, with resulting low self esteem, loss of proper nutritional status.
 - help people get jobs.

Signed: M.M. Sotash MD.
Testifier

Self

Representing (optional)

PO BOX 4098, Soldotna, AK.
Address

907-263-6105
Phone number



Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
committee name

Committee on HB 105/Medicaid for Adult, dated 4/6/06
bill # / subject Dental Services public hearing date

I would like to express my support for HB 105/Medicaid for adult dental services. As a resident of Soldotna, Alaska I see and speak to people regularly who have no access to dental services for preventive or restorative work. Their alternatives are to wait until it is bad enough to have a tooth pulled in an emergency setting or do nothing at all. Providing limited preventive & restorative dental services for Medicaid recipients would be a great first step in addressing the unmet dental needs in our state.

Having a full set of teeth makes people more employable and therefore more likely to transition from Medicaid to employer sponsored insurance. Also, preventive dental services will save Medicaid in the long run by preventing costly emergency dental needs & chronic disease.

Signed: Kris Fedin
Testifier

Representing (optional)
305 Kobuk Ct. Soldotna 99669
Address
907 262-1021
Phone number



Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
committee name

Committee on NR-105, dated 4-6-2006
bill #/ subject public hearing date

I STRONGLY SUPPORT THIS BILL BECAUSE THE NEED ON THE KENAI PENINSULA FOR DENTAL CARE FOR ADULTS WITH NO INSURANCE IS SO GREAT. IT IS EXTREMELY DIFFICULT TO OBTAIN EMPLOYMENT IF YOU HAVE SIGNIFICANT DENTAL ISSUES. ALSO, DENTAL PROBLEMS LEAD TO OTHER HEALTH PROBLEMS. SINCE MOST EMPLOYERS ON THE PENINSULA DO NOT CARRY DENTAL INSURANCE FOR THEIR EMPLOYEES, MOST PEOPLE WHO ARE EMPLOYED CANNOT AFFORD TO PAY FOR DENTAL SERVICES. THEREFORE, THEY FOREGO PREVENTIVE CARE + RESTORATIVE CARE + EVENTUALLY HAVE THEIR TEETH PULLED. BUT THEY HAVE NO RESOURCES TO BUY FALSE TEETH -- they have to live without teeth -- NOT GOOD!

Signed: Betty J Coak
Testifier

Self
Representing (optional)

369 Banner Lane, Soldotna, AK 99669
Address

(907) 262-0676
Phone number

often associated with periodontal disease.
In addition to the cost effectiveness of HB105,
this bill will go a long way toward providing
parity & dignity to all residents of Alaska.

HB

105

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

REPORTED OUT
 MAY 05 2006
 SENATE FINANCE COMMITTEE

DATE: 4/21/06

FURTHER:

DATE TURNED
 IN TO OFFICE: 5 May 2006

Finance Committee considered CS FOR HOUSE BILL NO. 105(FIN)

HB 105 MEDICAID FOR ADULT DENTAL SERVICES

"An Act relating to coverage for adult dental services under Medicaid; and providing for an effective date."

and recommends:

- be replaced with S CS CS HB 105 (FIN)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by House Finance Committee
- further referral to _____ Committee

CS Senate Bill:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
SCS House Bill:	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Ind.	Zero	FN#
HASS	5/4/06	2633.0			

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Ind.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
	✓			
	✓			
	✓			
	✓			
COCHAIR:	✓			
COCHAIR:	✓			

FISCAL NOTE

REPORTED OUT
 MAY 05 2006
 SENATE FINANCE COMMITTEE
 HB105SCSCS(FIN)-DHSS-DHCS-05-04-06

STATE OF ALASKA
 2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB105SCSCS(FIN)-DHSS-DHCS-05-04-06
 () Publish Date: _____

Revision Date/Time (Note if correction): 05/04/2006
 Title ADULT DENTAL COVERAGE UNDER MEDICAID

Dept. Affected: Health & Social Services
 RDU Adult Preventative Dental Medicaid Services
 Component Adult Preventative Dental Medicaid Svcs

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester _____ Component No. 2839

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,633.0	10,292.0	10,133.8			
Miscellaneous						
TOTAL OPERATING	2,633.0	10,292.0	10,133.8	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	1,988.3	7,557.8	7,323.8			
1003 GF Match	219.7	1,309.2	1,385.0			
1004 GF						
1037 GF/Mental Health						
1092 MHTAAR	425.0	1,425.0	1,425.0			
Other(Specify Type-do not abbreviate)						
TOTAL	2,633.0	10,292.0	10,133.8	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: _____
 Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Historically Medicaid Dental Benefits for recipients 21 years or older, have been limited to immediate relief of pain and acute infection. Routine preventive or restorative services have not been covered.

Under this bill, Dental Benefits for Adults would be expanded to include preventive and restorative care up to a cap of \$1,150 per person annually. Examples of services that could be provided at that level are: one exam, 4 bitewing radiographs, cleaning and about 8 restorations or extractions, or: one exam and an upper or lower full denture. (cont. on page 2)

Prepared by: Janet Clarke, Assistant Commissioner Phone 465-1630
 Division Finance & Management Services Date/Time 05/04/2006
 Approved by: Karleen Jackson, Commissioner Date 05/04/2006
 Agency Department of Health and Social Services

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

This fiscal note is created as a separate budget appropriation for tracking purposes. This bill has a sunset clause in FY2009.

It is estimated that approximately 41,000 individuals would be eligible for the expanded Medicaid Dental Benefits, including adults with disabilities and seniors. Not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates.

