

ALASKA LEGISLATURE COMMITTEE FILES 1985-1986 86/2

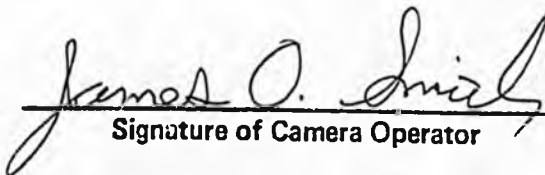
3241 HHESS SB 80 - SB 109

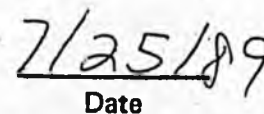


RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.


Signature of Camera Operator


Date

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Ford
4/10/86 ✓

Original sponsor: Rules/Governor

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 HOUSE CS FOR CS FOR SENATE BILL NO. 80 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the number of psychiatrists or
7 psychologists appointed to examine a criminal defen-
8 dant; and providing for an effective date."

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

10 * Section 1. AS 12.47.070(a) is amended to read:

11 (a) If a defendant has filed a notice of intention to rely on
12 the affirmative defense of insanity under AS 12.47.010 or has filed
13 notice under AS 12.47.020(a), or there is reason to doubt the defen-
14 dant's fitness to proceed, or there is reason to believe that a mental
15 disease or defect of the defendant will otherwise become an issue in
16 the case, the court shall appoint a [AT LEAST TWO] qualified psychia-
17 trist [PSYCHIATRISTS] or [TWO] forensic psychologist [PSYCHOLOGISTS]
18 certified by the American Board of Forensic Psychology to examine and
19 report upon the mental condition of the defendant. If the court
20 appoints a psychiatrist [PSYCHIATRISTS], the psychiatrist [PSYCH-
21 IATRISTS] may select a psychologist [PSYCHOLOGISTS] to provide assis-
22 tance. If the defendant has filed notice under AS 12.47.090(a), the
23 report shall consider whether the defendant can still be committed
24 under AS 12.47.090(c). The court may order the defendant to be com-
25 mitted to a secure facility for the purpose of the examination for not
26 more than 60 days or such longer period as the court determines to be
27 necessary for the purpose and may direct that a qualified psychiatrist
28 retained by the defendant be permitted to witness and participate in
29 the examination.

1 * Sec. 2. AS 12.47.070 is amended by adding a new subsection to read:

2 (f) After receipt of a report of the examination conducted under
3 (a) of this section, the defendant or the prosecuting attorney may
4 request that a second examination be conducted by a qualified psychia-
5 trist or psychologist. If a second examination is requested the court
6 shall order an examination in accordance with (a) - (e) of this
7 section, except that the person who conducts the first examination may
8 not be appointed to conduct the second examination.

9 * Sec. 3. AS 12.47.100 is amended by adding a new subsection to read:

10 (c) After receipt of the report of the examination conducted
11 under (b) of this section, the defendant or the prosecuting attorney
12 may request that a second examination be conducted by a qualified
13 psychiatrist in accordance with this section. If a second examination
14 is requested the court shall order an examination in accordance with
15 (b) of this section, except that the person who conducts the first
16 examination may not be appointed to conduct the second examination.

17 * Sec. 4. This Act takes effect immediately in accordance with AS 01.-
18 10.070(c).

Offered: 4/11/85
Referred: Judiciary

Original sponsor: Rules/Governor

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

1 IN THE SENATE

2 CS FOR SENATE BILL NO. 80 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the number of psychiatrists or
7 psychologists appointed to examine a criminal defen-
8 dant; and providing for an effective date."

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

* Section 1. AS 12.47.070(u) is amended to read:

11 (a) If a defendant has filed a notice of intention to rely on
12 the affirmative defense of insanity under AS 12.47.010 or has filed
13 notice under AS 12.47.020(a), or there is reason to doubt the defen-
14 dant's fitness to proceed, or there is reason to believe that a mental
15 disease or defect of the defendant will otherwise become an issue in
16 the case, the court shall appoint at least two qualified psychiatrists
17 or two forensic psychologists certified by the American Board of
18 Forensic Psychology to examine and report upon the mental condition of
19 the defendant. However, if both the defendant and the prosecuting
20 attorney waive the requirement for the appointment of at least two
21 psychiatrists or psychologists, the court shall appoint one psychia-
22 trist or psychologist. If the court appoints a psychiatrist [PSYCHIA-
23 TRISTS], the psychiatrist [PSYCHIATRISTS] may select a psychologist
24 [PSYCHOLOGISTS] to provide assistance. If the defendant has filed
25 notice under AS 12.47.090(a), the report shall consider whether the
26 defendant can still be committed under AS 12.47.090(c). The court may
27 order the defendant to be committed to a secure facility for the
28 purpose of the examination for not more than 60 days or such longer
29 period as the court determines to be necessary for the purpose and may

COMMITTEE COPY

-1-

CSSB 80(HESS)

ENGROSSED

1 direct that a qualified psychiatrist retained by the defendant be
2 permitted to witness and participate in the examination.

