

AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3301

183

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSSB 25(STA)
(S) Publish Date: 1/26/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
Title: An act relating to the state budget and to planning reports regarding finance and operations. RDU: Centralized Admin Services
Sponsor: Senator Dyson Component: Finance
Requester: _____ Component No.: 59

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0
Other (Specify Type--Do not abbreviate)	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill adds a requirement for a long-range financial plan covering the succeeding 25 fiscal years. Involvement by the Division of Finance in implementing such a plan would be limited to providing current and historical financial information. Division of Finance is not involved in the forecasting of revenues or expenditures of future periods. Providing current and historical financial information is a normal business function that would not require any additional funding.

Prepared by: Kim Garrero, Director
Division: Finance
Approved by: Kevin Brooks, Deputy Commissioner
Agency: Department of Administration

Phone: 465-2240
Date/Time: 1/22/07 2:00 PM
Date: 1/23/2007

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 1/16/07

FURTHER: Finance

Date of 5-Day Notice: 01/18/07
 (in accordance with Uniform Rule 23)

DATE TURNED
 IN TO OFFICE: 1/25/07

State Affairs Committee considered SENATE BILL NO. 25

SB 25 STATE PLANNING AND BUDGET

"An Act relating to the state budget and to planning and reports regarding state finances and operations; and providing for an effective date."

and recommends:

- be replaced with SCS or CS SB 25 (STA)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
ADM	01/22			✓	1
GOV/OMB	01/24		✓		2
DOR	01/24		✓		3

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	Do PASS	Do NOT PASS	NO REC	AMEND
	French			X	
	Stevens			X	
	Green			✓	
	Bunde	✓			
CHAIR:	McGuire	✓			

SB

27

HFIN

FILE

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 5
Bill Version: CSSB 27(HES)
(S) Publish Date: 3/14/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Corrections
Title An Act expanding medical assistance coverage RDU Administration & Operations
eligible children and pregnant women and persons in medical . . . Component Office of the Commissioner
Sponsor Senator Davis
Requester Senate Health, Education, and Social Services Component No. 694

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Passage of this legislation will not have a fiscal impact on the Department of Corrections.

Prepared by: Sharleen Griffin, Director
Division: Administrative Services
Approved by: Dwayne Peoples, Deputy Commissioner
Agency: Department of Corrections

Phone (907) 465-3339
Date/Time 3/8/07 9:17 AM
Date 3/8/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 6
 Bill Version: CSSB 27(FIN)
 (S) Publish Date: 5/9/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):
 Title RELATING TO ELIGIBILITY FOR MEDICAL ASSISTANCE

RDU Health Care Services

Sponsor DAVIS

Component Medicaid Services

Requester SENATE (FIN)

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,195.4	2,384.2	2,589.3	2,812.0	3,053.8	3,316.4
Miscellaneous						
TOTAL OPERATING	2,195.4	2,384.2	2,589.3	2,812.0	3,053.8	3,316.4

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

1002 Federal Receipts	1,577.6	1,667.8	1,801.5	1,956.4	2,124.6	2,307.4
1003 GF Match	617.8	716.4	787.8	855.6	929.2	1,009.0
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL.	2,195.4	2,384.2	2,589.3	2,812.0	3,053.8	3,316.4

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

CS SR 27 (FIN) partially reverses the September 2003 legislation that reduced and froze Medicaid income eligibility standards for children and pregnant women whose eligibility is managed through the Denali KidCare (DKC) office. Prior to implementation of the 2003 legislation, Medicaid was available to children and pregnant women with incomes up to 200% of the prevailing Federal Poverty Guideline (FPG) for Alaska. Effective September 2003, the income (continued)

Prepared by: Sherry Hill, Special Assistant
 Division: Office of the Commissioner
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone: 907-465-1618
 Date/Time: 05/08/2007
 Date: 05/08/2007

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

standard was set in statute at what was equivalent to 175% of the FPG for 2003. Currently, the effective income standard for women and children enrolled in these categories is about 154%, almost a 50 point drop from the income standard of August 2003. This bill restores the income eligibility standard for children and pregnant women to 175% of the prevailing FPG, effective June 30, 2007.

Between 2003 and 2006, the number of children enrolled in the affected income category dropped by 2,553 individuals and the number of pregnant women enrolled in the affected income category dropped by 436 individuals. This fiscal analysis assumes that the additional enrollment in SFY 2008 due to SB 27 will be equal to about half that number of people (218 pregnant women and 1277 children). We assume that most people eligible to enroll under the higher income standard will do so by the end of SFY 2008.

Costs projections incorporate 8.6% annual growth (Long Term Forecast of Medicaid Enrollment and Spending in Alaska: 2005-2025, DHSS, updated for 2006). That growth rate allows for 5% medical inflation (Anchorage CPI, medical care component) and annual growth in the FPG. The proportion of enrollees that use services (participation) is expected to remain the same throughout the projection period.

Fund source calculations for each component are based on the percentages of costs reimbursed as IHS, Title XIX, Family Planning, or SCHIP in 2006 for the affected groups, and the federal medical assistance percentages (FMAPs) anticipated for the year projected. Children affected by this legislation are included in the State Children's Health Insurance Program (SCHIP) and costs for their Medicaid services would normally be matched at an enhanced rate. Because SCHIP funding is no longer enough to cover all of that program's expenses, the formula for (continued)

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

federal reimbursement was adjusted to allow only one quarter of SCHIP matching per year, with the remaining three quarters defaulting to the lower Title XIX rate.

The 2008 projection was calculated as the projected cost to reinstate half the number of enrollees dropped between 2003 and 2006. Cost to reinstate was inflated by 5% per year between 2006 and 2008 so that the cost to reinstate was in 2008 dollars. The 2009-2013 projections are based on the 2008 projection after implementation of SB 27, plus 8.6% annual growth. The expenditure for each division was determined based on that division's share of expenses for the affected eligibility subtypes in 2006. Health Care Services paid for 99.9% of the costs for affected pregnant women and 76.6% of the costs for affected children.

For each component, the recipient count represents the number of enrolled persons using Medicaid services managed by that component during the period. If half the number of people that lost Medicaid eligibility due to the 2003 legislation regain eligibility in 2008, Health Care Services might expect to pay Medicaid expenses for an additional 1,132 recipients.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 7
 Bill Version: CSSB 27(FIN)
 (S) Publish Date: 5/9/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title RELATING TO ELIGIBILITY FOR MEDICAL ASSISTANCE

RDU Public Assistance

Component Public Assistance Field Svcs

Sponsor DAVIS

Requester SENATE (FIN)

Component No. 236

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	33.6	67.2	67.2	67.2	67.2	67.2
Travel						
Contractual	4.4	8.8	8.8	8.8	8.8	8.8
Supplies	2.2					
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	40.2	76.0	76.0	76.0	76.0	76.0

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

1002 Federal Receipts	18.7	35.4	35.4	35.4	35.4	35.4
1003 GF Match	16.5	31.1	31.1	31.1	31.1	31.1
1004 GF	4.4	8.4	8.4	8.4	8.4	8.4
1037 GF/Mental Health						
Other(Inter-Agency Receipts)	0.6	1.1	1.1	1.1	1.1	1.1
Other(Specify Type-do not abbreviate)						
TOTAL	40.2	76.0	76.0	76.0	76.0	76.0

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CS SB 27 (FIN) changes AS 47.07.020(b) to reset the upper income limit for Denali KidCare (DKC) pregnant women and uninsured children under the Title XXI State Children's Health Insurance Program (SCHIP) to 175% of the prevailing federal poverty guideline (FPG) for Alaska. Currently, the qualifying income limit for these children and pregnant women is set in statute at 175% of the 2003 FPG (effectively, about 154% of the current FPG). This fiscal note represents the administrative costs for the eligibility determinations for medical assistance coverage for pregnant women and children.

The eligibility decision includes determining eligibility based on the household's size and monthly income at the time of application, acting on changes in a household's circumstances that are reported during the period of eligibility, and re-examining a household's eligibility every six months.

Prepared by: Sherry Hill, Special Assistant
 Division: Office of the Commissioner
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 907-465-1618
 Date/Time 05/08/2007
 Date 05/08/2007

FISCAL NOTE
FIN # 7

BILL VERSION: CSSB 27(FIN)

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

Assumptions:

We assume that 218 pregnant women and 1277 children will enroll in Medicaid if the qualifying income limit is revised to 175% FPG, and that implementation will begin January 1, 2008. We estimate one additional Eligibility Technician I (Range 14) position will be needed for six months to manage this additional work in FY 08. This position will be needed for 12 months in the following fiscal years.

Total FY08 Administrative Costs:

Personal Services: One Eligibility Technician I Range 14 at a cost of \$33.6, including benefits, for six months.

Contractual: for office space, phones, and supplies will be \$4,400 for six months.

Additional Equipment/Supply: A one time cost of \$2,200 for a desktop computer, software, printer, and work station will be needed for the new position.

Total Administrative Costs FY09 through FY13

Personal Services: One Eligibility Technician I Range 14 at a cost of \$67.2, including benefits, for 12 months.

Contractual: Annual costs for office space, phones, and supplies will be \$8,800.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 8
 Bill Version: CSSB 27(FIN)
 S) Publish Date: 5/9/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):
 Title RELATING TO ELIGIBILITY FOR MEDICAL ASSISTANCE

RDU Behavioral Health
 Component Behavioral Hlth Medicaid Svcs

Sponsor DAVIS

Requester SENATE (FIN)

Component No. 2660

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	455.9	495.1	537.6	583.9	634.1	688.6
Miscellaneous						
TOTAL OPERATING	455.9	495.1	537.6	583.9	634.1	688.6

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

1002 Federal Receipts	311.1	327.2	353.0	383.4	416.4	452.2
1003 GF Match	144.8	167.9	184.6	200.5	217.7	236.4
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	455.9	495.1	537.6	583.9	634.1	688.6

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CS SB 27 (FIN) partially reverses the September 2003 legislation that reduced and froze Medicaid income eligibility standards for children and pregnant women whose eligibility is managed through the Denali KidCare (DKC) office. Prior to implementation of the 2003 legislation, Medicaid was available to children and pregnant women with incomes up to 200% of the prevailing Federal Poverty Guideline (FPG) for Alaska. Effective September 2003, the income standard

Prepared by: Sherry Hill, Special Assistant
 Division: Office of the Commissioner
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 907-465-1618
 Date/Time 05/08/2007
 Date 05/08/2007

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

was set in statute at what was equivalent to 175% of the FPG for 2003. Currently, the effective income standard for women and children enrolled in these categories is about 154%, almost a 50 point drop in the income standard of August 2003. This bill restores the income eligibility standard for children and pregnant women to 175% of the prevailing FPG, effective June 30, 2007.

Between 2003 and 2006, the number of children enrolled in the affected income category dropped by 2,553 individuals and the number of pregnant women enrolled in the affected income category dropped by 436 individuals. This fiscal analysis assumes that the additional enrollment in SFY 2008 due to SB 27 will be equal to about half that number of people (218 pregnant women and 1277 children). We assume that most people eligible to enroll under the higher income standard will do so by the end of SFY 2008.

Costs projections incorporate 8.6% annual growth (Long Term Forecast of Medicaid Enrollment and Spending in Alaska: 2005-2025, DHSS, updated for 2006). That growth rate allows for 5% medical inflation (Anchorage CPI, medical care component) and annual growth in the FPG. The proportion of enrollees that use services (participation) is expected to remain the same throughout the projection period.

Fund source calculations for each component are based on the percentages of costs reimbursed as IHS, Title XIX, Family Planning, or SCHIP in 2006 for the affected groups, and the federal medical assistance percentages (FMAPs) anticipated for the year projected. Children affected by this legislation are included in the State Children's Health Insurance Program (SCHIP) and costs for their Medicaid services would normally be matched at an enhanced rate. Because SCHIP funding is no longer enough to cover all of that program's expenses, the formula for

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

federal reimbursement was adjusted to allow only one quarter of SCHIP matching per year, with the remaining three quarters defaulting to the lower Title XIX rate.

The 2008 projection was calculated as the projected cost to reinstate half the number of enrollees dropped between 2003 and 2006. Cost to reinstate was inflated by 5% per year between 2006 and 2008 so that the cost to reinstate was in 2008 dollars. The 2009-2013 projections are based on the 2008 projection after implementation of SB 27, plus 8.6% annual growth. The expenditure for each division was determined based on that division's share of expenses for the affected eligibility subtypes in 2006. Behavioral Health Medicaid Services paid for 23.3% of the costs for affected children in SFY 2006. They paid for less than 0.1% of the costs for pregnant women affected by this legislation.

If half the number of people that lost Medicaid eligibility due to the 2003 legislation regain eligibility in 2008, Behavioral Health Medicaid Services might expect to pay Medicaid expenses for an additional 113 recipients.