Of the 41,000 eligible persons, about 25% are Alaska Native and 28% are Mental Health Trust clients. Fifty percent of the eligible Alaska Natives would utilize the service from the outset as most are already connected with tribal dental programs and have good access to care. About 35% of the Mental Health Trust clients are expected to access dental care initially given that the Trust and grantee programs serving these clients will advocate for them and assist clients in getting appointments. Participation in the program by non-Native, non-Trust adults will ramp up slowly with 15% of eligible persons utilizing the service in the first year, 25% in the second year, and 35% in the third year. Overall there will be an estimated 12,000 participants in the first year (29% of eligible adults), 14,000 in the second year (34%), and 15,800 in the third year (39%).

Based on the assumptions below on utilization of dental benefits, the weighted average benefit for a full fiscal year is about \$730 per recipient. Of adult recipients that access dental care it is estimated that:

- o 15% will receive up to \$250 in benefits
- o 25% will receive up to \$500 in benefits
- o 25% will receive up to \$750 in benefits
- o 20% will receive up to \$1,000 in benefits
- o 15% will receive the maximum \$1,150 in benefits

These utilization rates are based on provider capacity (the extent of dental access through tribal and community health center dental programs, and the extent of private dental participation in the Medicaid program) Because of the limited number of dentists and available appointments for new clients, some adults will only be able to get in to see the dentist once or twice in a year. Treatment needs also affect utilization rates (not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates.)

It is anticipated that the program will be operational the last quarter of FY07 so costs in that year are 25% of the full year's costs and adjusted 20% higher to allow for pent up demand. A 3% growth in utilization is included in FY08 & FY09 to reflect possible increases in eligible adults and/or an increased percentage of adults accessing the dental services in the first few years. Adults on the program for several years would eventually have their major treatment needs met and move to a "maintenance" level of care (e.g., routine exam and cleanings but less restorative needs and less dental emergencies).

It is anticipated that this service expansion will reduce dental emergency services; however there will always be adults who avoid the dentist until there is an acute need. Because the service would not be implemented until the 4th quarter of FY07, claims for emergency dental services will likely remain the same in FY07. In the second year emergency dental services would be reduced 25%, or about \$500.0. In the third year emergency dental services would be 50% of current costs, or about \$1,000.0. (cont. on page 3)

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

Factoring in those individuals who are eligible for 100% federal reimbursement, the federal contribution (through FY 2009) will cover approximately 72-76% of the costs.

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSHB 105(FIN)
 (H) Publish Date: 4/10/06
 Dept. Affected: Health & Social Services
 RDU Health Care Services
 Component: Medicaid Services

Revision Date/Time (Note if correction):
 Title ADULT DENTAL COVERAGE UNDER MEDICAID

Sponsor (RLS) BY REQUEST OF THE GOVERNOR
 Requester HOUSE (FIN)

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,633.0	10,292.0	10,133.8			
Miscellaneous						
TOTAL OPERATING	2,633.0	10,292.0	10,133.8	0.0	0.0	0.0

CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

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1037 GF/Mental Health						
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Other(Specify Type -do not abbreviate)						
TOTAL	2,633.0	10,292.0	10,133.8	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: _____
 Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

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Under this bill, Dental Benefits for Adults would be expanded to include preventive and restorative care up to a cap of \$1,150 per person annually. Examples of services that could be provided at that level are: one exam, 4 bitewing radiographs, cleaning and about 8 restorations or extractions, or: one exam and an upper or lower full denture.

This bill has a sunset clause in FY2009. (cont. on page 2)

Prepared by: Sherry Hill, Special Assistant Phone 465-1618
 Division: Office of the Commissioner Date/Time 04/06/2006
 Approved by: Karleen Jackson, Commissioner Date 04/06/2006
 Agency: Department of Health and Social Services

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

It is estimated that approximately 41,000 individuals would be eligible for the expanded Medicaid Dental Benefits, including adults with disabilities and seniors. Not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates.

Of the 41,000 eligible persons, about 25% are Alaska Native and 28% are Mental Health Trust clients. Fifty percent of the eligible Alaska Natives would utilize the service from the outset as most are already connected with tribal dental programs and have good access to care. About 35% of the Mental Health Trust clients are expected to access dental care initially given that the Trust and grantee programs serving these clients will advocate for them and assist clients in getting appointments. Participation in the program by non-Native, non-Trust adults will ramp up slowly with 15% of eligible persons utilizing the service in the first year, 25% in the second year, and 35% in the third year. Overall there will be an estimated 12,000 participants in the first year (29% of eligible adults), 14,000 in the second year (34%), and 15,800 in the third year (39%).

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- o 20% will receive up to \$1,000 in benefits
- o 15% will receive the maximum \$1,150 in benefits.

These utilization rates are based on provider capacity (the extent of dental access through tribal and community health center dental programs, and the extent of private dental participation in the Medicaid program) Because of the limited number of dentists and available appointments for new clients, some adults will only be able to get in to see the dentist once or twice in a year. Treatment needs also affect utilization rates (not all eligible individuals will seek dental benefits, and those that do will utilize services at varying rates.)

It is anticipated that the program will be operational the last quarter of FY07 so costs in that year are 25% of the full year's costs and adjusted 20% higher to allow for pent up demand. A 3% growth in utilization is included in FY08 & FY09 to reflect possible increases in eligible adults and/or an increased percentage of adults accessing the dental services in the first few years. Adults on the program for several years would eventually have their major treatment needs met and move to a "maintenance" level of care (e.g., routine exam and cleanings but less restorative needs and less dental emergencies).

It is anticipated that this service expansion will reduce dental emergency services, however there will always be adults who avoid the dentist until there is an acute need. Because the service would not be implemented until the 3rd quarter of FY07, claims for emergency dental services will likely remain the same in FY07. In the second year emergency dental services would be reduced 25%, or about \$500.0. In the third year emergency dental services would be 50% of current costs, or about \$1,000.0.