3 * Sec. 2. AS 12.47.100(b) is amended to read:

4 (b) When, after arrest and before the imposition of sentence or
5 before the expiration of any period of probation, the attorney gener-
6 al, the prosecuting attorney, or the attorney for the accused has
7 reasonable cause to believe that a person charged with a crime may be
8 presently suffering from a mental disease or defect or is otherwise so
9 mentally incompetent that the accused is unable to understand the
10 proceedings or to properly assist in the accused's own defense, the
11 attorney general, prosecuting attorney, or the attorney for the
12 accused may file a motion for a judicial determination of the mental
13 competency of the accused. Upon that motion or upon a similar motion
14 on behalf of the accused, or upon its own motion, the court shall
15 appoint at least two qualified psychiatrists to examine and report
16 upon the mental condition of the defendant. However, if both the
17 defendant and the prosecuting attorney waive the requirement for the
18 appointment of at least two psychiatrists, the court shall appoint one
19 psychiatrist (HAVE THE ACCUSED, WHETHER OR NOT PREVIOUSLY ADMITTED TO
20 BAIL, EXAMINED BY AT LEAST ONE QUALIFIED PSYCHIATRIST, WHO SHALL
21 REPORT TO THE COURT CONCERNING THE MENTAL CONDITION OF THE ACCUSED).
22 For the purpose of the examination the court may order the accused
23 committed for a reasonable period as the court may determine to a
24 suitable hospital or other facility to be designated by the court. If
25 the report of the psychiatrist indicates a state of present mental
26 disease or defect or of other mental incompetency in the accused, the
27 court shall hold a hearing, upon due notice, at which evidence as to
28 the mental condition of the accused may be submitted, including that
29 of the reporting psychiatrist, and make a finding with respect to the

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mental condition of the accused. No statement made by the accused in the course of an examination into the mental competency of the accused provided for by this section, whether the examination is with or without the consent of the accused, may be admitted in evidence against the accused on the issue of guilt in a criminal proceeding unless the accused later relies on a defense under AS 12.47.010 or 12.47.020. A finding by the judge that the accused is mentally competent to stand trial in no way prejudices the accused in a defense based on insanity; the finding may not be introduced in evidence on that issue or otherwise be brought to the notice of the jury.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.-
10.070(c).

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSB 80 (HESS)
 Title: Number of psychiatrists
to examine a criminal defendant
 Sponsor: Senate Hess
 Requestor: _____
 Date of Request: _____

FISCAL DETAIL

Agency Affected: Dept. of Law
 Program Category Affected: _____
Administration of Justice
 BRU, Program or Subprogram(s) Affected: _____
Prosecution

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICE						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Prepared By: _____ Phone: 465-4523
 Division: Senator Jan Faiks, Co-chairman Date: 2/6/86
Senate Finance Committee
 Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84

POSITION PAPER

CS for Senate Bill No. 80 (HESS)

"An Act relating to the number of psychiatrists or psychologists appointed to examine a criminal defendant; and providing for an effective date."

The Committee Substitute for Senate Bill 80 does not alter the language or intent of Section 1 in the original version of Senate Bill 80. Thus our earlier Position Paper, dated January 30, 1985 (copy attached), accurately reflects our analysis and position with regard to Section 1 of the Committee Substitute.

The CS for SB 80 adds a new Section 2. This section, which amends A.S. 12.47.100, would tend to make this statute consistent with A.S. 12.47.070 by requiring the court to appoint two psychiatrists to examine a criminal defendant for competency to stand trial unless the defendant and the prosecuting attorney waive this requirement. In our opinion, it is indeed appropriate that these two statutes be consistent with respect to the number and types of examiners that are required to perform examinations on defendants undergoing criminal proceedings when mental disease or defect may become an issue.

Accordingly, we recommend that the same language that is in Section 1, line 16 through line 24 regarding the number and types of examiners under A.S. 12.47.070 should be repeated in Section 2 which refers to examinations under A.S. 12.47.100 and replace the language currently on line 15 through line 19. The existing language in Section 2 only requires that two qualified psychiatrists be appointed. This change will permit the court the option of appointing two qualified psychiatrists or two forensic psychologists to perform these exams. It will also authorize the psychiatrists that are appointed the opportunity to select psychologists to provide assistance in completing the examinations under A.S. 12.47.100.

The Department of Health and Social Services supports passage of the Committee Substitute for Senate Bill 80 with the recommended change that is noted above.

Recommended by: PPD for Mel Henry
 Mel Henry, Ph.D., M.P.A.

Date: 4/18/85

Approved by: John Pugh
 John Pugh, Commissioner

Date: 4/23/85

The Division of Mental Health and Developmental Disabilities does not foresee any decrease in our personnel services expenditures as a result of the passage of Senate Bill 80. In those cases in which the defendant and the prosecuting attorney waive the requirement that two psychiatrists perform the examination, the second Alaska Psychiatric Institute psychiatrist will simply continue with his in-house treatment responsibilities for mentally ill patients at the hospital. It should, however, result in the addition of more direct treatment services being available inside Alaska Psychiatric Institute as a result of the reduction in staff time by the second psychiatrist that is currently necessary to perform these court-ordered exams in the correctional centers.



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

January 22, 1985

The Honorable Don Bennett
President of the Senate
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Bennett:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill that allows a criminal defendant and prosecuting attorney to waive the requirement that the court appoint two qualified psychiatrists or forensic psychologists to examine certain criminal defendants. If that requirement is waived, the court would only have to appoint one such psychiatrist or psychologist.

Under present law (AS 12.47.070(a)), if a defendant has filed notice of intent to rely on the defense of insanity or notice of intent to rely on evidence tending to negate a culpable mental state; if there is reason to doubt the defendant's fitness to proceed; or if there is reason to believe that a mental disease or defect of the defendant will otherwise become an issue in the case, the court is required to appoint at least two psychiatrists or psychologists to examine the defendant. The waiver authorized by this bill would avoid unnecessary duplication in cases in which the prosecution is satisfied with the appointment of a single psychiatrist, and the defendant does not wish to undergo more than one court-ordered examination. This waiver will be especially helpful in cases in which two state psychiatrists from the Alaska Psychiatric Institute would be appointed to perform the examinations.

Experience has shown that the requirement to appoint two psychiatrists is not always necessary, either to assist the court or to protect the public or the defendant. Experience has also shown that simply reducing this requirement to only one psychiatrist or psychologist would tend to weaken protection of the public since appointment of a prosecution expert would not be assured. This bill, based on that experience, seeks to achieve the most equitable result.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bill Sheffield".