*adopted
5-11-07*

25-LS0211\MA.4
Mischel
5/10/07

AMENDMENT ↓

OFFERED IN THE HOUSE

BY REPRESENTATIVE MEYER

TO: CSSB 27(FIN) am

- 1 Page 1, lines 2 - 3:
- 2 Delete "**disabled persons, and persons in medical or intermediate care facilities**"
- 3 Insert "**and disabled persons**"

*Withdrawn
5-11-07*

AMENDMENT 2

OFFERED IN THE HOUSE

BY: REPRESENTATIVE GARA

TO: CSSB 27(FIN)am

Page 3, Line 26, following "poverty":

DELETE: "line"
INSERT "guideline"

Page 4, Line 6, following "poverty":

DELETE: "line"
INSERT "guideline"

amended

Page 4, Line 29, following "poverty":

DELETE: "line"
INSERT "guideline"

Page 5, Line 25, following "poverty":

DELETE: "line"
INSERT "guideline"

25-LS 021NE

Passed FIN
 Eⁿ Version 5/8/07

CS SB 27	2008	2009	2010	2011	2012	2013
DENALI KID CARE at 175%						
Additional Children Served	1277	1302	1328	1355	1382	1410
Additional Pregnant Women Served	218	223	227	232	236	241
	1495	1525	1555	1587	1618	1651
Annual Medicaid program costs	\$2,651.3	\$2,879.3	\$3,126.9	\$3,395.9	\$3,687.9	\$4,005.0
Annual Administrative Costs	\$40.2	\$76.0	\$76.0	\$76.0	\$76.0	\$76.0
TOTAL COSTS CSSB 27 (Fin)	\$2,691.5	\$2,955.3	\$3,202.9	\$3,471.9	\$3,763.9	\$4,081.0
Federal Share	\$1,907.4	\$2,030.4	\$2,189.9	\$2,375.2	\$2,576.4	\$2,795.0
General Fund Share	\$783.5	\$923.8	\$1,011.9	\$1,095.6	\$1,186.4	\$1,284.9
Inter/Agency Funds	0.6	1.1	1.1	1.1	1.1	1.1

Alaska State Legislature

Interim: (May - Dec.)
716 W. 4th Ave
Anchorage, AK 99501
Phone: (907) 269-0144
Fax: (907) 269-0148



Session: (Jan. - May)
State Capitol, Suite 30
Juneau, AK 99801-1182
Phone: (907) 465-3822
Fax: (907) 465-3756
Toll free: (800) 770-3822

Senator Bettye Davis@legis.state.ak.us
<http://www.akdemocrats.org>

Senator Bettye Davis

May 9, 2007

Representatives Chenault and Meyer, Co-Chairs
House Finance Committee, Room 519
State Capitol Building
Juneau, Alaska 99801

RE: Request for Hearing -CS for Senate Bill No. 27 -25-LS0211AE
"An Act relating to eligibility requirements for medical assistance for certain children, pregnant women, disabled persons, and persons in medical or intermediate care facilities and providing for an effective date."

Dear Representatives Chenault and Meyer:

Please find attached CS for Senate Bill No. 27 -25-LS0211AE referred from Senate Finance and Rules committees. This bill restores the Denali KidCare Program at 175% Federal Poverty Level. This bill partially reverses the effect of legislation effective September, 2003, that reduced and froze the Medicaid income eligibility standard for certain children and pregnant women whose eligibility is managed through the Denali KidCare program. This bill will provide for an additional 1277 children and 218 pregnant women out of the 3000 who were dropped from the rolls since 2003 when the funding for Denali KidCare was reduced from 200% to 175% and currently is at 154% of the Federal Poverty Level. Without this legislation more than 1,000 children will immediately drop off the rolls of health insurance under the State Children Health Insurance Program (SCHIP) which is funded by the federal government at an enhanced level of 70%, and the state stands to lose millions in federal funding.

Revised fiscal notes and a fiscal summary are attached.

Sincerely,

Bettye Davis
Bettye Davis



May 11, 2007

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: SB 27 (Davis)--Support

Dear Co-Chairs Chenault and Meyer:

On behalf of the members of AARP in Alaska, we strongly encourage you and your colleagues on the House Finance Committee to support SB 27, authored by Senator Bettye Davis and co-sponsored by Senators Wielechowski, McGuire, Elton, Ellis, French and Kookesh.

AARP is the world's largest organization of grandparents. Our 90,000 AARP members in Alaska are concerned about the health of their grandchildren as well as everyone else's grandkids.

Many of our members enjoy the security of health insurance from Medicare and understand how important good coverage is to their wellness and pocketbooks.

AARP stands in strong support of this effort to take Denali KidCare to a higher eligibility level and allow more children and pregnant women to secure health coverage.

Ensuring that children have affordable health care coverage is a priority for all of us who care about our children, grandchildren, and our country's future.

Denali KidCare is an essential building block in efforts to reform our health care system. AARP believes that every American should have access to high quality, affordable health coverage no matter where they live. Health care reform is coming. But we cannot wait for Congress. We need to strengthen Denali KidCare now.

Thousands of children who would otherwise be uninsured are receiving needed health care because of this program. In fact, since Congress first authorized the states to begin the program, the percentage of uninsured children has fallen by a third over the past decade, while at the same time the number of uninsured adult Americans continued to grow.

Together, Denali KidCare and Medicaid have been an essential buffer as fewer employers offer coverage that families can afford.

Covering children's health care needs is a cost-effective use of taxpayer dollars, given the substantial long-term benefits that relatively low-cost children's health care coverage can provide. After all, productive working years and healthy aging both require an early start.

The success of Denali KidCare is far from complete, however. Many children remain uninsured – many lost coverage because of changes to Denali KidCare when the income eligibility level was lowered and, because of the flat eligibility level, more children are dropped from the program every year.

We can no longer allow so many children to go without access to proper health care. Our nation has a duty to give all children the best possible start in life. Failure to address children's health needs unwisely raises the risk of increasing health care costs and developing future generations who will be less healthy as they age.

By working together to improve Denali KidCare through adequate funding, effective enrollment, and appropriate pediatric preventive care, we can strengthen the bonds between generations and build a healthier future for all of us of every age.

AARP recommends an "AYE" vote on SB 27.

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

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 Bill Thomas
Representative Harry Crawford
Representative Les Gara
Representative Reggie Joule
Representative Mike Kelly
Representative Mary Nelson
Senator Bettye Davis

SB

27

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

REPORTED OUT
MAY 08 2007
SENATE FINANCE COMMITTEE

DATE: 3/14/07

FURTHER:

DATE TURNED
IN TO OFFICE: 5/08/2007

Finance Committee considered

SENATE BILL NO. 27

SB 27 MEDICAL ASSISTANCE ELIGIBILITY

"An Act relating to eligibility requirements for medical assistance for certain children, pregnant women, and persons in medical or intermediate care facilities; and providing for an effective date."

and recommends:

- be replaced with SCS or CS SB 27 (FIN)
- adopt previous SCS or CS _____
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:
 Same Title
 New Title

HOUSE BILL:
 Same Title
 Technical Title Change
 New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
HSS Medicaid	3/8/07	2,195.4			
HSS Public Asst.	5/8/07	40.2			
HSS Behavioral Health	3/8/07	455.9			

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
HSS Senior Disabilities	2/1/07	5,130.1			#4
Corrections	3/8/07			<input checked="" type="checkbox"/>	#5

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Elton	<input checked="" type="checkbox"/>			
	Thomas	<input checked="" type="checkbox"/>			
	Dyson			<input checked="" type="checkbox"/>	
	Huggins	<input checked="" type="checkbox"/>			
	Olson			<input checked="" type="checkbox"/>	
CO-CHAIR:	Hoffman	<input checked="" type="checkbox"/>			
CO-CHAIR:	Stedman			<input checked="" type="checkbox"/>	

REPORTED OUT
MAY 08 2007
SENATE FINANCE COMMITTEE

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB027CS(FIN)-DHSS-DHCS-05-
Bill Version: CS SB 27 (FIN)
() Publish Date: _____
Dept. Affected: Health & Social Services
RDU Health Care Services
Component Medicaid Services

Revision Date/Time (Note if correction):
Title RELATING TO ELIGIBILITY FOR MEDICAL ASSISTANCE

Sponsor DAVIS
Requester SENATE (FIN)

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,195.4	2,384.2	2,589.3	2,812.0	3,053.8	3,316.4
Miscellaneous						
TOTAL OPERATING	2,195.4	2,384.2	2,589.3	2,812.0	3,053.8	3,316.4
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	1,577.6	1,667.8	1,801.5	1,956.4	2,124.6	2,307.4
1003 GF Match	617.8	716.4	787.8	855.6	929.2	1,009.0
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	2,195.4	2,384.2	2,589.3	2,812.0	3,053.8	3,316.4

Estimate of any current year (FY2007) cost: _____
Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
CS SB 27 (FIN) partially reverses the September 2003 legislation that reduced and froze Medicaid income eligibility standards for children and pregnant women whose eligibility is managed through the Denali KidCare (DKC) office. Prior to implementation of the 2003 legislation, Medicaid was available to children and pregnant women with incomes up to 200% of the prevailing Federal Poverty Guideline (FPG) for Alaska. Effective September 2003, the income (continued)

Prepared by: Sherry Hill, Special Assistant
Division: Office of the Commissioner
Approved by: Karleen Jackson, Commissioner
Agency: Department of Health and Social Services

Phone 907-465-1618
Date/Time 05/08/2007
Date 05/08/2007

FISCAL NOTE
FN #

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

standard was set in statute at what was equivalent to 175% of the FPG for 2003. Currently, the effective income standard for women and children enrolled in these categories is about 154%, almost a 50 point drop from the income standard of August 2003. This bill restores the income eligibility standard for children and pregnant women to 175% of the prevailing FPG, effective June 30, 2007.

Between 2003 and 2006, the number of children enrolled in the affected income category dropped by 2,553 individuals and the number of pregnant women enrolled in the affected income category dropped by 436 individuals. This fiscal analysis assumes that the additional enrollment in SFY 2008 due to SB 27 will be equal to about half that number of people (218 pregnant women and 1277 children). We assume that most people eligible to enroll under the higher income standard will do so by the end of SFY 2008.

Costs projections incorporate 8.6% annual growth (Long Term Forecast of Medicaid Enrollment and Spending in Alaska: 2005-2025, DHSS, updated for 2006). That growth rate allows for 5% medical inflation (Anchorage CPI, medical care component) and annual growth in the FPG. The proportion of enrollees that use services (participation) is expected to remain the same throughout the projection period.

Fund source calculations for each component are based on the percentages of costs reimbursed as IHS, Title XIX, Family Planning, or SCHIP in 2006 for the affected groups, and the federal medical assistance percentages (FMAPs) anticipated for the year projected. Children affected by this legislation are included in the State Children's Health Insurance Program (SCHIP) and costs for their Medicaid services would normally be matched at an enhanced rate. Because SCHIP funding is no longer enough to cover all of that program's expenses, the formula for (continued)

FISCAL NOTE
FN #

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

federal reimbursement was adjusted to allow only one quarter of SCHIP matching per year, with the remaining three quarters defaulting to the lower Title XIX rate.

The 2008 projection was calculated as the projected cost to reinstate half the number of enrollees dropped between 2003 and 2006. Cost to reinstate was inflated by 5% per year between 2006 and 2008 so that the cost to reinstate was in 2008 dollars. The 2009-2013 projections are based on the 2008 projection after implementation of SB 27, plus 8.6% annual growth. The expenditure for each division was determined based on that division's share of expenses for the affected eligibility subtypes in 2006. Health Care Services paid for 99.9% of the costs for affected pregnant women and 76.6% of the costs for affected children.

For each component, the recipient count represents the number of enrolled persons using Medicaid services managed by that component during the period. If half the number of people that lost Medicaid eligibility due to the 2003 legislation regain eligibility in 2008, Health Care Services might expect to pay Medicaid expenses for an additional 1,132 recipients.

REPORTED OUT
MAY 08 2007
SENATE FINANCE COMMITTEE

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB027CS(FIN)-DHSS-DBH-05-01
Bill Version: CS SB 27 (FIN)
() Publish Date: _____
Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):
Title: RELATING TO ELIGIBILITY FOR MEDICAL ASSISTANCE

RDU: Behavioral Health
Component: Behavioral Hlth Medicaid Svcs

Sponsor: DAVIS
Requester: SENATE (FIN)

Component No. 2660

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	455.9	495.1	537.6	583.9	634.1	688.6
Miscellaneous						
TOTAL OPERATING	455.9	495.1	537.6	583.9	634.1	688.6

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

1002 Federal Receipts	311.1	327.2	353.0	383.4	416.4	452.2
1003 GF Match	144.8	167.9	184.6	200.5	217.7	236.4
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	455.9	495.1	537.6	583.9	634.1	688.6

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CS SB 27 (FIN) partially reverses the September 2003 legislation that reduced and froze Medicaid income eligibility standards for children and pregnant women whose eligibility is managed through the Denali KidCare (DKC) office. Prior to implementation of the 2003 legislation, Medicaid was available to children and pregnant women with incomes up to 200% of the prevailing Federal Poverty Guideline (FPG) for Alaska. Effective September 2003, the income standard

Prepared by: Sherry Hill, Special Assistant
Division: Office of the Commissioner
Approved by: Karleen Jackson, Commissioner
Agency: Department of Health and Social Services

Phone: 907-465-1618
Date/Time: 05/08/2007
Date: 05/08/2007

FISCAL NOTE
FN #

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

was set in statute at what was equivalent to 175% of the FPG for 2003. Currently, the effective income standard for women and children enrolled in these categories is about 154%, almost a 50 point drop in the income standard of August 2003. This bill restores the income eligibility standard for children and pregnant women to 175% of the prevailing FPG, effective June 30, 2007.