Factoring in those individuals who are eligible for 100% federal reimbursement, the federal contribution (through FY 2009) will cover approximately 72-76% of the costs.

SENATE FINANCE COMMITTEE REPORT

REPORTED OUT
 MAY 05 2006
 SENATE FINANCE COMMITTEE

DATE: 4/21/06

FURTHER:

DATE TURNED
 IN TO OFFICE: 5 May 2006

Finance Committee considered CS FOR HOUSE BILL NO. 105(FIN)

HB 105 MEDICAID FOR ADULT DENTAL SERVICES

"An Act relating to coverage for adult dental services under Medicaid; and providing for an effective date."

and recommends:

- be replaced with S CS CS HB 105 (FIN)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by House Finance Committee
- further referral to _____ Committee

CS Senate Bill:
 Same Title
 New Title

SCS House Bill:
 Same Title
 Technical Title Change
 New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Ind.	Zero	FN#
HASS	5/4/06	2,633.0			

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Ind.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
CCCHAIR: <i>[Signature]</i>	✓			
COCHAIR: <i>[Signature]</i>	✓			

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

AMENDMENT

OFFERED IN THE SENATE FINANCE
COMMITTEE
TO: CSHB 105(FIN)

BY Sen. Wilken

1 Page 2, line 5, following "(a)":
2 Delete "The"
3 Insert "Subject to appropriation, the"
4

5 Page 2, following line 13:
6 Insert the following material:
7 "(b) On or before June 30 of each fiscal year, the department shall review
8 appropriations available for the purposes of this section for the following fiscal year, and
9 estimate the scope of services to be used and number of eligible recipients anticipated to
10 be served during the following fiscal year. Notwithstanding the maximum amount of
11 benefits specified in (a)(1) of this section, the department shall reduce, by regulation, that
12 specified maximum amount of benefits for the following fiscal year if the department's
13 estimates under this subsection would exceed appropriations available for that fiscal year.
14 Notwithstanding any contrary provision of AS 44.62.250 and 44.62.260, the department
15 may adopt emergency regulations to implement this subsection."
16

17 Page 2, line 14:
18 Delete "(b)"
19 Insert "(c)"

SENATE CS FOR CS FOR HOUSE BILL NO. 105(FIN)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to coverage for adult dental services under Medicaid; and providing
2 for an effective date."

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

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

6 PURPOSE; INTENT. (a) The purpose of this Act is to increase adult dental care
7 services for an eligible recipient of Medicaid under AS 47.07 to ensure that services critical to
8 a recipient are implemented first, while controlling the overall growth of the costs of the
9 increase in services.

10 (b) It is the intent of the legislature that the Department of Health and Social Services
11 implement the increase in adult dental care services authorized by this Act through the
12 adoption of regulations consistent with the department's obligation to contain the costs of the
13 increased services in order to provide the services within appropriation limits. It is further the
14 intent of the legislature that the Department of Health and Social Services implement

1 mechanisms to contain costs, which may include establishing a maximum amount of benefits
2 for each eligible recipient in a fiscal year for the services and specifying the scope of the
3 services.

4 * Sec. 2. AS 47.07 is amended by adding a new section to read:

5 **Sec. 47.07.067. Payment for adult dental services.** (a) Subject to
6 appropriation, the department shall pay for minimum treatment and for preventative
7 and restorative adult dental services provided under AS 47.07.030(b) and under
8 regulations adopted by the commissioner in conformity with applicable federal
9 requirements and this chapter. Regulations adopted under this section must include the
10 following:

11 (1) a maximum amount of benefits for preventative and restorative
12 adult dental services of \$1,150 for each eligible recipient in a fiscal year; and

13 (2) specification of the scope of coverage for preventative and
14 restorative adult dental services.

15 (b) On or before June 30 of each year, the department shall review
16 appropriations available for the purposes of this section for the following fiscal year,
17 and estimate the scope of services to be used and the number of eligible recipients
18 anticipated to be served during the following fiscal year. Notwithstanding the
19 maximum amount of benefits specified in (a)(1) of this section, the department shall
20 reduce, by regulation, the specified maximum amount of benefits for the following
21 fiscal year if the department's estimates under this subsection would exceed
22 appropriations available for that fiscal year.

23 (c) Notwithstanding any contrary provision of AS 44.62, the department may
24 adopt emergency regulations to implement (b) of this section.

25 (d) As used in this section, "minimum treatment" means the application or
26 prescription of a medication or material deemed necessary by a licensed dentist for the
27 immediate relief of pain or to reduce the spread of infection.

28 * Sec. 3. AS 47.07.900 is amended by adding a new paragraph to read:

29 (20) "adult dental services" means minimum treatment for the
30 immediate relief of pain and acute infection provided by a licensed dentist.

31 * Sec. 4. AS 47.07.900(1) is repealed.

Amendment
#1

1 * Sec. 5. AS 47.07.067, as added in sec. 2 of this Act, is repealed June 30, 2009.

2 * Sec. 6. The uncodified law of the State of Alaska is amended by adding a new section to
3 read:

4 TRANSITION: REGULATIONS. The Department of Health and Social Services may
5 proceed to adopt regulations necessary to implement the changes made by this Act. The
6 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the
7 effective date of the statutory changes.

8 * Sec. 7. Section 3 of this Act takes effect July 1, 2009.

9 * Sec. 8. Section 6 of this Act takes effect immediately under AS 01.10.070(c).

10 * Sec. 9. Except as provided in secs. 7 and 8 of this Act, this Act takes effect July 1, 2006.