Bill Sheffield
Governor

STATE OF ALASKA 1986 LEGISLATIVE SESSION FISCAL NOTE

Revision Date : _____

REQUEST

Bill/Resolution No. : CSSB 80 (HESS)
 Title : Number of psychiatrists to examine a criminal defendant
 Sponsor : Senate HESS
 Requestor : _____
 Date of Request : _____

FISCAL DETAIL

Agency Affected: Dept. of Health and Social Services
 BRU: Division of Mental Health & Developmental Disabilities API
 Components: Mental Health Institutions and Administration

EXPENDITURES/REVENUES : (Thousands of Dollars)

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING : (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS :

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : Attach a separate page if necessary

Prepared by : Senator Jan Faiks, Co-Chairman Phone : 465-4523
 Division : Senate Finance Committee Date : 2/6/86
 Approved by Commissioner : _____ Date : _____
 Agency : _____

Distribution (by Agency preparing fiscal note) :

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

HOUSE
COMMITTEE REPORT

JUDICIARY

(7)

Date referred: 2/ /86

FURTHER REFERRALS: FINANCE

DATE: April 14, 1986

The HEALTH, EDUCATION AND
SOCIAL SERVICES

Committee has considered

CSSB 80 (HESS)

"An Act relating to the number of psychiatrists or psychologists appointed examine a criminal defendant; and providing for an effective date."

and recommends:

- do pass
- do not pass
- do pass with attached amendment(s)
- no recommendation
- replace with _____ same title
- _____ new title

and recommends _____

further referral to the _____ Committee

- and attaches:
- letter of intent
 - first fiscal note
 - new fiscal note
 - zero fiscal note

SIGNING DO PASS:

SIGNING OTHER RECOMMENDATIONS:

Mr. Humphrey

John L. Taylor

Laurie Hurley

[Signature]

David W. Thompson

Alyce Kessler

Willa Kessler

Mr. Humphrey Co-Chairman

Willa Kessler Co-Chairman

BILL SHEFFIELD
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

January 22, 1985

The Honorable Don Bennett
President of the Senate
Alaska State Legislature
Pouch V
Juneau, AK 99811

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Sincerely,

A handwritten signature in dark ink, appearing to read "Bill Sheffield". The signature is written in a cursive, somewhat stylized script.

Bill Sheffield
Governor

POSITION PAPER

CS for Senate Bill No. 80 (HESS)

"An Act relating to the number of psychiatrists or psychologists appointed to examine a criminal defendant; and providing for an effective date."

The Committee Substitute for Senate Bill 80 does not alter the language or intent of Section 1 in the original version of Senate Bill 80. Thus our earlier Position Paper, dated January 30, 1985 (copy attached) accurately reflects our analysis and position with regard to Section 1 of the Committee Substitute.

The CS for SB 80 adds a new Section 2. This section, which amends A.S. 12.47.100, would tend to make this statute consistent with A.S. 12.47.070 by requiring the court to appoint two psychiatrists to examine a criminal defendant for competency to stand trial unless the defendant and the prosecuting attorney waive this requirement. In our opinion, it is indeed appropriate that these two statutes be consistent with respect to the number and types of examiners that are required to perform examinations on defendants undergoing criminal proceedings when mental disease or defect may become an issue.

Accordingly, we recommend that the same language that is in Section 1, line 16 through line 24 regarding the number and types of examiners under A.S. 12.47.070 should be repeated in Section 2 which refers to examinations under A.S. 12.47.100 and replace the language currently on line 15 through line 19. The existing language in Section 2 only requires that two qualified psychiatrists be appointed. This change will permit the court the option of appointing two qualified psychiatrists or two forensic psychologists to perform these exams. It will also authorize the psychiatrists that are appointed the opportunity to select psychologists to provide assistance in completing the examinations under A.S. 12.47.100.

The Department of Health and Social Services supports passage of the Committee Substitute for Senate Bill 80 with the recommended change that is noted above.

Recommended by:

PPD for Mel Henry
Mel Henry, Ph.D., M.P.A.

Date:

4/18/85

Approved by:

John Pugh
John Pugh, Commissioner

Date:

4/23/85

The Division of Mental Health and Developmental Disabilities does not foresee any decrease in our personnel services expenditures as a result of the passage of Senate Bill 80. In those cases in which the defendant and the prosecuting attorney waive the requirement that two psychiatrists perform the examination, the second Alaska Psychiatric Institute psychiatrist will simply continue with his in-house treatment responsibilities for mentally ill patients at the hospital. It should, however, result in the addition of more direct treatment services being available inside Alaska Psychiatric Institute as a result of the reduction in staff time by the second psychiatrist that is currently necessary to perform these court-ordered exams in the correctional centers.

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSB 80 (HESS)
 Title: Number of psychiatrists
to examine a criminal defendant
 Sponsor: Senate Hess
 Requestor: _____
 Date of Request: _____

FISCAL DETAIL

Agency Affected: Dept. of Law
 Program Category Affected: _____
Administration of Justice
 BRU, Program or Subprogram(s) Affected: _____
Prosecution

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Prepared By: _____ Phone: 465-4523
 Division: Senator Jan Faiks, Co-chairman Date: 2/6/86
Senate Finance Committee
 Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

7/1/84

MEMORANDUM

TO: HOUSE HESS COMMITTEE MEMBERS
FROM: NANCY BENNETT, COMMITTEE STAFF
RE: TODAY'S AGENDA
DATE: APRIL 14, 1986

WE HAVE THREE BILLS ON TODAY'S CALENDAR

HB 418 - relating to liability for emergency medical services

this bill provides that a person who renders emergency medical services to a person in need of immediate treatment to avoid serious harm or loss of life is not liable for an act or omission.

SB 8 - relating to a personal safety curriculum in public schools

includes "personal safety" in the Department of Education health education curriculum section (SA 14.30.360). Personal safety is to include identification and prevention of child abuse, child abduction, neglect, sexual abuse and domestic violence. The state Board of Education is to develop curriculum guidelines in cooperation with the Council on Domestic Violence and Sexual Assault. The Departments of Education and Health and Social Services are to provide technical assistance on request.