Between 2003 and 2006, the number of children enrolled in the affected income category dropped by 2,553 individuals and the number of pregnant women enrolled in the affected income category dropped by 436 individuals. This fiscal analysis assumes that the additional enrollment in SFY 2008 due to SB 27 will be equal to about half that number of people (218 pregnant women and 1277 children). We assume that most people eligible to enroll under the higher income standard will do so by the end of SFY 2008.

Costs projections incorporate 8.6% annual growth (Long Term Forecast of Medicaid Enrollment and Spending in Alaska: 2005-2025, DHSS, updated for 2006). That growth rate allows for 5% medical inflation (Anchorage CPI, medical care component) and annual growth in the FPG. The proportion of enrollees that use services (participation) is expected to remain the same throughout the projection period.

Fund source calculations for each component are based on the percentages of costs reimbursed as IHS, Title XIX, Family Planning, or SCHIP in 2006 for the affected groups, and the federal medical assistance percentages (FMAPs) anticipated for the year projected. Children affected by this legislation are included in the State Children's Health Insurance Program (SCHIP) and costs for their Medicaid services would normally be matched at an enhanced rate. Because SCHIP funding is no longer enough to cover all of that program's expenses, the formula for

FISCAL NOTE
FN #

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

federal reimbursement was adjusted to allow only one quarter of SCHIP matching per year, with the remaining three quarters defaulting to the lower Title XIX rate.

The 2008 projection was calculated as the projected cost to reinstate half the number of enrollees dropped between 2003 and 2006. Cost to reinstate was inflated by 5% per year between 2006 and 2008 so that the cost to reinstate was in 2008 dollars. The 2009-2013 projections are based on the 2008 projection after implementation of SB 27, plus 8.6% annual growth. The expenditure for each division was determined based on that division's share of expenses for the affected eligibility subtypes in 2006. Behavioral Health Medicaid Services paid for 23.3% of the costs for affected children in SFY 2006. They paid for less than 0.1% of the costs for pregnant women affected by this legislation.

If half the number of people that lost Medicaid eligibility due to the 2003 legislation regain eligibility in 2008, Behavioral Health Medicaid Services might expect to pay Medicaid expenses for an additional 113 recipients.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB027CS(FIN)-DHSS-DPA-05-01
 Bill Version: CS SB 27 (FIN)
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 RDU Public Assistance
 Component Public Assistance Field Svcs

Revision Date/Time (Note if correction): _____
 Title RELATING TO ELIGIBILITY FOR MEDICAL ASSISTANCE

Sponsor DAVIS
 Requester SENATE (FIN)

Component No. 236

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	33.6	67.2	67.2	67.2	67.2	67.2
Travel						
Contractual	4.4	8.8	8.8	8.8	8.8	8.8
Supplies	2.2					
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	40.2	76.0	76.0	76.0	76.0	76.0

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

1002 Federal Receipts	18.7	35.4	35.4	35.4	35.4	35.4
1003 GF Match	16.5	31.1	31.1	31.1	31.1	31.1
1004 GF	4.4	8.4	8.4	8.4	8.4	8.4
1037 GF/Mental Health						
Other(Inter-Agency Receipts)	0.6	1.1	1.1	1.1	1.1	1.1
Other(Specify Type-do not abbreviate)						
TOTAL	40.2	76.0	76.0	76.0	76.0	76.0

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CS SB 27 (FIN) changes AS 47.07.020(b) to reset the upper income limit for Denali KidCare (DKC) pregnant women and uninsured children under the Title XXI State Children's Health Insurance Program (SCHIP) to 175% of the prevailing federal poverty guideline (FPG) for Alaska. Currently, the qualifying income limit for these children and pregnant women is set in statute at 175% of the 2003 FPG (effectively, about 154% of the current FPG). This fiscal note represents the administrative costs for the eligibility determinations for medical assistance coverage for pregnant women and children.

The eligibility decision includes determining eligibility based on the household's size and monthly income at the time of application, acting on changes in a household's circumstances that are reported during the period of eligibility, and re-examining a household's eligibility every six months.

Prepared by: Sherry Hill, Special Assistant
 Division: Office of the Commissioner
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 907-465-1618
 Date/Time 05/08/2007
 Date 05/08/2007

FISCAL NOTE
FN #

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

Assumptions:

We assume that 218 pregnant women and 1277 children will enroll in Medicaid if the qualifying income limit is revised to 175% FPG, and that implementation will begin January 1, 2008. We estimate one additional Eligibility Technician I (Range 14) position will be needed for six months to manage this additional work in FY 08. This position will be needed for 12 months in the following fiscal years.

Total FY08 Administrative Costs:

Personal Services: One Eligibility Technician I Range 14 at a cost of \$33.6, including benefits, for six months.

Contractual: for office space, phones, and supplies will be \$4,400 for six months.

Additional Equipment/Supply: A one time cost of \$2,200 for a desktop computer, software, printer, and work station will be needed for the new position.

Total Administrative Costs FY09 through FY13

Personal Services: One Eligibility Technician I Range 14 at a cost of \$67.2, including benefits, for 12 months.

Contractual: Annual costs for office space, phones, and supplies will be \$8,800.

FISCAL NOTE

REPORTED OUT
 MAY 08 2007
 SENATE FINANCE COMMITTEE

STATE OF ALASKA
 2007 LEGISLATIVE SESSION

Fiscal Note Number: 4
 Bill Version: CSSB 27(HES)
 (S) Publish Date: 3/14/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title RELATING TO ELIGIBILITY FOR MEDICAL ASSISTANCE

RDU Senior and Disabilities Svcs
 Component Senior/Disabilities Medicaid Svc

Sponsor DAVIS

Requester SENATE (HES)

Component No. 2662

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	5,130.1	5,571.3	6,050.5	6,570.8	7,135.9	7,749.6
Miscellaneous						
TOTAL OPERATING	5,130.1	5,571.3	6,050.5	6,570.8	7,135.9	7,749.6
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	2,803.7	2,873.3	3,083.6	3,348.8	3,636.8	3,949.6
1003 GF Match	2,326.4	2,698.0	2,966.9	3,222.0	3,499.1	3,800.0
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	5,130.1	5,571.3	6,050.5	6,570.8	7,135.9	7,749.6

Estimate of any current year (FY2007) cost:

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill reverses the effect of legislation, effective September 2003, that reduced and froze the Medicaid income eligibility standard for certain children and pregnant women whose eligibility is managed through the Denali KidCare (DKC) office and froze the income standard for nursing home and home and community based (HCB) waiver recipients whose eligibility is determined under the 300% supplemental security income (SSI) eligibility criteria.

Prior to implementation of the 2003 legislation, Medicaid was available to children and pregnant women with incomes up to 200% of the prevailing Federal Poverty Guideline (FPG) for Alaska. Effective September 2003, the income standard was set in statute at what was equivalent to 175% of the FPG for 2003. This bill restores the income eligibility standard for children and pregnant women to 200% of the prevailing FPG.

(cont. on page 2)

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

Phone 907-465-1630
 Date/Time 01/31/2007
 Date 02/01/2007

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

(cont. from page 1)

The state determines Medicaid eligibility for some nursing home residents and HCB waiver clients based on the maximum Supplemental Security Income (SSI) standard authorized by federal law. The 2003 legislation froze the Alaska eligibility standard to 300% of the 2003 federal standard. SB 27 would return the income standard for this eligibility group to 300% of the prevailing SSI standard.

Costs calculated for this fiscal note are based on enrollment, the total number of people qualified to use services under the affected eligibility criteria, not the number of persons that used Medicaid services and had claims paid during the period. The different Medicaid components share a common pool of enrollees, with each enrollee entitled to receive benefits through more than one component. Between 2003 and 2006, the number of children enrolled in the affected income category dropped by 2,553 individuals, the number of pregnant women enrolled in the affected income category dropped by 436 individuals, and the number of persons enrolled in the 300% SSI group dropped by 106.

This fiscal analysis is based on the assumption that enrollment will rapidly recover to 2003 levels by the end of SFY 2008 and resume normal growth thereafter (about 2% per year). The proportion of enrollees that use services (participation) is expected to remain the same throughout the projection period.

Costs projections incorporate 8.6% annual growth (Long Term Forecast of Medicaid Enrollment and Spending in Alaska: 2005-2025, DHSS, updated for 2006). That growth rate allows for 5% medical inflation (Anchorage CPI, medical care component) and 2.24% average annual growth in the FPG and SSI standards.

Fund source calculations for each component are based on the percentages of costs reimbursed as HIS, Title XIX, Family Planning, or SCHIP in 2006 for the affected group, and the federal medical assistance percentages (FMAPs) anticipated for the year projected.

The 2008 projection was calculated as the projected cost without passage of SB27, plus the cost to reinstate the number of enrollees dropped between 2003 and 2006 (cost to reinstate was inflated by 5% per year between 2006 and 2008 so that the cost to reinstate was in 2008 dollars). The 2009-2013 projections were based on the 2008 projection after implementation of SB27, plus 8.6% annual growth. The expenditure for each division was determined based on that division's share of expenses for the affected eligibility subtypes in 2006. Senior and Disabilities Services paid 84% of the Medicaid costs for persons in the 300% SSI eligibility group in SFY 2006. They paid for less than 0.1% of the Medicaid costs for affected children and none of the costs for pregnant women.

For each component, the recipient count represents the number of enrolled persons using Medicaid services managed by that component during the period. If the number of people that lost Medicaid eligibility due to the 2003 legislation (about 3100) regain eligibility in 2008, Senior and Disabilities Services might expect to pay Medicaid expenses for an additional 38 recipients.

FISCAL NOTE

REPORTED OUT
MAY 08 2007
SENATE FINANCE COMMITTEE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 5
Bill Version: CSSB 27(HES)
(S) Publish Date: 3/14/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Corrections
Title An Act expanding medical assistance coverage RDU Administration & Operations
eligible children and pregnant women and persons in medical . . . Component Office of the Commissioner
Sponsor Senator Davis
Requester Senate Health, Education, and Social Services Component No. 694

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

FUND SOURCE	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

POSITIONS	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
Passage of this legislation will not have a fiscal impact on the Department of Corrections.

Prepared by: Sharon Griffin, Director Phone (907) 465-3339
Division: Administrative Services Date/Time 3/8/07 9:17 AM
Approved by: Dwayne Peoples, Deputy Commissioner Date 3/8/2007
Agency: Department of Corrections

Accepted 5/21/07

25-LS0211E
Mischel
5/7/07

CS FOR SENATE BILL NO. 27()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): SENATOR DAVIS

A BILL
FOR AN ACT ENTITLED

1 "An Act relating to eligibility requirements for medical assistance for certain children,
2 pregnant women, disabled persons, and persons in medical or intermediate care
3 facilities; and providing for an effective date."