Alaska State Senate

Senate Finance Committee

Official Business

Mail Stop 3100
State Capitol
Juneau, Alaska 99801-1182

FAX COVER SHEET

DATE: 5 May 2006 TIME: 9:20 am

TO: Legal Services

NUMBER OF PAGES, INCLUDING COVER SHEET: 2

FROM: MINDY ROWLAND
SENATE FINANCE COMMITTEE SECRETARY
PHONE: 465-4935
FAX: 465-2187

NOTES: Final Please
SCS CS HB 105 (FIN) 24-GH1081\Y
plus 1 amendment - attached

Thx
Mindy

ALASKA STATE LEGISLATURE HOUSE FINANCE COMMITTEE

Representative Mike Chenault
Co-Chairman
(907) 465-3779
Fax: (907) 465-2833

Representative_Mike_Chenault@legis.state.ak.us

145 Main St Loop #223
Kenai, Alaska 99611

Representative Kevin Meyer
Co-Chairman
(907) 465-4945
Fax: (907) 465-3476

Representative_Kevin_Meyer@legis.state.ak.us

716 W. 4th Avenue
Anchorage, Alaska 99501

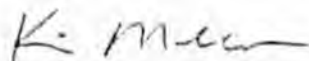
State Capitol, Juneau, Alaska 99801-1182

Letter of Intent
House Finance Committee
CS HB 105 (FIN) Medicaid for Adult Dental
Adopted April 6, 2006


By adopting this bill, it is the intent of the House Finance Committee to increase adult dental care services for an eligible recipient of Medicaid under AS 47.07 to ensure that services critical to a recipient are implemented first, while controlling the overall growth of the costs of the increase in services.

It is the intent of the House Finance Committee that the Department of Health and Social Services implement the increase in adult dental care services authorized by HB 105 by adopting regulations consistent with the department's obligation to contain the costs of increased services in order to provide these services within appropriation limits.

It is also the intent of the House Finance Committee that the department implement measures to contain costs, which may include, but are not limited to, establishing the scope of services that are eligible for payment of preventative and restorative dental care for eligible recipients.



Representative Kevin Meyer
Co-Chairman, House Finance Committee



Representative Mike Chenault
Co-Chairman, House Finance Committee

Adopted by the House
April 20, 2006

COMMITTEE COPY

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

May 4, 2006

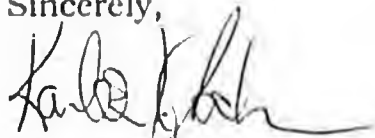
The Honorable Gary Wilken, Co-Chair
The Honorable Lyda Green, Co-Chair
Senate Finance Committee
State Capitol, Room 518, and 516
Juneau, Alaska 99801-1182

Dear Senator Wilken and Green:

This is in response to your inquiry regarding funding levels for HB 105, Adult Dental services under Medicaid. It is the department's plan and intention to manage within the fiscal note that has been developed by the department for HB 105. If the funds identified on the fiscal note are appropriated for Adult Dental Prevention services, the department will manage within the appropriated amount and does not plan to seek supplemental funding.

Thank you for your support of this important legislation.

Sincerely,



Karleen K. Jackson, Ph.D.
Commissioner

cc: Senator Fred Dyson, Capitol Building, Room 121
Senator Bert Stedman, Capitol Building, Room 30
Senator Lyman Hoffman, Capitol Building, Room 514
Senator Donald Olson, Capitol Building, Room 510
Bill Hogan, Deputy Commissioner
Sherry Hill, Special Assistant
Janet Clarke, Assistant Commissioner



Alaska Native Health Board

3700 Woodland Drive, Suite 300
Anchorage, Alaska 99517

Phone: (907) 562-6006
FAX: (907) 563-2001

May 2, 2006

Senate Finance Committee Members
c/o Mindy Rowland
Alaska State Senate
State Capitol, Room 516
Juneau, AK 99801
FAX: 907-465-2187

Re: IIB 105 "Medicaid for Adult Dental Services"

Dear Senators:

On behalf of our 23 member tribal health organizations, the Alaska Native Health Board is writing to express support for HB 105 and requests that you pass this bill out the Senate Finance Committee for a full Senate Floor vote.

Alaska Natives suffer disproportionately from dental disease with a rate of dental decay more than two times that of non-Natives. Alaska Natives are also represented among the Medicaid population in disproportionately high numbers. By expanding services to include more preventive forms of care, the state will surely save Medicaid dollars by reducing the need for emergency forms of treatment.

As you may also be aware, every Medicaid dollar spent by the state for services rendered to an Alaska Native at a tribally owned facility is fully reimbursed by the federal government. This bill also saves dollars by restructuring services, controlling costs through a monetary cap, and includes a three-year sunset provision, allowing for an evaluation of its effectiveness at that point in time. For these reasons, this legislation is a win-win opportunity for Alaska Natives and for the State in terms of both improved oral health and fiscal savings.

Considering these points and the legislative support for this bill received so far, I would respectfully request that you vote to pass IIB 105 out of the Senate Finance Committee.

Sincerely,

Trudy Anderson
President/ CEO

ALASKA NATIVE TRIBAL CONSORTIUM
ALEUTIAN PRIBIL OF ISLANDS ASSOCIATION
ARCTIC SLOPE NATIVE ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS
COPPER RIVER NATIVE ASSOCIATION
EASTERN ALUTIAN TRIBES

KODIAK AREA NATIVE ASSOCIATION
MANILAQ ASSOCIATION
METI AKATLA INDIAN COMMUNITY
MT. SANFORD TRIBAL CONSORTIUM
NATIVE VILLAGE OF EKLUTNA
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL
NORTH SLOPE BOROUGH

NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTH CENTRAL FOUNDATION
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION
VALDEZ NATIVE TRIBE