SB 80 - the number of psychiatrists or psychologists appointed for a criminal defendant

This bill was heard in the HESS Committee last week.

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

<u>REQUEST</u> Bill/Resolution No.: <u>CSSB 80 (HESS)</u> Title: <u>Number of psychiatrists</u> <u>to examine a criminal defendant</u> Sponsor: <u>Senate Hess</u> Requestor: _____ Date of Request: _____	<u>FISCAL DETAIL</u> Agency Affected: <u>Dept. of Law</u> Program Category Affected: _____ <u>Administration of Justice</u> BRU, Program or Subprogram(s) Affected: _____ <u>Prosecution</u>
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EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL						
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REVENUE						
----------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Prepared By: _____ Phone: 465-4523
 Division: Senator Jan Faiks, Co-chairman Date: 2/6/86
Senate Finance Committee
 Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

7/25/89
Date

S B

Q 4

COMMITTEE REPORT
HOUSE

(7)

FURTHER: FINANCE

3/15/85

Date: 16 MARCH 1985

HEALTH, EDUCATION
AND SOCIAL SERVICES

The Committee on _____ has had CSSB 94 (HES3) am

"An Act increasing the excise tax on cigarettes; and providing for an effective date."

under consideration and recommends:

do pass [] do not pass

[] do pass with attached amendment(s)

[] replace with CS for CSSB 94 (HES3) am [X] same title [] new title

and recommends _____

[] AND attaches a "Letter of Intent" [] New Fiscal Note

[] reports it back without recommendation [] Zero Fiscal Note Attached

[] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

MEMBERS HAVING
OTHER RECOMMENDATIONS:

[Signature] do not pass

[Signature]
CHAIRMAN
[Signature]
Co-Chair

Offered: 2/22/85
Referred: Finance

Original sponsors: V.Fischer and Ferguson

1 IN THE SENATE BY THE HEALTH, EDUCATION
AND SOCIAL SERVICES COMMITTEE

2 CS FOR SENATE BILL NO. 94 (HESS) am
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act increasing the excise tax on cigarettes; and
7 providing for an effective date."

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

9 * Section 1. INTENT. (a) It is the intent of the legislature that the
10 excise tax on cigarettes levied by this Act be used principally to fund
11 health promotion and education programs to enhance wellness, good nutri-
12 tion, and physical and mental fitness and to encourage the avoidance of
13 unnecessary health risks, including smoking and use of alcohol and other
14 drugs.

15 (b) The health promotion and education programs shall include promot-
16 ing the implementation of school health education programs statewide for
17 all grades; distributing and coordinating grants for statewide and local
18 health promotion and education programs; and developing a five-year health
19 promotion and education plan for the state, including one-year plans of
20 operation.

21 * Sec. 2. AS 43.50.190(a) is repealed and reenacted to read:

22 (a) If the federal excise tax on cigarettes under 26 U.S.C.
23 5701(b) is equal to or greater than 8 mills per small cigarette or
24 16.8 mills per large cigarette, then there is levied an additional
25 state excise tax on each cigarette imported or acquired in the state
26 of 1.5 mills. If the federal excise tax is less than 8 mills per
27 small cigarette or 16.8 mills per large cigarette, then there is
28 levied an excise tax in an amount sufficient to make the total of the
29 federal tax and the additional state tax levied by this section on

1 each cigarette imported or acquired in this state equal to

2 (1) 9.5 mills on each small cigarette; and

3 (2) 18.3 mills on each large cigarette.

4 * Sec. 3. AS 43.50.190 is amended by adding a new subsection to read:

5 (c) In this section, "small cigarette" and "large cigarette"
6 have the same meanings given in 26 U.S.C. 5701(b).

7 * Sec. 4. This Act takes effect October 1, 1985.

HEALTHY ALASKA COALITION
P. O. Box 103056
Anchorage, AK 99510
(907) 274-1225
January 28, 1985

TO: Organizations Considering Support for Alaska
Cigarette Tax/Health Promotion Legislation SB94

FROM: Anne Morris, M.D., Coalition Chairperson
Curtis Mekemson, Executive Director, Alaska Lung Assoc.

A number of organizations including the American Cancer Society, the Alaska Public Health Association, the Municipal Health Commission of Anchorage, the Alaska Health Educators Consortium, the Alaska Native Health Board and the Alaska Lung Association have joined in supporting legislation, Senate Bill 94, which will increase Alaska's tax on cigarettes by eight cents and utilize the increased revenues for a statewide health promotion effort.

We would like your support.

The concept includes three key elements.

- The tax which will raise approximately six million dollars a year.
- A long term health promotion program featuring statewide campaigns, local initiative efforts and school health education.
- The necessary structure/organization to implement the program.

Details on the tax and health promotion program are appended for your information as is a copy of Senate Bill 94. It is important to stress that the issue of an appropriate structure and the specific utilization of the funds are still being defined and will likely change as discussions with the Governor, Legislators, Commissioners, and community organizations progress.

A sample resolution is appended for your use. As part of supporting the concept, we urge that you inform your members of the issue and invite you to become an active member of our coalition. At a minimum we would like to use your organization's name in media releases and in contact with legislators and others.

If you have any questions, please call Curtis Mekemson at 272-2332. Resolutions should be returned to Healthy Alaska Coalition, 406 "G" St., P. O. Box 103056, Anchorage, AK 99510.

HEALTHY ALASKA COALITION

As of February 21, 1985, the following organizations have adopted resolutions supporting the cigarette tax/health promotion concept. Many more organizations are presently at various stages in also adopting resolutions.