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

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

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

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

13 (2) persons in a general hospital, skilled nursing facility, or
14 intermediate care facility, who, if they left the facility, would be eligible for assistance

1 under one of the federal programs specified in (1) of this subsection;

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

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

11 (5) persons under 21 years of age who are in an institution designated
12 as an intermediate care facility for the mentally retarded and who are financially
13 eligible as determined by the standards of the federal program designated as the
14 successor to the aid to families with dependent children program;

15 (6) persons in a medical or intermediate care facility whose income
16 while in the facility does not exceed \$1,656 a month but who would not be eligible for
17 an optional state supplementary payment if they left the hospital or other facility;

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

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

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

29 (10) persons under 21 years of age not covered under (a) of this section
30 who the department has determined cannot be placed for adoption without medical
31 assistance because of a special need for medical or rehabilitative care and who the

1 department has determined are hard-to-place children eligible for subsidy under
2 AS 25.23.190 - 25.23.210;

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

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

9 (B) the department has determined that

10 (i) they require a level of care provided in a hospital,
11 nursing facility, or intermediate care facility for the mentally retarded;

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

14 (iii) the estimated amount that would be spent for
15 medical assistance for their individual care outside an institution is not
16 greater than the estimated amount that would otherwise be expended
17 individually for medical assistance within an appropriate institution;

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

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

23 (12) disabled persons, as described in 42 U.S.C.
24 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under
25 applicable federal regulations or guidelines, is less than 250 percent of the official
26 poverty line applicable to a family of that size according to the United States
27 Department of Health and Human Services [FEDERAL OFFICE OF
28 MANAGEMENT AND BUDGET], and who, but for earnings in excess of the limit
29 established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals
30 with respect to whom a supplemental security income is being paid under 42 U.S.C.
31 1381 - 1383c; a person eligible for assistance under this paragraph who is not eligible

1 under another provision of this section shall pay a premium or other cost-sharing
2 charges according to a sliding fee scale that is based on income as established by the
3 department in regulations;

4 (13) persons under 19 years of age who are not covered under (a) of
5 this section and whose household income does not exceed 175 percent of the federal
6 poverty guideline as defined by the United States Department of Health and
7 Human Services and revised under 42 U.S.C. 9902(2)

8 [(A) \$1,635 A MONTH IF THE HOUSEHOLD CONSISTS
9 OF ONE PERSON;

10 (B) \$2,208 A MONTH IF THE HOUSEHOLD CONSISTS OF
11 TWO PERSONS;

12 (C) \$2,782 A MONTH IF THE HOUSEHOLD CONSISTS OF
13 THREE PERSONS;

14 (D) \$3,355 A MONTH IF THE HOUSEHOLD CONSISTS OF
15 FOUR PERSONS;

16 (E) \$3,928 A MONTH IF THE HOUSEHOLD CONSISTS OF
17 FIVE PERSONS;

18 (F) \$4,501 A MONTH IF THE HOUSEHOLD CONSISTS OF
19 SIX PERSONS;

20 (G) \$5,074 A MONTH IF THE HOUSEHOLD CONSISTS OF
21 SEVEN PERSONS;

22 (H) \$5,647 A MONTH IF THE HOUSEHOLD CONSISTS OF
23 EIGHT PERSONS;

24 (I) \$5,647 A MONTH, PLUS AN ADDITIONAL \$574 A
25 MONTH FOR EACH EXTRA PERSON ABOVE EIGHT PERSONS WHO
26 IS IN THE HOUSEHOLD IF THE HOUSEHOLD CONSISTS OF NINE
27 PERSONS OR MORE];

28 (14) pregnant women who are not covered under (a) of this section and
29 whose household income does not exceed 175 percent of the federal poverty line as
30 defined by the United States Department of Health and Human Services and
31 revised under 42 U.S.C. 9902(2)

1 [(A) \$2,208 A MONTH IF THE HOUSEHOLD CONSISTS
2 OF TWO PERSONS;

3 (B) \$2,782 A MONTH IF THE HOUSEHOLD CONSISTS OF
4 THREE PERSONS;

5 (C) \$3,355 A MONTH IF THE HOUSEHOLD CONSISTS OF
6 FOUR PERSONS;

7 (D) \$3,928 A MONTH IF THE HOUSEHOLD CONSISTS OF
8 FIVE PERSONS;

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10 SIX PERSONS;

11 (F) \$5,074 A MONTH IF THE HOUSEHOLD CONSISTS OF
12 SEVEN PERSONS;

13 (G) \$5,647 A MONTH IF THE HOUSEHOLD CONSISTS OF
14 EIGHT PERSONS;

15 (H) \$5,647 A MONTH, PLUS AN ADDITIONAL \$574 A
16 MONTH FOR EACH EXTRA PERSON ABOVE EIGHT PERSONS WHO
17 IS IN THE HOUSEHOLD IF THE HOUSEHOLD CONSISTS OF NINE
18 PERSONS OR MORE];

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

21 * Sec. 2. AS 47.07.042(d) is amended to read:

22 (d) In addition to the requirements established under (a) and (b) of this section,
23 the department may require premiums or cost-sharing contributions from recipients
24 who are eligible for benefits under AS 47.07.020(b)(13) and whose household income
25 is between 150 and 175 percent of the federal poverty line [GREATER THAN
26 THE APPLICABLE AMOUNT SET OUT IN (F) OF THIS SECTION]. If the
27 department requires premiums or cost-sharing contributions under this subsection, the
28 department

29 (1) shall adopt in regulation a sliding scale for those premiums or
30 contributions based on household income;

31 (2) may not exceed the maximums allowed under federal law; and

1 (3) shall implement a system by which the department or its designee
2 collects those premiums or contributions.

3 * Sec. 3. AS 47.07.042(f) is repealed.

4 * Sec. 4. This Act takes effect immediately under AS 01.10.070(c).

SB 27 Summary

	2008	2009	2010	2011	2012	2013
Enrollment						
Children	2,553	2,604	2,656	2,709	2,763	2,819
Pregnant women	436	445	454	463	472	481
Special Income	106	108	110	112	115	117
	<u>3,095</u>	<u>3,157</u>	<u>3,220</u>	<u>3,284</u>	<u>3,350</u>	<u>3,417</u>
Expenditures						
Children	\$3,905	\$4,241	\$4,605	\$5,001	\$5,431	\$5,899
Pregnant women	\$1,401	\$1,522	\$1,653	\$1,795	\$1,949	\$2,117
Special income	\$6,103	\$6,628	\$7,198	\$7,817	\$8,489	\$9,219
	<u>\$11,409</u>	<u>\$12,390</u>	<u>\$13,456</u>	<u>\$14,613</u>	<u>\$15,870</u>	<u>\$17,235</u>
Fund Source						
Federal funds	\$6,806	\$7,052	\$7,586	\$8,238	\$8,946	\$9,716
GF Match	\$4,603	\$5,339	\$5,870	\$6,375	\$6,924	\$7,519
Total Funds	<u>\$11,409</u>	<u>\$12,390</u>	<u>\$13,456</u>	<u>\$14,613</u>	<u>\$15,870</u>	<u>\$17,235</u>
% Federal	59.7%	56.9%	56.4%	56.4%	56.4%	56.4%

Notes:

Enrollment assumes a 2% average annual increase after the initial ramping up in 2008.

Expenditures assume 8.6% average annual increase after 2008.

Fund source is based on the actual 2006 federal reimbursement for each division and the anticipated FMAPs for IHS, Title XIX, SCHIP, and family planning for 2008-2013 and is adjusted for the SCHIP allocation shortfall.

The projection to restore eligibility under SB27 is higher than the 2003 projection reducing eligibility for several reasons: (1) enrollment fell quicker than predicted in the 2003 FN.

The projected FPG effect was 2.24% annually when it actually is closer to 4-5% per year;

(2) the enhanced SCHIP funding will only cover a quarter's expenditures for the children

so the GF share required to restore eligibility is larger; (3) the projected FMAP rates are

lower than what was used in the 2003 FN, and (4) costs have risen faster than anticipated.

OCS costs have been removed from this analysis. The OCS FN is for zero impact based

on projected total annual costs to OCS of from \$400 to \$600 per year (not thousands).

Alaska State Legislature

Interim: (May - Dec.)
716 W. 4th Ave
Anchorage, AK 99501
Phone: (907) 269-0144
Fax: (907) 269-0148



Session: (Jan. - May)
State Capitol, Suite 7
Juneau, AK 99801-1182
Phone: (907) 465-3822
Fax: (907) 465-3756
Toll free: (800) 770-3822

Senator Bettve Davis@legis.state.ak.us
<http://www.akdemocrats.org>

Senator Bettve Davis

SB 27 "An Act relating to eligibility requirements for medical assistance for certain children, pregnant women, and persons in medical or intermediate care facilities; and providing for an effective date."

Sponsor Statement

The intent of SB 27 is to make health insurance accessible to all children, pregnant women, and other Medicaid qualified individuals in medical or intermediate care facilities.

Early intervention and preventative care under SB 27 will yield huge savings to the state in health costs in the long run. As an "enhanced" reimbursement program, the federal government pays 70% of the Denali KidCare Program or about \$840 million out of \$1.2 billion. Denali KidCare served an estimated 7,600 children as of December, 2006 and remains one of the least costly medical assistance programs in the state at about \$1,700 per child per year with full coverage.

Eligibility rates in Alaska have been frozen at 2003 federal Poverty Levels (FPL). Under SB 27, eligibility for persons under 19 years of age increases to 200% of the FPL and requires others who qualify and can afford it to make contributions toward their coverage. Without SB 27, by April, 2007 Alaska's eligibility rate will decline to 154% of the FPL, one of the lowest rates in the nation, forcing an estimated 1,000 children off the rolls of Denali KidCare. Only two other states, Montana and North Dakota, have lower rates. Forty one-states allow participation by families at or above 200%. Seven have rates at or above 300% of the FPL.

There are still an estimated 18,000 uninsured children in Alaska, or about 9% of the children age 18 and under. Private health care coverage for children has declined by over 30% in the last ten years. It is estimated that uninsured children with a medical need are five times as likely not to have a regular doctor as insured children and four times more likely to use emergency rooms at a much higher cost.

As one of the wealthiest states in the nation, Alaska has a legal and moral obligation to continue to provide adequate medical care for its children, pregnant women, and other individuals in medical or intermediate care facilities. SB 27 will provide this medical care. I urge your support of SB 27.

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Anchorage, AK 99501
Phone: (907) 279-0144
Fax: (907) 269-0148



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State Capitol, Suite 30
Juneau, AK 99801-1182
Phone: (907) 465-3822
Fax: (907) 465-3756
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Senator Bettye Davis@legis.state.ak.us
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SB 27 "An Act relating to eligibility requirements for medical assistance for certain children, pregnant women, and persons in medical or intermediate care facilities; and providing for an effective date."

Sectional Analysis

-
- Section 1. Amends medical assistance for optional groups specified in AS 47.07.020(b) as follows:
- (6) creates new limit on income of persons in a medical or intermediate care facility not to exceed 300% of the supplemental security income benefit rate under 42 U.S.C. 1381-1383(c) (Title XVI, Social Security Act); replaces fixed amount of \$1,656 per month based on 2003 federal poverty guidelines.
 - (13) creates new eligibility for persons under age 19 who are not covered under (a) of this section and whose household income does not exceed 200 percent of the federal poverty guideline as defined by the federal Office of Management and Budget and revised under 42 U.S.C. 9902(2); replaces schedule of household size and income.
 - (14) creates new income limit for pregnant women not covered under (a) of this section not to exceed 200 percent of the federal poverty line as defined by the federal Office of Management and Budget under revised 42 U.S.C. 9902(2); replaces schedule of household size and income.
- Section 2. Amends AS 47.07.042(d) to allow the department to require premiums or cost-sharing contributions for eligible recipients whose household income is between 150% and 200% of the federal poverty guideline; replaces "greater than applicable amount set out in (f) of this section."
- Section 3. AS 47.02.042(f) is repealed.
- Section 4. This Act takes effect immediately under AS 01.10.070(c).

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Anchorage, AK 99501
Phone: (907) 269-0144
Fax: (907) 269-0148



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State Capitol, Suite 7
Juneau, AK 99801-1182
Phone: (907) 465-3822
Fax: (907) 465-3756
Toll free: (800) 770-3822

Senator [Bettye Davis@legis.state.ak.us](mailto:Bettye.Davis@legis.state.ak.us)
<http://www.akdemocrats.org>

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SB 27 "An Act relating to eligibility requirements for medical assistance for certain children, pregnant women, and persons in medical or intermediate care facilities; and providing for an effective date."

Repercussions of the unmet health needs of Alaska's uninsured children

- The number of uninsured children in Alaska is estimated to be 17,880 or 9% of the population age 18 and under (Urban Institute and Kaiser Commission on Medicaid and the Uninsured).
- Over the last 10 years Alaska has seen a 31% decline in the number of children covered by private health insurance (per the Robert Wood Johnson Foundation).
- Nationally, more than 80% of uninsured children are from working families (Kaiser Commission on Medicaid and the Uninsured).
- Uninsured children have much higher health risks than do covered children. They receive less preventative care and are diagnosed at more advanced stages of illness (Kaiser, *supra*).
- Uninsured children are more likely to develop throat, eye, and ear infections, serious dental problems, and chronic conditions such as asthma and diabetes. They are more than five times as likely as insured children to have an unmet need for medical care and nine times more likely not to be examined by a regular doctor. They are also four times more likely to use emergency rooms which are much more costly than care in physicians' offices (*Pediatrics* 105, 113; "Care for Children," *New England Journal of Medicine*, 330).
- Almost 1/3 of uninsured children received no medical treatment during a 1-year period between 2002 and 2003 (*Health Affairs* 23, no. 5, September-October 2004).
- Uninsured children are 25% more likely to miss school than insured children (Children's Defense Fund, Minnesota). Continued illness affects school performance and, in the long run, workforce participation (Southern Institute on Children and Families). A National Institute of Medicine study indicates that lack of insurance results in lost national economic productivity of \$65-\$130 billion annually.

FIGURE 7 COVERAGE LEVELS FOR CHILDREN



premium assistance program or an individual plan. O-EPIC is funded by state general fund revenues generated by a tobacco tax, along with federal matching funds under Title XIX and employer and employee contributions.