April 27, 2006

Mailing Address

P.O. Box 201849
Anchorage, AK 99520

Fairview Center

1217 E. 10th Avenue
(907) 257-4686 appointments
(907) 257-4654 fax

Fairview Dental Clinic

1217 E. 10th Avenue
(907) 257-4661 appointments
(907) 257-4654 fax

Mountain View Health Center

3521 Mountain View Drive
(907) 792-2300 phone
(907) 792-2369 fax

Administrative Office

903 W. Northern Lights, #218
(907) 792-6538 phone
(907) 792-6526 fax

Patient Accounting

903 W. Northern Lights, #218
(907) 792-6500 phone
(907) 792-6546 fax

TO: Senate Finance Committee Members:
Senator Lyda Green – Co-Chair
Senator Gary Wilkins – Co-Chair
Senator Con Bunde – Vice Chair
Senator Fred Dyson
Senator Bert Stedman
Senator Lyman Hoffman
Senator Donnic Olson

FROM: Joan L. Fisher, Executive Director

RE: HB 105

On behalf of the 13,696 Alaskans that are served at the Anchorage Neighborhood Health Center, I would like to express my support for HB 105 and request that this bill be scheduled for a hearing before the Senate Finance Committee.

Oral health care is a huge issue in Alaska. Many Alaskans suffer until the problem becomes so great that they end up in the emergency room. While the ER can reduce infection with antibiotics and provide pain pills, the person must still seek dental attention from a dentist.

The Anchorage Neighborhood Health Center provides dental services for people with serious and sometimes life threatening dental problems who come to us from the Mat-Su Valley to Homer. We provide services on a sliding fee basis based on income. Since we are a Federally Qualified Health Center we are capped at an encounter rate for all Medicaid visits. ANHC is a cost effective provider of services, however, it would help if we could be reimbursed for seeing the growing number of adults in need.

ANHC currently receives \$124,000 in Human Service Matching Grant funds to assist us in keeping the dental center open and operating. These funds are also critical to our providing services to a large uninsured population on a reduced fee basis and I encourage you to continue funding HSMG.

Whether you personally support this bill or not, please consider a scheduled hearing.

Thank you for the tremendous work that you do for Alaskans in Juneau.



*Anchorage Neighborhood Health Center
~Our Care is Centered on You~*



April 30, 2006

The Honorable Lyda Green, Co-Chair
Senate Finance Committee
Alaska Capitol, Room 516
Juneau, AK 99801-1182

The Honorable Gary Wilken, Co-Chair
Senate Finance Committee
Alaska Capitol, Room 518
Juneau, AK 99801-1182

RE: HB 105 (Governor Murkowski)—Support

Dear Co-Chairs Green and Wilken:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the Senate Finance Committee to support HB 105, introduced by the House Rules Committee at the request of Governor Murkowski.

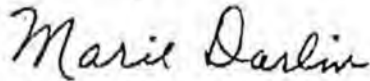
Under Alaska's current Medicaid program, the only dental coverage offered adult beneficiaries is for emergency care. HB 105 would offer funding, albeit annually capped at \$1,150, which would begin to address preventive and restorative care. Currently, for example, an older Alaskan on Medicaid who resides in a long term care facility and needs dentures would not be able to secure them under the program. Older persons who have dental problems, missing teeth, or are in need of dentures often have accompanying nutrition problems. These nutrition problems can exacerbate other health issues and create an overall deterioration in health status. We believe dental care is essential to quality health care. Funding for dental care should be considered sensible prevention with the long term possibility of saving Medicaid funds that would not be need to be spent on more serious health care problems resulting from poor oral health status.

We urge an "AYE" vote on HB 105.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Con Bunde
Senator Bert Stedman
Senator Fred Dyson
Senator Lyman Hoffman
Senator Donald Olson
Governor Frank Murkowski
Commissioner Karleen Jackson



May 1, 2006

Senator Lyda Green, Finance Co-Chair
Senator Gary Wilken, Finance Co-Chair
Senate Finance Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Re: Comments – CSHB 307 “An Act creating the Knik River Public Use Area”

Dear Honorable Senator Lyda Green:
Dear Honorable Senator Gary Wilken:

Eklutna is concerned about the impact this proposed legislation will have on our Native peoples.

CSHB 307 “An Act creating the Knik River Public Use Area” affects a substantial portion of lands that Eklutna, Inc. (Eklutna) owns. Good public policy dictates the application of regulations and controls to publicly-owned lands as dictated by prudent management with public participation. Likewise, when the subject of application of regulations and controls applies to privately held lands, the input and concerns of the private owners must be heard and taken into consideration.

When examining the proposed legislation, it is difficult to see where any discovery into the cultural, ethnological or historical uses, especially by Native peoples, has ever been undertaken. Identification of Native uses, archeological and ethnographic investigation in conjunction with the National Historic Preservation Act of 1966 (NHPA) indicates that a study might be in order, given the possibility that the historical use of this area by the Native population may indicate certain characteristics that should be preserved.

Eklutna, Inc. (Eklutna) possesses substantial land holdings and other interests in the area of the Knik River being considered in this legislation. Besides being a major landowner, Eklutna has preservation-related interests with respect to the historical, cultural and ethnographic values of the area. The Eklutna Natives have used the Knik River Area, along with other nearby areas, for purposes of gathering traditional foods, hunting, fishing, trapping, subsistence, for residences and camps, both seasonal and semi-permanent and permanent, long predating the influx of non-natives to Alaska. Eklutna

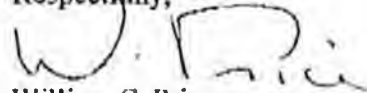
Natives continue to use this area today in observance of their important cultural and historical traditions.