Alaska Council on Smoking or Health
Alaska Dental Society
Alaska Federation of Natives
Alaska Health Educators Consortium
Alaska Health Project
Alaska Lung Association
Alaska Native Health Board
Alaska Psychological Association
Alaska Public Health Association
Alaska School Nurses Association
Alaska State Medical Association
Alaska Thoracic Society
American Academy of Pediatrics - Alaska Chapter
American Cancer Society - Alaska Division
Anchorage Neighborhood Health Center
Anchorage Youth Commission
Municipal Health Commission of Anchorage
National Education Association - Alaska
South Central Health Planning and Development, Inc.
Southeast Alaska Health Systems Agency

1 IN THE SENATE

BY V.FISCHER

2 SENATE BILL NO. 94

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act increasing the excise tax on cigarettes; and
7 providing for an effective date."

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

9 * Section 1. INTENT. (a) It is the intent of the legislature that the
10 excise tax on cigarettes levied by this Act be used principally to fund
11 health promotion and education programs to enhance wellness, good nutri-
12 tion, and physical and mental fitness and to encourage the avoidance of
13 unnecessary health risks, including smoking and use of alcohol and other
14 drugs.

15 (b) The health promotion and education programs shall include
16 promoting the implementation of school health education programs statewide
17 for all grades; distributing and coordinating grants for statewide and
18 local health promotion and education programs; and developing a five-year
19 health promotion and education plan for the state, including one-year plans
20 of operation.

21 * Sec. 2. AS 43.50.190(a) is amended to read:

22 (a) There is levied an excise tax of five [ONE] and one-half
23 mills on each cigarette imported or acquired in this state.

24 * Sec. 3. This Act takes effect October 1, 1985.

25
26
27 CO-SPONSOR: SENATOR FRANK FERGUSON

DRAFT - Organizational Support Resolution on the Cigarette Tax.

- WHEREAS: The Federal Government is allowing its sixteen cent excise tax on a pack of cigarettes to return to eight cents on October 1, 1985;
- WHEREAS: The State of Alaska has the opportunity to "recapture" the lost eight cents for Alaska without increasing the price of cigarettes;
- WHEREAS: The eight cent tax will bring to Alaska an approximate six million dollars in extra revenue per year which was previously being sent to Washington, D.C.;
- WHEREAS: Smoking is the number one cause of disease. Maintaining or increasing the price of cigarettes discourages an increase in smoking.
- WHEREAS: The potential exists to utilize the extra funds generated through the tax for health promotion efforts among young people and the general public.
- WHEREAS: Such promotion will help reduce Alaska's high health risk factors such as smoking and alcohol abuse by persuading people to adopt a lifestyle behavior which is conducive to health.
- WHEREAS: Reducing health risk factors will save Alaska millions of dollars annually in public and private health care, lost work, and other related costs.

NOW...THEREFORE BE IT RESOLVED THAT _____ joins with the coalition of organizations urging the Alaska State Legislature and Governor to pass legislation which will increase the State cigarette tax by eight cents and become effective on October 1, 1985.

BE IT FURTHER RESOLVED THAT extra revenues generated by the tax be directed to the development and implementation of a multi-year statewide health promotions policy.

Signed by: _____ Date: _____

Title: _____

THE CIGARETTE TAX IN ALASKA

An Opportunity for Investing in Health

The following information has been developed by representatives from several organizations which support the concept of increasing the Alaska State tax on cigarettes and utilizing the funds generated for health promotion. Among the organizations which have passed resolutions of support as of January 23, 1985, are the Alaska Lung Association, the American Cancer Society, the Alaska Public Health Association, the Alaska Health Educators Consortium, the Alaska Native Health Board, the Municipal Health Commission of Anchorage and the Alaska Council on Smoking or Health.

Curtis Mekemson, Executive Director
Alaska Lung Association
January 23, 1985

THE CIGARETTE TAX IN ALASKA

An Opportunity for Investing in Health

INTRODUCTION AND SUMMARY

During 1985 Alaska has an opportunity to recapture \$6,000,000 a year it has been sending to Washington in cigarette taxes, develop what may be one of the most effective health promotion programs in the nation, and discourage an increase in smoking among young people and others. How can the State achieve these goals?

In 1983 Congress doubled its tax on cigarettes from 8-16 cents with the condition that the tax would return to 8 cents on October 1, 1985 unless Congress acted to do otherwise. Congress, after considerable debate and pressure from the tobacco lobbyists, chose not to act during its last session. Its inaction will have the effect of reducing the price of cigarettes and costing the Federal Government billions of dollars in revenues.

Washington's loss could become Alaska's gain. By passing and signing legislation to increase Alaska's tax on cigarettes by 8 cents, the State may be able to collect the money it has been sending to Washington without increasing taxes. Maintaining the price of cigarettes will have the added benefit of discouraging the increase in smoking which will result if the price of cigarettes drop. Finally, if the new revenues are focused on health promotion, the gain could be multiplied many times by reducing Alaska's serious health risk factors such as smoking and alcohol consumption.

Implementing an effective health promotion program will depend upon establishing long term goals, supporting statewide media and school health campaigns, and encouraging local community initiatives. Direction for such an effort will involve creating an appropriate structure within State government to develop a 5 year health promotion plan for Alaska, oversee statewide campaigns, provide grants to local communities, evaluate the success of the health promotion programs, and provide advice to the Governor, Legislature and appropriate State Departments on health related projects and plans.

Following is a more detailed discussion of the tax, the correlation between smoking and price, the health effects of smoking, the seriousness of Alaska's health problems, the potential of a health promotion's program, and a suggested list of activities which could be carried out in a statewide health promotion program.

THE CIGARETTE TAX IN ALASKA
An Opportunity for Investing in Health
Page 2

THE CIGARETTE TAX IN ALASKA

Alaska presently has a four mill levy on each cigarette which is the equivalent to eight cents a pack and raises approximately \$6,000,000 a year. Two and one half of the four mills collected goes into a special school building fund which was created in 1956. In 1961 an additional 1½ mills was added to the tax and goes into the general fund. The only significant change in the last 23 years has been to exempt application of the tax on military services.