The Premium Assistance program, launched in November 2005, helps qualified employees in small businesses of 50 or fewer employees purchase health insurance coverage through their employer. The employer works with an insurance agent to choose a qualified private health plan to offer its employees. The Premium Assistance program pays 60 percent of the health insurance premium for qualified employees with incomes below 185

percent FPL and 85 percent of the premium for the qualified enrollee's spouse. Employers are expected to contribute 25 percent of the employee's premium and employees are expected to contribute up to 15 percent for themselves and 15 percent for their spouse.

The Individual Plan will be launched shortly and is designed as a safety net health plan for qualified individuals with incomes below 185 percent FPL and who are ineligible to participate in O-EPIC Premium Assistance. The Individual Plan includes self-employed individuals not eligible for small group health coverage; workers at small businesses who are either not eligible

to participate in their employer's health plan or whose employer does not offer a qualified health plan; and unemployed individuals who are currently seeking work. The Individual Plan also provides coverage to working individuals with a disability whose income exceeds the Medicaid eligibility level but is below 200 percent FPL, and who meet "ticket to work" requirements.¹¹ The Individual Plan provides coverage through private managed care plans that also serve the Medicaid program; however, the benefit package is less comprehensive than Medicaid or most products offered in the commercial market.

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SB 27 "An Act relating to eligibility requirements for medical assistance for certain children, pregnant women, and persons in medical or intermediate care facilities; and providing for an effective date."

Background on SCHIP/Denali Kid Care

- About 1/3 of all children in America get health services through Medicaid or the State Children's Health Insurance Program (SCHIP), which is administered in Alaska through the Denali KidCare Program. The Denali KidCare Program is 70% funded by the federal government up to the state's allocated funding level. After that, the reimbursement rate declines to 58%. In fiscal year 2006 the cost of Denali KidCare was \$25.9 million, of which \$18.2 million was paid by the federal government.
- Denali KidCare provides health insurance for children age 18 and pregnant women who meet income guidelines. There is no cost to eligible children, teens and pregnant women. However, youth who are 18 may be required to contribute a limited amount for some services.
- Roughly 7,600 children were covered by Denali KidCare as of December, 2006.
- The cost per child of Denali KidCare is about \$1,700 annually, compared to over \$12,000 for an elderly person who qualifies for federal aid.
- By comparison, private health insurance for a family of three, e.g., a pregnant woman with two children, is estimated at \$8,000-\$17,000 annually. Unlike Denali KidCare, this insurance may require a \$1,000 deductible, 20% co-pay, and no vision, dental or hearing benefits.
- Alaska has one of the lowest eligibility rates in the nation, about 160% of the FPL. Only 2 other states, Montana and North Dakota, have lower rates. Forty-one states allow participation by families at or above 200% of the FPL. Seven have rates at or above 300% of the FPL. Governments' rationale for higher eligibility for children's health insurance in the is that it will save huge sums and improve health in the future through early detection and care.
- Prior to the passage of SB 105 in 2003 which lowered and froze the eligibility guidelines for the program, almost 5,000 children with family incomes between 151% and 200% of the Federal Poverty Level (FPL) were covered. Since passage of SB 105 far fewer families qualify and that number will plummet in April, 2007, when Alaska's fixed income eligibility rates will decline to 154% of the FPL. SB 27 will correct this process by allowing incomes to rise with the FPL.

- In fiscal year 2006 the cost of Denali KidCare was \$25.9 million, of which \$18.2 million was paid by the federal government.

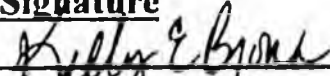
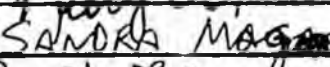
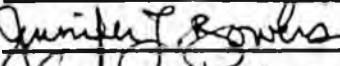
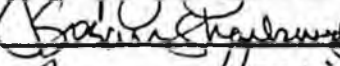
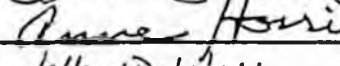
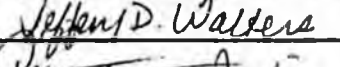

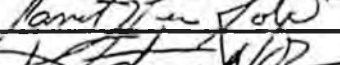
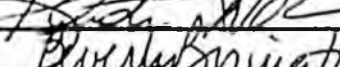
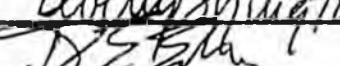
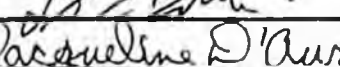
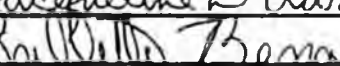
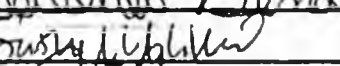
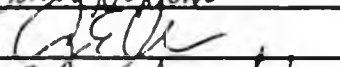
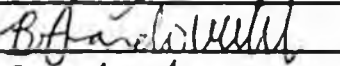
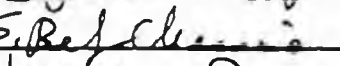
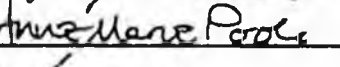

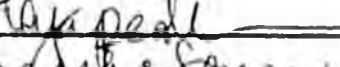
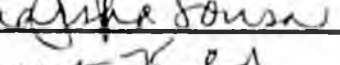

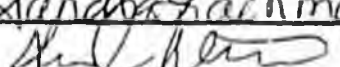
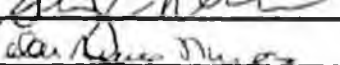
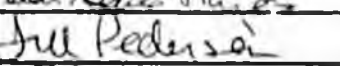
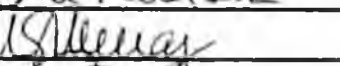

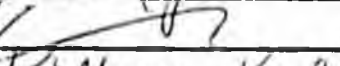
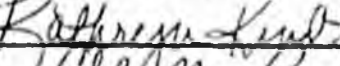
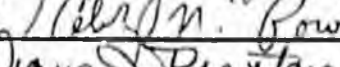
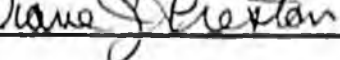


Why Coverage for Pregnant Women is Important In Alaska

- Alaska has one of the nation's highest documented pregnancy-associated mortality ratios – 58 per 100,000 live births during 1990-1999 (DHSS). National data indicate that women who receive no prenatal care are at increased risk of pregnancy-related death.
- Only 58% of women in Alaska receive adequate prenatal care, compared with 75% nationally.
- Mothers having late or no prenatal care are more likely to have low birth weight or pre-term infants and are at increased risk for pregnancy-related mortality and complications of childbirth (DHSS).
- The average cost of hospital care for a premature baby was \$75,000 in 2001, compared with \$1,300 for a healthy, full-term infant. The March of Dimes Prenatal Data Center reports that premature babies cost about \$13.1 billion annually.

CITIZEN PETITION

Support Denali Kid Care

We, the undersigned support health insurance coverage for pregnant women and children with a financial eligibility participation guideline of 200% of the federal poverty level. Work for passage of legislation this session that makes it happen.

<u>Signature</u>	<u>Printed Name</u>	<u>Address</u>
	Kelly E. Brown	814 Austin St Fbx, AK 99714
	SANDRA MAGAR-SPEED	660 FBKS ST, AK 99709
	Jennifer Bowers	221 Glacier Ave, FAI, AK 99701
	Susan Sharbaugh	PO Box 80983 Fairbanks AK 99708
	Anne Harrison	322 Ross Cr Fbks 99709
	Jeffery D. Walters	P.O. Box 82708, Fbks 99708
	Annette Freiburger	616 St. George Fbks 99701
	Janet L. Roberts	728 Chena Ridge Rd 9970
	Kristin Abian	PO Box 84750 Fairbanks 997
	BEVERLY BYINGTON	9610 Salcha Dr Salcha AK 997,
	David Eki	365 Sconi Hills Cr. Fbks 99712
	Jacqueline D'Auria	P.O. Box 74704 Fairbanks, AK 99707
	Silletto Bonavich	2581 Shanks Marc Rd Fbks 99709
	Sasha Miller	2711 Chief Alexander Dr. 99709
	Gene Edmister	PO Box 83854 Fairbanks
	Brandi Webb	PO Box 61380 Fbks AK 99708
	S. Beth Clemons	774 High Grade Fbks 99712
	ANNE-MARIE POOLE	140 BLUE FOX RUN 99712
	Lisa Seebak	782 Bennett Rd 99712
	Maria Pedersen	PO Box 81332 99708
	Marsha Sousa	PO Box 71344 99707
	Janet Kael	P.O. B. 82348 99708
	Sandra Lashman	2292 Larissa Dr, Fbks 99712
	Sharyl Hultine	904 E Chena Hills 997
	Helen Anne Myers	1325 Summit 99712
	Jill Pedersen	1757 Rise Rd Fbks 99709
	Manketa Murray	3519 Chena Hot Springs
	JANELLE MUSZYNSKI	111 HISTORY DR. Fbks 99709
	Cheryl Kalgren	311 Hawk Fbks 99712
	KATHRYN KUNT	PO 71952 Fbks 99707
	Abby Powell	PO 94319 Fbks 99708
	DIANE PRESTON	PO BOX 81177 Fbks 99708

FAIRBANKS CITIZEN PETITION

Support Denali Kid Care

We, the undersigned support health insurance coverage for pregnant women and children with a financial eligibility participation guideline of 200% of the federal poverty level. Work for passage of legislation this session that makes it happen.

<u>Signature</u>	<u>Printed Name</u>	<u>Address</u>
<i>Kathy Dietrich</i>	KATHY Dietrich	1977 TALL TIMBERS DR
<i>Cynthia L. Mooney</i>	Cynthia L. Mooney	PO Box 56523 N.P 99708
<i>Martha Fristad</i>	Martha Fristad	4200 York Fbks 99709
<i>Barbara Nilsen</i>	BARBARA Nilsen	Box 8295 FAI
<i>Trina R. Mamoon</i>	TRINA R. MAMOON	110 HICKORY DR F13 99701
<i>Julie Burton</i>	Julie BURTON	958 POPLAR FBKS 99709
<i>Christine Martini</i>	Christine Martini	P.O. Box 10713, FBKS 99700
<i>Susan Henrichs</i>	Susan Henrichs	P.O. Box 84421 Fbks 99708
<i>Jimmy LeCroix</i>	Jimmy LeCroix	P.O. Box 60293 FBKS 99706
<i>Michael Porter</i>	Michael Porter	PO Box 60293 FBKS 99706
<i>Jean Wadland James</i>	JEAN WADLAND JAMES	3526 Ida L Fbks 99709
<i>Mary Liston</i>	MARY LISTON	PO BOX 74152 FBKS 99701
<i>Jean Wadland James</i>	Jean Wadland James	1911 Swallow Dr. Fbks 99709
<i>Grant Mathelke</i>	Grant Mathelke	2064 Goldstream Rd Fbk 99700
<i>Helena Renteria</i>	Helena Renteria	1263 upland Dr 99709
<i>Patricia Boerjue</i>	PATRICIA BOERJUE	1290 upland Dr. 99709
<i>Marion Appleby-Jones</i>	Marion Appleby-Jones	512 Fairchild 99709
<i>Jacqueline D'Auria</i>	Jacqueline D'Auria	P.O. Box 74704 Fairbanks AK 99701
<i>Paula Long</i>	PAULA LONG	4956 Dartmouth 99709
<i>Susan Carney</i>	SUSAN Carney	PO Box 83350 Fbks 99708
<i>Lynne Petersen</i>	Lynne Petersen	1132 Ivy Dr. 99709
<i>Heleen Short</i>	HELEEN SHORT	253 HAWK Rd, 99712
<i>Jenifer Cameron</i>	Jenifer Cameron	P.O. Box 117 Ester 99725
<i>Jai Timmer</i>	Jai Timmer	P. Box 84248 FBKS AK 99708
<i>S. Betsy Chronic</i>	S. Betsy Chronic	274 16th Grade 99712
<i>H. Charlene Heath</i>	H. CHARLENE HEATH	908 Smythe 99701
<i>Thomas D. Dempsey</i>	Thomas D. Dempsey	3617C Main St Ester 99725
<i>Rebecca Baird</i>	Rebecca Baird	1456 11th Ave 99709
<i>Erin Munge</i>	Erin Munge	P.O. Box 83654 99708
<i>Kristine E. Kosnik</i>	Kristine E. Kosnik	2090 Redberry Rd 99709
<i>Cori Anthony</i>	CORI ANTHONY	PO BOX 73854 99707
<i>Jeane Riegsted</i>	Jeane Riegsted	316 Slater Dr 99701

CITIZEN PETITION

Support Denali Kid Care

We, the undersigned support health insurance coverage for pregnant women and children with a financial eligibility participation guideline of 200% of the federal poverty level. Work for passage of legislation this session that makes it happen.