Eklutna has a number concerns about the current proposed legislation. As a major landowner, Eklutna needs to be heard. The possibility that another entity may regulate allowable uses of the area without considering the cultural, historical and traditional uses of the Eklutna-owned lands are objectionable. The proposed language of this legislation does not include any protections or concerns regarding the cultural, traditional, historical, or ethnographical uses of the lands. Eklutna is concerned with issues related to hunting, fishing, trespass, destruction, illegal conduct and activities, destruction of Native cultural and historical artifacts, gravesites, cabins, camps, a general lack of control coupled with safety issues.

Eklutna Natives wish to preserve and protect their cultural and traditional uses of the area. While the idea that some regulation and controls are necessary on the public lands in this area, the far-reaching effect of these new restrictions should not be allowed to infringe upon any Eklutna Native cultural and historical uses of their lands. Furthermore, the question of whether the State can include the Eklutna owned lands into this legislation without their implicit approval may prove to be contentious. Eklutna wishes some control, however, it is Eklutna that wishes to control or guide the control, and not be controlled. To some degree, a management plan instituted by others would negatively indicate a loss of control by Eklutna over the disposition of their lands. Private property rights belong to all citizens, Native or non-native.

Eklutna requests that this matter be postponed until issues identified in this letter are addressed, or in the alternative, remove from consideration those areas not owned by the state. If you have any questions, do not hesitate to contact me.

Respectfully,



William C. Price
General Manager
Eklutna, Inc.

1 May 2006

Jack Van Alstine
1341 P Street
Anchorage, AK 99501

Dear Senator:

My greatest concern right now is identity theft - please get Senate Bill 222 passed this session.



Jack Van Alstine



**Alaska Native
Tribal Health Consortium**

Administration • 4000 Ambassador Drive • Anchorage, Alaska 99508 • Phone: (907) 729-1900 • Fax: (907) 729-1901 • www.anthc.org

Sent this 2nd day of May, 2006 via facsimile to 907-465-3805 & 907-465-4714

Senator Lyda Green, Co-Chair
Senate Finance Committee
Alaska State Senate
State Capitol, Room 516
Juneau, Alaska 99801

and

Senator Gary Wilken, Co-Chair
Senate Finance Committee
Alaska State Senate
State Capitol, Room 518
Juneau, Alaska 99801

RE: HB-105 "MEDICAID FOR ADULT DENTAL SERVICES"

Dear Senators:

On behalf of the Alaska Native Tribal Health Consortium, I am writing to express support for HB-105, requesting that this bill be passed out the Senate Finance Committee for a full Senate Floor vote.

Alaska Natives suffer disproportionately from dental disease with a rate of dental decay more than two times that of non-Natives. Alaska Natives are also represented among the Medicaid population in disproportionately high numbers. By expanding services to include more preventive forms of care, the state will surely save Medicaid dollars by reducing the need for emergency forms of treatment.

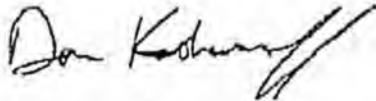
As you may also be aware, every Medicaid dollar spent by the state for services rendered to an Alaska Native at a tribally owned facility is fully reimbursed by the federal government. This bill also saves dollars by restructuring services, controlling costs through a monetary cap, and includes a three-year sunset provision, allowing for an evaluation of its effectiveness at that point in time. For these reasons, this legislation is a win-win opportunity for Alaska Natives and for the State in terms of both improved oral health and fiscal savings.

Letter to Senator L. da Green & Senator Gary Wilken
May 2, 2006
Page 2 of 2

Considering these points and the legislative support for this bill received so far, I would respectfully request that you vote to pass HB-105 out of the Senate Finance Committee.

Sincerely,

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



Don Kashevaroff
Chairman and President

CC: Senator Con Bunde, Vice-Chair, Senate Finance Committee
Senator Fred Dyson, Member, Senate Finance Committee
Senator Bert Stedman, Member, Senate Finance Committee
Senator Lyman Hoffman, Member, Senate Finance Committee
Senator Donny Olson, Member, Senate Finance Committee
Paul Sherry, Chief Executive Officer, Alaska Native Tribal Health Consortium
Valerie Davidson, Senior Director of Legal and Intergovernmental Affairs, ANTHC

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

*Advisory Board on Alcoholism and Drug Abuse
Alaska Mental Health Board*

HB 105

Frank H. Murkowski, GOVERNOR

*P.O. BOX 110608
JUNEAU, AK 99811-0608
PHONE: (907) 465-8920
FAX: 465-4410*

January 18, 2006

Senator Lyda Green, Chair
Senate Finance Committee

Dear Senator Green:

The Alaska Mental Health Board (AMHB) and the Governor's Advisory Board on Alcoholism and Drug Abuse (ABADA) request that you schedule a hearing for SB 79, the Governor's bill that will add dental services to the options available to adults through the Medicaid program.

Dental fitness is vital to the health and employability of all Alaskans. SB 79 will ensure that low-income adults on Medicaid have access to preventive and restorative dental care, avoid more expensive emergency dental care and keep dental infections associated with chronic and systemic disease in check.

- The U.S. Surgeon General noted in his 2000 report *Oral Health in America* that the burden of oral disease continues to spread unevenly throughout the population. Racial minorities, people with disabilities, seniors and low-income families are especially hard hit.
- The American Dental Association has reported that early diagnosis, preventive treatments and early intervention can prevent or halt the progress of most oral diseases or conditions that, when left untreated, can have painful disfiguring and lasting negative health consequences.
- Current oral health research has shown a connection between poor oral health and general health including links to diabetes, cardiovascular disease, stroke and pre-term or low birth weight babies.
- Many conditions cause oral signs and symptoms. Regular dental care provides a helpful vantage point for detecting the early signs and symptoms of systemic disease. The Mayo Foundation for Medical Education and Research reports that systemic conditions such as AIDS or diabetes often first become apparent as mouth lesions or other oral problems. In fact, according to the Academy of General Dentistry, more than 90 percent of all systemic diseases produce oral signs and symptoms.