Nationally, only four states have lower taxes than Alaska. These include North Carolina at .02, Virginia at .025, Kentucky at .03, and South Carolina at .07. Each of these States is involved in substantial tobacco production. The average State tax is 15.6 cents per pack, close to double that of Alaska.

It is difficult to predict what will happen with the Federal tax. An effort is being planned by the National Council on Smoking or Health to reinstitute the eight cents to be dropped in October 85. Obviously they will be opposed by tobacco interests. Even if the eight cents is reinstated, however, the low level of the Alaskan tax and the value of an expanded health promotion effort in Alaska would justify the new State tax.

Doubling Alaska's tax to 8 mills or 16 cents will increase State cigarette tax revenues to approximately \$12,000,000 a year. Since there is already an established procedure for collecting the tax from wholesalers by the Department of Revenue, collecting the new tax should involve a minimal of effort and expense.

Any new tax cannot be dedicated to a specific purpose under the Alaska Constitution. (The school fund is an exception because it was in effect prior to the adoption of the constitution.) Legislative intent for the expenditure of funds can be expressed however. Specific appropriation then goes through the normal budgetary process and is up for reconsideration each year.

CIGARETTE SMOKING AND PRICE

A direct correlation exists between smoking and price. As the cost of smoking goes up, the percentage of smoking drops. A study done by Professor Eugene Lewit and other economists for the College of Medicine and Dentistry of New Jersey showed a 10% increase in the price of cigarettes would lead to a 4% overall drop in smoking. Among teenagers the drop would be 14%! Conversely, a drop in prices will encourage an increase in smoking - again with teenagers being the most effected.

SMOKING, HEALTH, AND ECONOMICS

The health effects of cigarette smoking are extremely well documented. Smoking is the major cause of lung cancer, heart disease, emphysema, and chronic bronchitis. In fact, smoking is the single most preventable cause of disease. In 1985 over 340,000 Americans will die prematurely because of their smoking habit. Millions more will live with crippled lungs and strained hearts.

Human suffering is only part of the picture. Smoking related diseases cost some 16 billion dollars in medical care resources yearly - a figure which can be translated into an extra \$100 per year in extra taxes and health insurance premiums for working adults. This applies whether the person smokes or not.

Many other costs such as lost working days, fire damage, special ventilation systems, etc. add to the bill we all get to pay. Information from Senator Ted Stevens to Dr. James Sprott of Anchorage placed these costs at 26 billion dollars for a total of 42 billion. As Stevens noted "The overall economic loss to the nation due to smoking is staggering."

SMOKING AND OTHER HEALTH RISK FACTORS IN ALASKA

For whatever the reasons, Alaskans tend to be toward the top of national statistics in pursuing habits with high health risk factors. Following is a discussion of four key indicators: smoking, alcohol abuse, accidents, and mental health.

SMOKING: Thirty six percent of adult Alaskans smoke. Only two states, Kentucky at 36.6% and North Carolina at 37.7%, exceed Alaska. Once again, both of these states are tobacco producing. Another statistic indicative of Alaskans smoking habits is that the number of cigarette packs sold per capita in the U.S. dropped by 4.6% between 1976 - 1982 while increasing by 4.2% in Alaska. An 8.6% difference. Eventually, these figures will be translated into more lung cancer, heart disease and emphysema.

ALCOHOL: Another very apparent health risk to Alaskans is excessive alcohol consumption. A statewide health survey carried out by the Department of Health and Social Services in 1984 showed this to be the number one concern of the various groups surveyed. Alaskans are number 12 nationally in acute drinking and take the number 3 spot

for chronic drinking. (Acute is defined as 5 or more drinks on an occasion one or more times per month and chronic is defined as 2 or more drinks per day or 14 or more drinks per week.) The two states which exceed Alaska in chronic drinking are New Hampshire and Florida. In per capita consumption of distilled spirits we are also close to the top. Alaska consumes 3.3 gallons per person, New Hampshire 4.8, Nevada 5.7, and Washington D.C. 6.

ACCIDENTS: Accidents rates are also very high in Alaska. 1981 census figures showed Alaska with an accidental death rate of 89.3 per 100,000 population in comparison with 43.2 for the nation. Not surprisingly, the major differences were aircraft and water related.

MENTAL HEALTH: Mental health is also a problem as reflected by such indicators as suicide, family violence, child abuse, and violent crimes. Often alcohol plays an important role. In 1980 suicide was the fifth leading cause of statewide mortality. The rate of 17.7 suicides per 100,000 compares with a U.S. rate of 12.2. It is also important to note that the suicide rate increased from 13.2 per 100,000 in 1970 to the 17.7 in 1980.

What the above statistics relate is Alaska is facing a serious health crises with both short and long term implications which will result in considerable human suffering. It will also result in the expenditure of millions of dollars in public and private funds. A critical point of this paper is an aggressive health promotion program can reduce the suffering and will eventually more than pay for itself in reduced health care costs.

HEALTH PROMOTION AS A TOOL IN DISEASE PREVENTION

Risk factor intervention through health promotion has become a major tool for preventing cardiovascular diseases, cancer, cirrhosis of the liver, accidents, and chronic lung disease -- the major current health problems in modern nations. Numerous approaches are used and are necessary in successful programs. Four of the most important include reaching young people through comprehensive health education, educating the general public through mass media efforts, promoting self help in local communities and at the workplace, and utilizing the medical care de-

livery system in promoting health among high risk groups. A growing body of evidence supports the effectiveness of efforts:

- ° In school health a long term study has recently been completed by the University of Washington on the impact of the Primary Grades Health Promotion Project, Growing Healthy. (Growing Healthy is a comprehensive school health curriculum which was developed in Berkeley and Seattle in the early 70's and is now being utilized nationally by numerous school districts.) A summary of the findings state that "the curricula have a positive impact upon children's current levels of knowledge about health and their attitude toward health...and upon present and future health practices of students and their families."
- ° The Stanford Heart Disease Prevention Program provides considerable support for community wide programs. Utilizing a multimedia campaign for the general public and intensive instruction for high risk individuals in three Northern California Communities, the risk for coronary heart disease was reduced 15% to 20% among total participants and 30% among the high risk group.
- ° A similar experiment carried out in Finland over 4½ years with a largely rural population showed decreased cigarette smoking, decreased blood pressure, and a considerable reduction in the incidence of strokes -- from 3.6 to 1.9 per 1,000 males and 2.8 to 1.8 per 1,000 females.