<u>Signature</u>	<u>Printed Name</u>	<u>Address</u>
	KAREN A KESS	708 LEDGER FAIRBANKS 99701
	Margaret P. Huse	PO BOX 75017
	JUDITH MOSES	454 RAMONA ST FBK 99709
	LAURA CATACAO	1009 NOGA FB 99712
	Sharilyne Murray	1029 N. 1st Dr. Fiks 99712
	Amy Lovelcraft	920 6th Ave 99775
	Buffy Lusk-Dewitt	PO BOX 76 ESTER 99725
	Beki Thomas-Bogren	PO BOX 343 ESTER
	Robin Barker	4700 Drake St. Aka 99709
	Alexander FTR	331 Little Dome 99709
	WENDY ELSNIER	BOX 207 ESTER AK 99725
	SUSAN WILLRUD	BOX 106 ESTER AK 99709
	Susan Sugai	PO BOX 83041 FBKs 99708
	Jane Haigh	280 E. Birch Hill Rd FBKs
	CHRIS HAIGH	200 E Birch Hill Rd
	SUSAN SPRINKLE	211 5th Ave. Fairbanks, 99701
	Jennifer Campbell	502 Dalton Trail 99709
	Michelle R Wozniak	9405 Jupiter Drive AK 99709
	L. HAN	PO BOX 2842 FBKs 99708
	J. Kees	1275 Hess 99709
	Janet Jorgenson	2332 Cordes Way, FBK 99709
	Jan Penzell-Walkli	PO BOX 77 301 AK 99669
	Barbara Short	253 Howard Rd AK 99712
	Sarah Sullivan	818 Constitution Dr Fairbanks, AK 99709
	Bernine Williamson	Box 1512 ester 99725
	Kerynn Fisher	PO BOX 81936 FBKs 99708
	BAMBI NELSON	130 VASSAR #6, FBKs, 99709
	Janice Kess	1275 Hess Ave 99709
	Libby Silberling	2004 Golob's Meadow Rd FBKs 99709
	Taber & Rebaun	PO BOX 438 ESTER AK 99725

FAIRBANKS CITIZEN PETITION

Support Denali Kid Care

We, the undersigned support health insurance coverage for pregnant women and children with a financial eligibility participation guideline of 200% of the federal poverty level. Work for passage of legislation this session that makes it happen.

<u>Signature</u>	<u>Printed Name</u>	<u>Address</u>
<i>Zuzanna Bobinski</i>	ZUZANNA BOBINSKI	3130 Wooten St NP AK 99705
<i>Janet Cenko</i>	JANET CENKER	PO Box 75406 FRKO AK 99707
<i>Mary Helms</i>	MARY GELINAS	60718 th Ave. FBKS AK 99701
<i>Sally Fenno</i>	SALLY FENNO	2833 Coal Fire 99709
<i>Linda M Baker</i>	Linda M Baker	PO Box 83125, FBKS 99708.
<i>Sylvia Slotnick</i>	Sylvia Slotnick	1587 Moose Trail FBKS 99705
<i>Brenda J. Mathson</i>	Brenda J. Mathson	1790 Red Fox Dr. FBKS 99709
<i>Cindy Hamfler</i>	Cindy Hamfler	2650 Montevideo 99709
<i>Ruth Grandlist</i>	Ruth Grandlist	PO Box 513 99708
<i>Javier Kezal</i>	Javier Kezal	1275 Hess Ave 99709
<i>Susan Herman</i>	Susan Herman	3293 Rosie Creek 99709
<i>Karen Kallen-Brown</i>	Karen Kallen-Brown	Box 8405 FBKS AK 99708
<i>Jackie Debevec</i>	Jackie Debevec	3662 Hard Luck Dr FBKS AK 99705

**SENATE COMMITTEE REPORT
First Committee of Referral**

DATE: 1/16/07

FURTHER: Finance

Date of 5-Day Notice: 3/8/07
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 3/13/07

Health, Education and Social Services Committee considered

SENATE BILL NO. 27

SB 27 MEDICAL ASSISTANCE ELIGIBILITY

"An Act relating to eligibility requirements for medical assistance for certain children, pregnant women, and persons in medical or intermediate care facilities; and providing for an effective date."

and recommends:

- be replaced with SCS or CS SB 27 (HES)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input checked="" type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

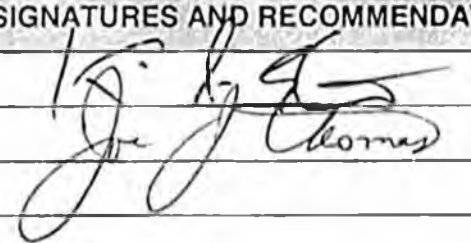

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
HSS/B.H. Med	2/1/07	✓			1
HSS/Med.	2/1/07	✓			2
HSS/Pbl. Asst	2/1/07	✓			3
HSS/Sen. Drs.	2/1/07	✓			4
COR	3/8/07			✓	5

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Elton Thomas	✓			
CHAIR: 	DAVIS	✓			

CS SB 27						
	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
<u>DENALI KID CARE at 175%</u>						
Additional Children Served	1277	1302	1328	1355	1382	1410
Additional Pregnant Women Served	218	223	227	232	236	241
	1495	1525	1555	1587	1618	1651
Annual Medicaid program costs	\$2,651.3	\$2,879.3	\$3,126.9	\$3,395.9	\$3,687.9	\$4,005.0
Annual Administrative Costs	\$40.2	\$76.0	\$76.0	\$76.0	\$76.0	\$76.0
TOTAL COSTS CSSB 27 (Fin)	\$2,691.5	\$2,955.3	\$3,202.9	\$3,471.9	\$3,763.9	\$4,081.0
Federal Share	\$1,907.4	\$2,030.4	\$2,189.9	\$2,375.2	\$2,576.4	\$2,795.0
General Fund Share	\$783.5	\$923.8	\$1,011.9	\$1,095.6	\$1,186.4	\$1,284.9
Inter/Agency Funds	0.6	1.1	1.1	1.1	1.1	1.1

5/8/2007

SB

28

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

DATE: 1/23/08

FURTHER:

DATE TURNED
IN TO OFFICE: _____

Finance Committee considered

SENATE BILL NO. 28

SB 28 LIMIT OVERTIME FOR REGISTERED NURSES

"An Act relating to limitations on mandatory overtime for registered nurses and licensed practical nurses in health care facilities; and providing for an effective date."

and recommends:

- be replaced with SCS or CS SB 28 (Final)
- adopt previous SCS or CS _____ ()
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

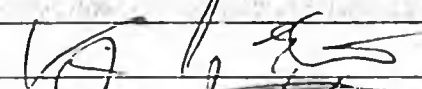

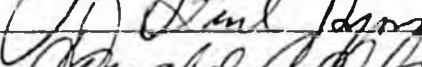



NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
CED	1/21/08			<input checked="" type="checkbox"/>	
HSS	3/31/08			<input checked="" type="checkbox"/>	
LWF	1/21/08	<input checked="" type="checkbox"/>			

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
ADM	11/29/08			<input checked="" type="checkbox"/>	4
HSS	12/1/08			<input checked="" type="checkbox"/>	6
HSS	12/20/08			<input checked="" type="checkbox"/>	8

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	E Han	<input checked="" type="checkbox"/>			
	Thomas	<input checked="" type="checkbox"/>			
	Dyson			<input checked="" type="checkbox"/>	
	OLSON			<input checked="" type="checkbox"/>	
CO-CHAIR: 				<input checked="" type="checkbox"/>	
CO-CHAIR: 	St. Simons			<input checked="" type="checkbox"/>	

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: CSSB 28(L&C)
() Publish Date: _____

Identifier (file name): SB028CS-DOLWD-WH-01-24-08 Dept. Affected: Labor and Workforce Development
Title: Limit Overtime for Registered Nurses RDU: Labor Standards and Safety
Sponsor: Senator Davis Component: Wage and Hour
Requester: Senate FIN Component Number: 345

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services	71.3		71.3	71.3	71.3	71.3	71.3	71.3
Travel	3.0		3.0	3.0	3.0	3.0	3.0	3.0
Contractual	19.1		19.1	19.1	19.1	19.1	19.1	19.1
Supplies	3.8		0.5	0.5	1.8	0.5	0.5	0.5
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	97.2	0.0	93.9	93.9	95.2	93.9	93.9	93.9

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

1002 Federal Receipts								
1003 GF Match								
1004 GF	97.2		93.9	93.9	95.2	93.9	93.9	93.9
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
TOTAL	97.2	0.0	93.9	93.9	95.2	93.9	93.9	93.9

Estimate of any current year (FY2008) cost: None

POSITIONS

Full-time	1		1	1	1	1	1
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

The bill requires the Department of Labor and Workforce Development to investigate complaints, collect evidence, interview witnesses, subpoena records and make determinations regarding "mandatory overtime" worked by licensed practical nurses and registered nurses. It also requires the Commissioner of Labor to request the Office of the Attorney General to represent the department and the complainant upon reaching a determination of employer retaliation. The anticipated workload will require a full-time Wage & Hour Investigator I position funded with General Funds. Costs include \$71.3 for salary and benefits and \$25.9 in various associated position costs including \$3.3 of one-time position costs for basic office equipment and \$10.0 for legal costs associated with representation by the Department of Law.

Prepared by: Gray Mitchell, Director
Division: Labor Standards & Safety
Approved by: Click Bishop, Commissioner
Department of Labor and Workforce Development

Phone: (907) 465-4855
Date/Time: 1/24/08 8:17 AM
Date: 1/24/2008

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CS SB 28 (L&C)
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 RDU Behavioral Health
 Component Alaska Psychiatric Institute

ID(File name) SB028CS(L&C)-DHSS-API-03-08
 Title RELATING TO MANDATORY OVERTIME FOR NURSES IN HEALTH CARE FACILITIES

Sponsor DAVIS
 Requester SENATE (FIN) Component No. 311

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING		0.0	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES								
CHANGE IN REVENUES (0)								

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1037 GF/Mental Health								
Other(Specify Type-do not abbreviate)								
Other(Specify Type-do not abbreviate)								
TOTAL		0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: _____

POSITIONS

Full-time							
Part-time	1		1	1	1	1	1
Temporary							

ANALYSIS: (Attach a separate page if necessary)

SB 28 establishes limitations on overtime for Registered Nurses (RNs) in health care facilities, provides penalties for violations, and requires reporting of any overtime, with the overtime designated as voluntary or mandatory by the RN. The intent of SB 28 is to eliminate mandatory overtime for RNs unless the overtime is due to a grave and unforeseen event. Under the bill, use of mandatory overtime in excess of the bill's limitations will result in a report to the Department of Labor. It is difficult to estimate the cost for nurse mandatory overtime because nursing vacancies, census and other factors can fluctuate. However, in FY07, DHSS spent \$167,968.08 hiring relief nurses to fill in during staff shortages, and there were 97 episodes of mandatory overtime that required 468.5 hours of overtime by nursing staff. On the aggregate, the API Nursing staff is loyal to the hospital mission and aware of the public safety issues related to the population served. There has never been a grievance filed over the use of mandatory overtime and it would be speculation to estimate any level of potential fines incurred as a result of this legislation.

Prepared by: Melissa Stone, Director
 Division Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency Department of Health and Social Services

Phono 269-3410
 Date/Time 02/21/2008
 Date 03/03/2008

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: CSSB 28(HES)
() Publish Date: _____

Identifier (file name): SB028CS(HES)-CED-OL-01-11-08 Dept. Affected: DCCED
Title Limit Overtime For Registered Nurses RDU Corp, Bus & Prof Licensing (117)
Component Corp, Bus & Prof Licensing
Sponsor Davis
Requester Senate Labor & Commerce Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: _____

POSITIONS

Full-time								
Part-time								
Temporary								

ANALYSIS: (Attach a separate page if necessary)

This legislation amends various provisions of AS 18.20, Hospitals and Nursing Facilities, to add specifications regarding overtime for registered nurses. This is not expected to impact the operations of the division.

Prepared by: Jenifer Strickler, Chief
Division: Corporations, Business, and Professional Licensing
Approved by: Emil Notti, Commissioner
Commerce, Community, and Economic Development

Phone (907) 465-2144
Date/Time 1/12/08 11:50 AM
Date 1/12/2008

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 8
 Bill Version: CSSB 28(L&C)
 (S) Publish Date: 1/23/08
 Dept. Affected: Health & Social Services

ID(File name) SB028CS(HES)-DHSS-APH-12-20-07

Title RELATING TO MANDATORY OVERTIME FOR NURSES IN HEALTH CARE FACILITIES

RDU Alaskan Pioneer Homes

Component Pioneers Homes

Sponsor DAVIS

Requester SENATE (L&C)

Component No. 2671

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation		Information				
	Required						
OPERATING EXPENDITURES	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES							
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CHANGE IN REVENUES (0)							
------------------------	--	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1037 GF/Mental Health							
Other(Specify Type-do not abbreviate)							
Other(Specify Type-do not abbreviate)							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: _____

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

SB 28 establishes limitations on overtime for Registered Nurses (RNs) in health care facilities, provides penalties for violations, and requires reporting of any overtime, with the overtime designated as voluntary or mandatory by the RN. The intent of SB 28 is to eliminate mandatory overtime for RNs unless the overtime is due to a grave and unforeseen event. Under the bill, use of mandatory overtime in excess of the bill's limitations will result in a report to the Department of Labor.