The adult dental Medicaid option will result in healthy, productive and self-sufficient Alaskans, save scarce Medicaid dollars and promote equity in access to dental care and oral health. The AMHB and ABADA urge your strong support of SB 79 and request you schedule a hearing as soon as possible.

Sincerely,



Kathryn L. Craft
Acting Executive Director,
Alaska Mental Health Board
Governor's Advisory Board on Alcoholism and Drug Abuse

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Alaska Commission on Aging

FRANK H. MURKOWSKI
GOVERNOR

P.O. BOX 110693

JUNEAU, ALASKA 99811-0693

PHONE: (907) 465-3250

FAX: (907) 465-1398

March 2, 2005

The Honorable Lyda Green
Senate Finance Committee
State Capitol Room 516
Juneau, AK 99801-1182

Re: SB 79, Adult Dental Services Medicaid Program

Dear Senator Green:

The members of the Alaska Commission on Aging would like to voice their support for passage of the Governor's Medicaid for Adult Dental Services Bill, SB 79. The Commission is charged with making recommendations to the Governor and the Legislature with respect to legislation, regulations and appropriations for programs and/or services that support the health and well-being of older Alaskans.

While SB 79 proposes dental coverage for all adults who are Medicaid eligible and not just for seniors, the Commission believes this bill will be particularly helpful to our most needy and vulnerable older Alaskans who receive their medical care through Medicaid services. There is extensive research which shows a correlation between good dental health and longevity. Dental health has also been linked to overall physical and emotional well-being. The Governor's proposed bill would fill an important gap in Alaska's continuum of care for older Alaskans as it will provide preventative care and one complete set of dentures every two years, which would add up to cost savings in the future.

The members of the Commission on Aging respectfully ask your consideration and support for passage of SB 79 and sufficient funding to ensure this program is successful.

Sincerely,



Linda Gohl, Executive Director
Alaska Commission on Aging

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Alaska Commission on Aging

FRANK H. MURKOWSKI
GOVERNOR

P.O. BOX 110693

JUNEAU, ALASKA 99811-0693

PHONE: (907) 465-3250

April 3, 2006

Senator Lyda Green, Co-Chair
Senate Finance Committee
Capitol Room 516
Juneau, Alaska

RE: ^{HB1051} Support for SB 79, Medicaid for Adult Dental Services

Dear Senator Green:

The Alaska Commission on Aging supports the passage of Senate Bill 79, providing Medicaid coverage for adult dental services. The American Dental Association recommends that adult preventive and restorative dental services be included in the coverage of all state Medicaid programs. Although this benefit would be capped at \$1,150 per year, that carefully controlled cost would still allow an adult Alaskan to receive a complete pair of dentures in two consecutive years. This service would benefit low-income older Alaskans who, till now, have been unable to access dental care except in emergency situations.

Preventive and restorative dental services (including fillings, extractions, and dentures) halt disease processes, alleviate pain, and allow patients to eat normally again. These services prevent the progression of serious dental disease and discomfort which can result in much more costly emergency care. Studies also show links between poor oral health and chronic diseases such as diabetes and cardiovascular disease. For older Alaskans, prevention of these costly and debilitating diseases is a vital priority.

Some Medicaid-eligible seniors have difficulty eating due to dental problems. Others suffer chronic pain due to periodontal disease or tooth decay. For these people, your support of this important yet limited-cost Medicaid service would mean relief from long-term debilitation, while such preventive intervention would hold down future Medicaid costs for emergency dental work and would assist in chronic disease prevention and the promotion of healthy lifestyles.

Please join us in supporting this important legislation for the benefit of low-income Alaskan adults in need of dental care.

Sincerely,



Linda Gohl
Executive Director
Alaska Commission on Aging

cc: Senate Finance Committee members

Thanks Lyda for considering this
important prevention program.



Bristol Bay Area Health Corporation
6000 Kanakanak Road
P.O. Box 130
Dillingham, AK 99576
(907) 842-5201
800-478-5201
FAX (907) 842-9354

April 27, 2006

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
- Igiugig
- Iliamna
- Ivanof Bay
- Kanatak
- King Salmon
- Knugank
- Kokhanok
- Kolliganok
- Levelock
- Mannoktak
- Naknek
- New Stuyahok
- Newhalen
- Nondalton
- Pedro Bay
- Perryville
- Pilot Point
- Platinum
- Port Hoiden
- Por'age Creek
- South Naknek
- Togiak
- Twin Hills
- Ugashik

Dear Senator Green and Senator Wilken,

On behalf of our thirty-four member villages, that the Bristol Bay Area Health Corporation serves, we are writing to express support for HB 105 and request that this bill be scheduled for a hearing before the Senate Finance Committee.

HB 105 will help address the dental needs of many adults that are unable to afford dental treatment. The services provided will lighten the burden of higher levels of care, later in the patient's life. In addition, it will improve the current quality of life of many adults.

This bill is a restructuring of dental services and the costs will be controlled via a monetary cap. The program sunsets in three years, and it highly leverages GF fun.'s.

Whether or not you personally support this bill, we ask that you please let it be scheduled for a hearing.