What each of these health promotion programs have in common is they were carried out over a long period of time and they were comprehensive in their approach. They demonstrate that done right, health promotion can make a significant difference.

AN INVESTMENT IN HEALTH

The cigarette tax revenues utilized in health promotion can help assure a healthier future for Alaska. Life style issues which deserve attention include smoking, nutrition, alcohol and other drug use, safety, mental health, and fitness. Maximizing the impact of the health promotion program will depend upon several factors.

- ° A long term commitment to the program is needed. Establishing positive health habits takes several years. One way to help assure the necessary focus is to develop a 5-year health

promotion plan for the State. The plan should include specific goals and objectives that can be carefully evaluated during and at the completion of the program.

- ° Reaching young people must be a priority. This will require working closely with the education system. While mandating a specific comprehensive health education program may not be desirable, the State should provide all school districts with the best materials and training in comprehensive school health available. Joint financing of program implementation may also be desirable.
- ° Local initiative is critical. The key to health promotion lies in encouraging people to take responsibility for their own health. A way to encourage such initiative will be to make grants available to local communities and organizations to help carry out the five-year plan. Grants should be closely monitored for effectiveness in terms of achieving the plans goals and objectives.
- ° Statewide campaigns primarily utilizing the media can provide valuable support to school and local initiative efforts. The tobacco and liquor industry spend millions to get their message across. The real message is advertising pays. It can work as effectively in discouraging smoking and excessive drinking as it does to promote it.

Carrying out the type of program outlined above will require considerable initiative creativity and energy. Success will depend upon establishing an adequately staffed office within State government that has the necessary charge and flexibility to implement the program. It will also depend upon seeking advice and involvement from the various interests within the State concerned with health promotion. Some type of advisory body should be established to achieve the latter objectives.

CONCLUSION

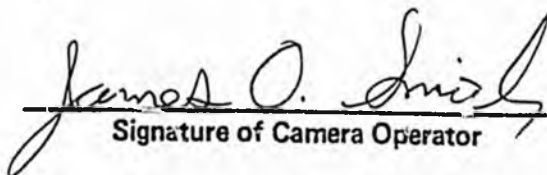
The cigarette tax combined with health promotion concept provides Alaska with a unique opportunity to promote wellness and encourage the avoidance of unnecessary health risks.

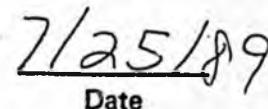


RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.


Signature of Camera Operator


Date

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COMMITTEE REPORT
HOUSE

(7)

FURTHER: FINANCE

4/24/85

Date: May 7, 1985

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSSB 109 (HESS)

"An Act relating to provision of chiropractic services under the medicaid program."

under consideration and recommends:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ same title
- and recommends _____ new title
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation Zero Fiscal Note Attached
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Mr. L. L. Lumberg

David W. [unclear]

Robin L. Taylor

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Mr. L. L. Lumberg
CHAIRMAN

ision after a hearing
h has been suspended
t the applicant is able
application of discipline
from earlier decisions
ed in findings of fact
2 SLA 1980)

sonal pronouns in conformity
05.031(c) and § 4, Chapter 58

mpose and collect the
amination, \$50;
20;

ery four years, \$200
68; am § 12 ch 162 SLA

ollowing "initial and renewal"
h (4), and deleted former para
which read: "associate license"

es collected by the board
(\$ 35-3-30 ACLA 1949)

Penalties.

isdemeanor. A person
a license in violation of
upon conviction is pun-
by imprisonment for not
under this section, evi-
defendant's certificate of
evidence that the defendant
(1955)

Revisor's notes. — This section intro-
duces a requirement which does not exist
in this chapter, viz., filing a certificate
with the board. It is the board's duty to
keep a registry.

Editor's notes. — This section was
redrafted by the revisor of statutes to
remove personal pronouns in conformity

with AS 01.05.031(c) and § 4, Chapter 58,
SLA 1982.

Collateral references. — Practicing
medicine, surgery, dentistry, optometry,
podiatry, or other healing arts without
license as a separate or continuing offense.
99 ALR2d 654.

Sec. 08.20.210. Fraudulent certificates. Any person who obtains
or attempts to obtain a chiropractic certificate by dishonest or
fraudulent means, or who forges, counterfeits, or fraudulently alters
any such certificate is punishable by a fine of not more than \$500, or
by imprisonment for not more than six months, or by both. (§ 4 ch 53
SLA 1955)

Article 4. General Provisions.

Section
220. Chiropractic defined

Sec. 08.20.220. Chiropractic defined. Chiropractic is the science
of locating and correcting interference with nerve energy transmission
and expression within the human body, and the employment and prac-
tice of drugless therapeutics, including physiotherapy, hydrotherapy,
mechanotherapy, phytotherapy, electrotherapy, chromotherapy,
thermotherapy, thalmothorapy, correcting and orthopedic gymnastics,
and dietetics which includes the use of foods and those biochemical
tissue building products and cell salts found within the normal human
body, without the use of drugs or surgery. (§ 35-3-22 ACLA 1949)

Opinions of Attorney General. — It is
illegal and criminal for a chiropractor,
without additional qualifications, to pre-
scribe drugs or medicine to sick or injured
persons. 1961 Op. Att'y Gen., No. 23.