The division has determined that passage of this bill will have zero fiscal impact. Situations requiring overtime are adequately addressed by utilizing on-call RNs and requesting voluntary overtime.

Prepared by: Dave Coto
 Division: Alaska Pioneer Homes
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone: (907) 465-5737
 Date/Time: 12/04/2007
 Date: 12/20/2007

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 6
 Bill Version: CSSB 28(L&C)
 (S) Publish Date: 1/23/08
 Dept. Affected: Health & Social Services

ID(File name) SB028CS(HES)-DHSS-DPH-12-20-07
 Title RELATING TO MANDATORY OVERTIME FOR NURSES IN HEALTH CARE FACILITIES

RDU Public Health
 Component Nursing

Sponsor DAVIS
 Requester SENATE (L&C) Component No. 288

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required		Information				
	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES

CHANGE IN REVENUES (0)

FUND SOURCE (Thousands of Dollars)

	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1002 Federal Receipts							
1003 GF Match							
1004 GF							
1037 GF/Mental Health							
Other(Specify Type-do not abbreviate)							
Other(Specify Type-do not abbreviate)							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: _____

POSITIONS

	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This bill sets limitations for nurses working overtime hours beyond the scope of their regular duties. While the language in the bill makes it applicable to public health nurses, it would have a very limited effect on the Division of Public Health Section of Public Health Nursing. Most Public Health Nurses, as salaried employees, are not overtime eligible.

The mandated semi-annual report to the Department of Labor and Workforce Development would typically require no effort because public health nurses rarely work "in excess of a predetermined and regularly scheduled shift that is agreed upon by the nurse and a health care facility." Normal itinerant schedules, even though they often involve more than a 7.5-hour day, are always predetermined and agreed upon. In addition, the bill exempts reporting requirements for unforeseen emergencies requiring extra work. There is no projected fiscal impact on the Section of Public Health Nursing.

Prepared by: Jay Butler, Chief Medical Officer
 Division: Public Health
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 269-8126
 Date/Time 12/11/2007
 Date 12/20/2007

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 4
Bill Version: CSSB 28(L&C)
(S) Publish Date: 1/23/08

Identifier (file name): SB028CS(HES)-DOA-DOP-11-28-07 Dept. Affected: Administration
Title: Limited Overtime for Registered Nurses RDU: Central Administrative Services
Component: Personnel
Sponsor: Senator Davis
Requester: (S)Health, Education & Social Services Component Number: 56

(Thousands of Dollars)

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

OPERATING EXPENDITURES	Appropriation Required	Information					
	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES							
----------------------	--	--	--	--	--	--	--

CHANGE IN REVENUES ()							
------------------------	--	--	--	--	--	--	--

FUND SOURCE	(Thousands of Dollars)						
1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Interagency Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

SB28 would place limits on hours worked per day, hours worked per week, and mandatory overtime hours worked by registered nurses and licensed practical nurses.

This bill will have no fiscal impact on the division of Personnel.

Prepared by: Nicki Noal, Director
Division: Division of Personnel
Approved by: Kevin Brooks, Deputy Commissioner
Department of Administration

Phone 907-465-4429
Date/Time 11/28/2007 11:44 a.m.
Date 11/29/2007

Adopted

3/25/08

25-LS0212T
Wayne
3/17/08

CS FOR SENATE BILL NO. 28()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): SENATOR DAVIS

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to limitations on mandatory overtime for registered nurses and
2 licensed practical nurses in health care facilities; and providing 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:

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8 direct patient care be available to meet the needs of patients;

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10 practical nurses who work unnecessarily long hours in health care facilities;

11 (3) registered nurses and licensed practical nurses are leaving their profession
12 because of workplace stresses, long work hours, and depreciation of their essential role in the
13 delivery of quality and direct patient care;

14 (4) it is necessary to safeguard the efficiency, health, and general well-being

1 of registered nurses and licensed practical nurses, and the health and general well-being of the
2 persons receiving care from registered nurses and licensed practical nurses in health care
3 facilities;

4 (5) it is necessary that registered nurses and licensed practical nurses be made
5 aware of their rights, duties, and remedies concerning hours worked and patient safety; and

6 (6) health care facilities should provide adequate and safe nurse staffing
7 without the need for or use of mandatory overtime.

8 * Sec. 2. AS 18.20 is amended by adding new sections to read:

9 **Article 4. Overtime Limitations for Nurses.**

10 **Sec. 18.20.400. Limitations on nursing overtime.** (a) Except as provided in
11 (c) of this section, a nurse in a health care facility may not be required or coerced,
12 directly or indirectly,

13 (1) to work beyond a predetermined and regularly scheduled shift that
14 is agreed to by the nurse and the health care facility;

15 (2) to work beyond 80 hours in a 14-day period; or

16 (3) to accept an assignment of overtime if, in the judgment of the
17 nurse, the overtime would jeopardize patient or employee safety.

18 (b) Except as provided by (c) of this section, after working a predetermined
19 and regularly scheduled shift that is agreed to by the nurse and the health care facility
20 as authorized by (a)(1) of this section, a nurse in a health care facility shall be allowed
21 not less than 10 consecutive hours of off-duty time immediately following the end of
22 that work.

23 (c) Subsection (a) of this section does not apply to

24 (1) a nurse who is employed by a health care facility providing
25 services for a school, school district, or other educational institution, when the nurse is
26 on duty for more than 14 consecutive hours during an occasional special event, such as
27 a field trip, that is sponsored by the employer;

28 (2) a nurse voluntarily working overtime on an aircraft in use for
29 medical transport, so long as the shift worked is allowable under regulations adopted
30 by the Board of Nursing based on accreditation standards adopted by the Commission
31 on Accreditation of Medical Transport Systems;

1 (3) a nurse on duty in overtime status because of an unforeseen
2 emergency situation that could otherwise jeopardize patient safety; in this paragraph,
3 "unforeseen emergency situation" means an unusual, unpredictable, or unforeseen
4 situation caused by an act of terrorism, disease outbreak, natural disaster, or a declared
5 national, state, or local emergency, but does not include a situation in which a health
6 care facility has reasonable knowledge of increased patient volume or inadequate
7 staffing because of some other cause, if that cause is foreseeable;

8 (4) a nurse fulfilling on-call time that is agreed upon by the nurse and a
9 health care facility before it is scheduled;

10 (5) a nurse voluntarily working overtime so long as the work is
11 consistent with professional standards and safe patient care and does not exceed 14
12 consecutive hours;

13 (6) a nurse voluntarily working beyond 80 hours in a 14-day period so
14 long as the nurse does not work more than 14 consecutive hours without a 10-hour
15 break and the work is consistent with professional standards and safe patient care;

16 (7) a nurse who agrees to work under a contract that requires the
17 employer to provide full-time pay and benefits equivalent to the pay and benefits for a
18 40-hour workweek if the nurse works a weekend schedule of four eight-hour shifts,
19 with not more than 16 consecutive hours on duty without a break of at least eight
20 hours; in this paragraph, a "weekend" means the period that begins Friday at 5:00 p.m.
21 and ends Monday at 8:00 a.m.;

22 (8) the first hour on overtime status when the health care facility is
23 obtaining another nurse to work in place of the nurse in overtime status.

24 **Sec. 18.20.410. Health care facility complaint process for overtime work**
25 **by nurses.** A health care facility shall provide for an anonymous process by which a
26 patient or a nurse may make a complaint about staffing levels and patient safety that
27 relate to overtime work by nurses and to limitations on overtime work by nurses under
28 AS 18.20.400.

29 **Sec. 18.20.420. Enforcement, offenses, and penalties.** (a) The commissioner
30 shall administer AS 18.20.400 - 18.20.449 and adopt regulations for implementing and
31 enforcing AS 18.20.400 - 18.20.449.

1 (b) A complaint alleging a violation of AS 18.20.400 - 18.20.449 must be filed
2 with the commissioner within 30 days after the date of the alleged violation. The
3 commissioner shall provide a copy of the complaint to the health care facility named
4 in the filing within three business days after receiving the complaint.

5 (c) If the commissioner finds that a health care facility has knowingly violated
6 an overtime provision of AS 18.20.400 - 18.20.449, the following civil penalties shall
7 apply:

8 (1) for a first violation of AS 18.20.400 - 18.20.449, the health care
9 facility shall receive a reprimand;

10 (2) for a second violation of AS 18.20.400 - 18.20.449 within 12
11 months, the health care facility shall receive a reprimand and shall be assessed a
12 penalty of \$500;

13 (3) for a third violation of AS 18.20.400 - 18.20.449 within 12 months,
14 the health care facility shall receive a reprimand and shall be assessed a penalty of not
15 less than \$2,500 but not more than \$5,000;

16 (4) for each violation of AS 18.20.400 - 18.20.449 after a third
17 overtime violation of AS 18.20.400 - 18.20.449 within 12 months, the health care
18 facility shall receive a public reprimand and shall be assessed a penalty of not less than
19 \$5,000 but not more than \$25,000.

20 (d) As an employer, a health care facility violates an overtime provision of
21 AS 18.20.400 - 18.20.449 "knowingly" when the facility is either aware that its
22 conduct is of a nature prohibited by the overtime provision or aware that the
23 circumstances described in the overtime prohibition exist; however, when knowledge
24 of the existence of a particular fact is required in order to establish that the violation
25 was knowing, that knowledge exists when the facility is aware of a substantial
26 probability of its existence, unless the facility reasonably believes it does not exist.

27 **Sec. 18.20.430. Prohibition of retaliation.** A health care facility may not
28 discharge, discipline, threaten, discriminate against, penalize, or file a report with the
29 Board of Nursing against a nurse for exercising rights under AS 18.20.400 - 18.20.449
30 or for the good faith reporting of an alleged violation of AS 18.20.400 - 18.20.449.

31 **Sec. 18.20.440. Enforcement against prohibition of retaliation.** The

1 commissioner shall investigate every complaint alleging a violation of AS 18.20.430,
2 and, within 90 days after the complaint's date of filing, provide to the complainant, the
3 office of the attorney general, and the health care facility named in the complaint a
4 written determination as to whether the health care facility violated AS 18.20.430. If
5 the commissioner finds a violation of AS 18.20.430, the commissioner shall request
6 that the office of the attorney general represent the department and the complainant
7 and obtain from the health care facility all appropriate relief, including rehiring or
8 reinstatement of the complainant to the complainant's former position with back pay.

9 **Sec. 18.20.445. Report requirements.** A health care facility shall file with the
10 division of labor standards and safety, Department of Labor and Workforce
11 Development, a semiannual report. The report for the six-month period ending June 30
12 must be filed before the following August 1, and the report for the six-month period
13 ending December 31 must be filed before the following February 1. The report must
14 include, for each nurse employed by the health care facility or under contract with the
15 health care facility, the number of overtime hours worked, the number of overtime
16 hours that were mandatory, the number of overtime hours that were voluntary, the
17 number of on-call hours, the number of on-call hours that were mandatory, and the
18 number of on-call hours that were voluntary.

19 **Sec. 18.20.449. Definitions.** In AS 18.20.400 - 18.20.449,

20 (1) "commissioner" means the commissioner of labor and workforce
21 development;

22 (2) "health care facility" means a private, municipal, state, or federal
23 hospital; psychiatric hospital; independent diagnostic testing facility; residential
24 psychiatric treatment center; skilled nursing facility; kidney disease treatment center
25 (including freestanding hemodialysis units); intermediate care facility; ambulatory
26 surgical facility; Alaska Pioneers' Home or Alaska Veterans' Home administered by
27 the Department of Health and Social Services under AS 47.55; correctional facility
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30 public health nurses; long-term care facility; or primary care outpatient facility;

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1 or practical nursing under AS 08.68 who provides nursing services through direct
2 patient care or clinical services and includes a nurse manager when delivering in-
3 hospital patient care;

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5 the health care facility and may be called to work by the health care facility;

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7 and regularly scheduled shift that is agreed to by a nurse and a health care facility.

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

10 APPLICABILITY. The first report required to be filed under AS 18.20.445, enacted in
11 sec. 2 of this Act, shall be filed before February 1, 2009, for the period July 1, 2008, through
12 December 31, 2008.

13 * Sec. 4. AS 18.20.445, enacted in sec 2 of this Act, and sec. 3 of this Act take effect
14 July 1, 2008.

15 * Sec. 5. Except as provided in sec. 4 of this Act, this Act takes effect January 1, 2009.

Adopted 3/21/08

25-LS0212VT
Wayne
3/5/08

CS FOR SENATE BILL NO. 28()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY

**Offered:
Referred:**

Sponsor(s): SENATOR DAVIS

A BILL

FOR AN ACT ENTITLED

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26 surgical facility; ~~Alaska Pioneers' Home~~ or Alaska Veterans' Home administered by
27 the Department of Health and Social Services under AS 47.55; correctional facility
28 administered by the Department of Corrections or the Department of Health and
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14 July 1, 2008.