Sincerely,

BRISTOL BAY AREA HEALTH CORPORATION

Robert J. Clark
President/CEO

- c: Vice Chair, Senator, Con Bunde
- Senator, Fred Dyson
- Senator, Bert Stedman
- Senator, Lyman Hoffman
- Senator, Donny Olson

*To promote health
with competence
a caring attitude &
cultural sensitivity*

ALL ALASKA

 PEDIATRIC
 PARTNERSHIP

3RD MEDICAL GROUP * ALASKA NATIVE CHILDREN'S CENTER * ALASKA REGIONAL HOSPITAL
 CHILDREN'S HOSPITAL AT PROVIDENCE * FAIRBANKS MEMORIAL HOSPITAL
 STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 MUNICIPALITY OF ANCHORAGE DEPARTMENT OF HEALTH AND HUMAN SERVICES
 MAT SU REGIONAL MEDICAL CENTER

via fax

April 28, 2006

Re: Hearing for HB 105, Adult Dental Services

Senator Lyda Green
 State Capitol #516
 120 - 4th
 Juneau, AK 99801

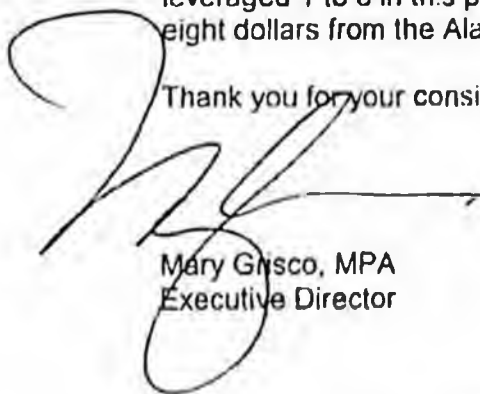
Dear Senator Green,

On behalf of our partners, the All Alaska Pediatric Partnership requests a hearing for HB 105, Medicaid for Adult Dental Services.

This proposed legislation allows a re-structure of the way dental services are provided that will move toward less costly preventive services. The current system of paying for dental care only under emergency circumstances results in high costs for the State and for the patient.

The proposed re-structure proposes a \$1150 monetary cap and a three year trial period (a sunset clause) to ensure close monitoring for success. General Fund dollars will be leveraged 1 to 8 in this proposal; that is, every one GF dollar will be matched with over eight dollars from the Alaska Mental Health Trust Authority and federal receipts.

Thank you for your consideration of our request,



Mary Grisco, MPA
 Executive Director

Central Peninsula Health Centers, Inc.

We are dedicated to providing quality health care regardless of ability to pay.

Aspen Dental Center

395 Main Street Loop
Kenai, AK 99611
(907) 283-7759 phone
(907) 283-4883 fax

Cottonwood Health Center

170 E. Corral Street, Suite 1
Soldotna, AK 99669
phone (907) 262-3119
fax: (907) 262-9290

April 28, 2006

Senator Lyda Green
Co-Chair
Senate Finance Committee
Alaska State Legislature
Juneau, Alaska 996801

RE: Request to Schedule HB 105 for Hearing

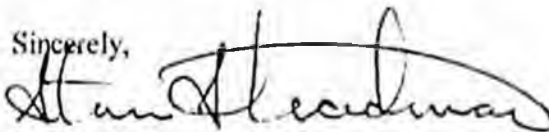
Dear Senator Green:

On behalf of Central Peninsula Health Centers, which operates Aspen Dental Center in Kenai, I am writing to express support for HB 105 and request that it be scheduled for a hearing before the Senate Finance Committee.

From our vantage point at the Aspen Dental Center, we see the dental needs of our Medicaid eligible population as having reached a critical level. Each morning people line up at our door, many of them senior citizens, who seek emergency dental care. In 2005, over 500 of these people were Medicaid eligible. Because of cost constraints, the typical option available was to pull teeth. This bill would take a very positive step toward addressing this issue and offers the opportunity to restructure services to emphasize prevention rather than emergencies, control costs via a monetary cap, highly leverage General Fund resources (\$1 State funding to \$8 Federal and Mental Health Trust funding), and sunset the program in three years if the program is not successful.

We urge you, whether or not you support the bill, to schedule it for a hearing before the Senate Finance Committee.

Sincerely,



Stan Steadman
Executive Director



FRANK H. MURKOWSKI, GOVERNOR
State of Alaska

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-269-8990 • Fax: 907-269-8995 • Toll Free 888-269-8990

April 28, 2006

The Honorable Lyda Green
State Capitol, Room 516
Juneau, AK 99801-1182

Dear Senator Green,

On behalf of the Governor's Council on Disabilities and Special Education, I am writing to urge you to schedule a hearing on HB 105, Medicaid for Adult Dental Services. This bill leverages state dollars with a significant investment from the Alaska Mental Health Trust Authority as well as federal funds. The bill provides for capped expenditures and sunsets in three years.

HB105 provides crucial funding for preventative and restorative dental procedures, which will improve individuals' ability to enter the workforce and enhance their quality of life. Currently the existing Medicaid program only offers emergency dental procedures.

I ask that you schedule a hearing for HB 105 in the Senate Finance Committee.

Thank you,

Handwritten signature of Kathleen Fitzgerald in cursive.

Kathleen Fitzgerald

Chair, Governor's Council on Disabilities and Special Education



Interior Community Health Center

Celebrating 10 years. Quality health care accessible to all

April 28, 2006

1606 23rd Avenue
Fairbanks, AK 99701
(907) 455-4567
(907) 458-1530 Fax
(907) 458 1587 TTY

Tri Valley Community Center
Unibell Spur Road
P.O. Box 246, Healy, AK 99743
(907) 683-2211
(907) 683-2112 Fax

Senator Lyda Green
Co-Chair Senate Finance Committee

Dear Senator Green:

Please schedule a hearing for HB 105 Medicaid for Adult Dental Services. Our board fully supports the bill as it is a reasonable cost efficient vehicle for addressing a huge unmet need in a population that, if met, would improve health, well-being and productivity. We appreciate your willingness to bring this to the Senate Finance Committee's deliberation.

Sincerely,

Cheryl Kilgore
Executive Director