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STATE OF ALASKA

Department of Labor and Workforce Development

OFFICE OF THE COMMISSIONER

Miles
Darwin

SARAH PALIN, GOVERNOR

P.O. BOX 111149
JUNEAU, ALASKA 99811-1149

PHONE: (907) 465-2700
FAX: (907) 465-2764

March 7, 2008

COPY RECEIVED
MAR 10 2008

The Honorable Senator Bert Stedman
Senate Finance Committee Co-Chair
State Capitol Building Room 520
Juneau, AK 99801-1182

The Honorable Senator Lyman Hoffman
Senate Finance Committee Co-Chair
State Capitol Building Room 520
Juneau, AK 99801-1182

RE: SB 28

Dear Senator:

I am writing to explain further the fiscal note submitted by the Department of Labor and Workforce Development for SB 28. As with any proposed legislation, our first task in evaluating the fiscal implications of SB 28 was to consider whether existing staff might be able to absorb the additional duties required by the legislation. Our existing Wage and Hour Section personnel are assigned to the following programs:

- o Child Labor Law Enforcement and Education
- o Wage Claim Investigation and Enforcement
- o Wage and Hour Law Enforcement and Education
- o Prevailing Wage Enforcement and Education
- o Alaska Resident Hire Enforcement and Education
- o Certificate of Fitness Enforcement
- o Contractor Licensing Enforcement

Although it may be possible for existing staff to perform the additional work associated with SB 28, it would result in negative consequences for these other programs. In particular, the Wage and Hour Section strives to provide adequate education to help employers avoid costly violations of Alaska's complex wage laws. However, our education and outreach function is not mandated and, consequently, would be subject to elimination with the addition of new statutorily mandated tasks.

2008-03-10-16-04-32

March 7, 2008

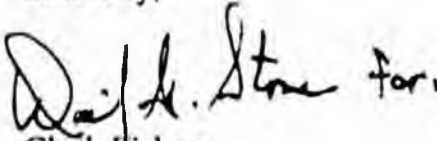
If SB 28 becomes law, the department will be required to provide the following services:

- Investigate complaints that a nurse in a health care facility was required or coerced to:
 - Work beyond the nurse's regularly scheduled shift
 - Work beyond 80 hours in a 14-day period
 - Accept an overtime assignment when the nurse believes the overtime assignment would jeopardize patient or employee safety
- Enforce 10 consecutive hours of off-duty time at the end of each work shift
- Enforce requirement for health care facilities to have an anonymous complaint process relating to patient safety and staffing levels
- Establish whether a violation was committed "knowingly"
- Issue a reprimand for a first time violation
- Issue civil penalties for subsequent violations (1st - \$500, 2nd - \$2,500 to \$5,000, 3rd - \$5,000 to \$25,000)
- Investigate complaint allegations that a health care facility has discharged, disciplined, threatened, discriminated against, penalized, or filed a report with the Board of Nursing for exercising rights or reporting violations under SB 28
- Issue a determination regarding the investigation within 90 days
- Upon finding a violation, request the Attorney General to represent the department and complainant and obtain all appropriate relief including rehiring or reinstatement with back pay

Based on this extensive list of tasks we continue to believe the department's fiscal note for one Wage and Hour Investigator position is necessary. The only cost listed in the fiscal note that is not directly associated with position costs is \$10,000 for legal representation by the Department of Law for court actions related to the retaliation prohibitions in SB 28. These funds could be exhausted with just one case of unlawful retaliation.

Thank you for your consideration.

Sincerely,


Clark Bishop
Commissioner

ASHNHA Comments on CSSB28 (L&C)

Prepared by: Rod Betit, President/CEO

March 4, 2008

- ☞ The latest survey also shows that there have been no grievances filed in any of our facilities, including API, by nurses who felt mandatory overtime was being misused or that they were being singled out.
- ☞ To our knowledge there have been no documented grievances filed with the Alaska Department of Labor alleging misuse of overtime policies either.
- ☞ We have been tracking this issue now for 4 years and do see evidence of a problem in the use of mandatory overtime. If there is another side to this picture we would appreciate an opportunity to see that data and respond to it.
- ☞ ASHNHA's members take the nursing issue very seriously. Patient safety is an important matter as is treating our nursing personnel fairly.
- ☞ For 5 years ASHNHA's members have been financially contributing to an expanded nursing program at UAA that now graduates 200 nurses a year rather than 100.
- ☞ Tracking of these nursing graduates show that 93% of these nurses work in the Alaska health care system in some capacity.
- ☞ In the 2004-2005 survey 60% of our members reported that they believed the nursing shortage was about the same or getting better. 40% believe it was worse. This same percentage spread appeared in the 2006 - 2007 survey even with the efforts being made to graduate more nurses.
- ☞ We are told by workforce forecasters that Alaska's picture for availability of nurses is better than in the rest of the country. ASHNHA is committed to working with the University of Alaska to continue improving this picture.
- ☞ The reporting requirements under this bill are also very burdensome. The bill would require reporting the overtime usage and on-call time for every single nurse employed by a facility. Further the cost to collect and report this data by the State would also be significant.
- ☞ For these reasons and others my membership does not believe this measure is necessary or helpful and therefore respectfully requests that you not move it forward from this Committee.

I would be happy to answer any questions Mr. Chairman if that would be helpful.

BOTTOM LINE: Arm a few guards. Everyone else, check your weapons at the door.

Good move

Medicare uses its clout to make hospitals safer for patients

A national push to keep hospitals from making you sicker has come to this: Beginning in October, Medicare, the big national insurance program for people 65 and older, will stop paying hospitals when they make certain mistakes.

The hospitals won't be able to bill patients, either. Eventually, some private insurers are expected to follow suit.

That's OK with medical officers at both of Anchorage's public hospitals. They say it will motivate hospitals to do what it takes to stop making errors that can be prevented.

That seems to be a likely outcome, which makes this drastic step worth taking.

Besides making your hospital stay safer, the decision is expected to save the federal government a little money too — about \$190 million over five years. The Associated Press reports.

The eight mistakes covered by the Medicare ban include allowing a patient to get bed sores, leaving a sponge or something else in a person's body after surgery, or giving someone a dangerously wrong blood type. Urinary tract infections caused by catheters is another common one that won't be eligible for Medicare payments.

All of the mistakes are considered preventable.

Both Providence Alaska Medical Center and Alaska Regional have already been trying to eliminate errors, they say.

For example, Providence is setting up a checklist that includes the question, does a particular patient still need a catheter, which could lead to infection?

"As we make rounds, we ask, what things does this patient have in them and what things can come out," said Dr. Roy Davis, Providence's medical chief.

Lee Vanderbrink, Alaska Regional's quality and safety director, said her hospital recently did tests to see how clean items in rooms are, such as the bed rails. They discovered computer keyboards can be a problem — stuff falls into them. So they're working on a solution.

American hospitals have been increasing patient safety efforts over several years. They should be ready to take this important next step.

BOTTOM LINE: A hit to hospitals' pocketbooks may spur improvements. Safer patients should be the result.

NAME THAT

How this works: Each week we'll publish an Alaska section and Tuesday evening online at adn.com. Your Name That Toon link in the online opinion section staff each week will select finalists from which you'll vote. Voting will close at 4 p.m. Friday will be the winner. The winner and two runners-up will have their names published in the paper. (Sorry, Daily News employees)

Slime scanda

It was one of those moments. I shoved the piece of salmon with a pill into the eagle's mouth as one volunteer held him and another gingerly pried his mouth open. I'd get the salmon down far enough to think he'd surely have to swallow. He'd glare at me and, the minute we let go of his mouth, spit the salmon right back out. Then he'd glare some more.

I'd pick up the now tattered piece of salmon barely holding a melting pill in its center and we'd do the dance again. Eventually the humans won. But it was not lost on me that three adults with opposable thumbs and cognitive reasoning couldn't outsmart one eagle. Ultimately, we could only outmuscle him.

Maybe this is why, in the most important election of this campaign season, it was an eagle that came out on top as bird of the year. Petra, who has been an education bird with the Bird Treatment and Learning Center for over 10 years, took home the title after some fierce campaigning on the part of her human Todd. Petra, of course, stayed above the politics that went into the campaign, preferring to keep herself unsullied. Todd had no such qualms.

Her two rivals, a great horned owl named Gus and a raven named Crawford, feel that if the election had been held after the Kodiak incident, they would have surely won. As Gus so succinctly put it, "You didn't see a bunch of owls diving into a slime truck, did you? We are much too wise for that."

In a world in which presidential campaigns in America seem to stretch on endlessly, one flowing into another with barely a break of a day, the recent election for Bird of the Year sponsored by Anchorage's very own wild bird rehab cen-

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ASHNHA 2004 and 2005 NURSE OVERTIME SURVEY RESULTS - VERSION 'D' (February 13, 2006)

Facility	Nurses in Union?	Shortage Better or Worse?	Length of Shift (Hrs)	Nurse Vacancy Rates		Mandatory OT Usage- Total Hrs		On-call Policy		Temp Nursing Hours Needed to Fill Vacancy		# of OT grievances filed	
				2004	2005	2004	2005	Require	# times /month	2004	2005		
Alaska Regional Hospital	No	Yes	Worse	8,10,12	4 to 6%	4 to 6%	NONE	NONE	Certain Units	varies	37000 hrs	56000 hrs	NONE
Alaska Native Medical Center	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Alaska Pioneer Homes (All Six Facilities)	No	Yes	Worse	7.5	unknown	unknown	unknown	unknown	No	NONE	NONE	NONE	unknown
Alaska Psychiatric Institute	No	Yes	Worse	8,10,12	20%	30%	unknown	46 hrs.	No	NONE	NONE	NONE	unknown
Bartlett Regional Hospital	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Bassett Army Community Hospital	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Central Peninsula General Hospital	No	Yes	Worse	12	14%	11%	NONE	NONE	Certain Units	7-8 X	3744 hrs	5916 hrs	NONE
Cordova Community Medical Center	Yes	No	No Chg.	12	10%	20%	NONE	NONE	Certain Units	varies	1872 hrs	3744 hrs	NONE
Denali Center Nursing Home	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Fairbanks Memorial Hospital	No	No	No Chg.	8, 10, 12	7%	7%	NONE	NONE	Certain Units	varies	5144 hrs	12175 hrs	NONE
Heritage Place Nursing Home	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Kanakanak General Hospital	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Ketchikan General Hospital	No	Yes	Better	12	12%	8%	NONE	NONE	Certain Units	10 X	10000 hrs	10000 hrs	NONE
Manillaq Health Center	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Mary Conrad Center Nursing Home	No	No	Worse	8, 10, 12	15%	5.55%	NONE	NONE	No Certain Units	NONE	NONE	NONE	NONE
Mat-Su Regional Medical Center	No	No	No Chg.	8 & 12	10%	12%	unknown	unknown	Certain Units	7 X	1400 hrs	1000 hrs	NONE
Mt. Edgecumbe SEARHC Hospital	No	No	Worse	8, 10, 12	15%	15%	NONE	NONE	Certain Units	8 X	4200 hrs	4200 hrs	NONE
North Star Behavioral Health System	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Norton Sound Regional Hospital	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Petersburg Medical Center	Yes	No	Worse	8 & 10	5%	5%	unknown	NONE	Yes Certain Units	4 X	NONE	NONE	NONE
Providence Alaska Medical Center	No	Yes	Worse	8, 10, 12	4.36%	4.76%	NONE	NONE	Certain Units	NA	NONE	NONE	NONE
Providence Extended Care Center	No	No	Worse	8, 10, 12	20.83%	20.75%	NONE	NONE	No Certain Units	NONE	NONE	NONE	NONE
Providence Kodiak Island Medical Center	Yes	Yes	No Chg.	12	10%	10%	NONE	NONE	Certain Units	NA	unknown	4000 hrs	NONE
Providence Seward Medical & Care Center	Yes	No	No Chg.	8 & 12	unknown	5%	NONE	NONE	Yes	3 X	NONE	NONE	NONE
Providence Valdez Medical Center	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Sitka Community Hospital	Yes	No	No Chg.	12	20%	20%	NONE	NONE	Certain Units	varies	5847 hrs	4738 hrs	NONE
South Peninsula Hospital	No	Yes	No Chg.	8,10,12	6%	3%	NONE	NONE	Certain Units	15 X	144 hrs	1056 hrs	NONE
USAF 3rd Medical Group-Elmendorf	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Wildflower Court Nursing Home	No	No	No Chg.	8 & 12	0%	0%	NONE	NONE	No	NONE	1040 hrs	80 hrs	NONE
Wrangell Medical Center	Yes	No	No Chg.	8 & 12	0%	0%	unknown	NONE	Yes Certain Units	55 hrs	NONE	NONE	NONE
Yukon Kuskokwim Delta Regional Hospital	No	No	Better	8 & 10	40%	28%	NONE	NONE	Certain Units	NONE	34000 hrs	26208 hrs	NONE
TOTAL Temporary Nursing Hours Purchased by Non-exempt Facilities											104391 hrs	128817 hrs	\$24.17