Money cannot be expended from the
fishermen's fund for the payment of
charges for medicines prescribed by chiro-
practors. 1961 Op. Att'y Gen., No. 23.

Collateral references. — Chiroprac-
tors as within term "physician" in rule as
to privileged communications. 68 ALR
177.

Kind or character of treatment which
may be given by one licensed as chiroprac-
tic. 86 ALR 530.

Chapter 24. Collection Agencies.

Article

- 1. Collection Agency Board (§§ 08.24.011 — 08.24.031)
- 2. Powers and Duties of Department of Commerce and Economic Development (§ 1 — 08.24.071)
- 3. Licensing (§§ 08.24.090 — 08.24.380)

Revisor's notes. — The Collection Agency Board has been terminated under the provisions of AS 08.03 and AS 44.66. AS 08.03.010(b)(3) established a termination date of June 30, 1980.

Offered: 4/3/85
Referred: Finance

Original sponsors: Josephson, Abood
and Fahrenkamp

1 IN THE SENATE BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR SENATE BILL NO. 109 (HESS)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act related to provision of chiropractic services
7 under the medicaid program."

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

9 * Section 1. AS 47.07.030 is amended to read:

10 Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical ser-
11 vices to be offered to eligible persons include inpatient hospital,
12 outpatient hospital, rural health clinic, outpatient surgical care
13 centers, laboratory and X-ray, refractions and eye examinations by
14 ophthalmologists or optometrists, eyeglasses prescribed by a physician
15 skilled in diseases of the eye or by an optometrist, inpatient psy-
16 chiatric hospital for persons age 65 or older and persons under age
17 21, skilled and intermediate nursing home, physician, nurse midwife,
18 home health care services, early periodic screening diagnosis and
19 treatment of persons under 21 years of age clinic services, treatment
20 of speech, hearing and language disorders, physical therapy, occupa-
21 tional therapy, chiropractic services, prosthetic devices and medical
22 supplies, long-term care noninstitutional services, and reasonable
23 transportation to and from the point of medical care. Additional
24 services may not be provided unless approved by the legislature.

25 * Sec. 2. AS 47.07.035 is amended to read:

26 Sec. 47.07.035. PRIORITY OF SERVICES. If the funding in a
27 fiscal year is inadequate to finance the total medical assistance
28 program under this chapter, the department shall, to the extent that
29 federal law and funding permits, provide medical assistance in the

1 following order:

2 (1) aged, blind, or disabled persons who

3 (A) do not receive supplemental security income under
4 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) because
5 they do not meet income and resources requirements; and

6 (B) are eligible to receive an optional state supple-
7 mentary payment;

8 (2) persons in a medical or intermediate care facility

9 (A) whose income while in the facility does not exceed
10 300 percent of the supplemental security income benefit rate
11 under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act);
12 and

13 (B) who would not be eligible for an optional state
14 supplementary payment if they left the facility;

15 (3) persons under 21 years of age

16 (A) who are under the supervision of the department;

17 (B) whose maintenance is paid in whole or in part from
18 public funds; and

19 (C) who are in foster homes or private child-care
20 institutions;

21 (4) persons under 21 years of age who

22 (A) receive treatment in a psychiatric hospital; and

23 (B) are financially eligible as determined by the
24 standards of 42 U.S.C. 501 - 615 (Title IV A, Social Security
25 Act, Aid to Families with Dependent Children);

26 (5) persons under 21 years of age who are

27 (A) in an institution designated by the department as
28 an intermediate care facility for the mentally retarded; and

29 (B) financially eligible as determined by the

1 standards of the federal aid to families with dependent children
2 program;

3 (6) women who are pregnant;

4 (7) persons under 21 years of age who do not qualify for
5 benefits under the federal aid to families with dependent children
6 program because they are not dependent children;

7 (8) intermediate nursing home services;

8 (9) eye examinations by an ophthalmologist or optometrist;
9 or eyeglasses prescribed by a physician skilled in the diseases of the
10 eye or by an optometrist;

11 (10) treatment of speech, hearing, or language disorders;

12 (11) physical or occupational therapy;

13 (12) care at an intermediate care facility for the mentally
14 retarded;

15 (13) care at an inpatient psychiatric facility;

16 (14) community mental health clinic services;

17 (15) surgical care center services;

18 (16) nurse midwife services;

19 (17) medical supplies and equipment;

20 (18) long-term care noninstitutional services;

21 (19) chiropractic services.

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

23 (7) "chiropractic services" includes only services that are
24 provided by a chiropractor licensed under AS 08.20 that consist of
25 treatment by means of manual manipulation of the spine and x-rays
26 necessary for treatment.

RECEIVED

APR 16

POSITION PAPER
CSSB 109

Josephson,

"An act relating to provision of chiropractic services under the Medical Assistance program".

I. Background

CSSB 109 would modify the Medicaid program to add chiropractic services. Currently, approximately 29 states include chiropractic services in their Medicaid program. In addition, many major private insurance programs include chiropractic coverage. Generally, chiropractors and advocates of their services contend that chiropractic services are an alternative to other, potentially more costly medical treatments. However, States that have chiropractic services as part of their Medicaid programs have not reported reductions in the utilization of other health care services.

CSSB limits coverage to the two services covered under federal Medicaid rules i.e., manual manipulation of the spine and x-rays necessary for treatment. The added FY86 costs to include chiropractic services if limited to these two services is anticipated to be \$174.0, (\$87.0 in state funds).

II. Departmental Position:

Chiropractic services would be a good addition to the medical services currently offered under Medicaid, but the added cost associated with this new service is not in the Governor's budget and would have to be added by the Legislature.

Recommended By:

Rod Betit

Rod Betit, Director
Division of Medical Assistance

Date:

4/16/85

Approved By:

John R. Pugh

John R. Pugh, Commissioner
Department of Health & Social
Services

Date:

4-18-85

**STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE**

Revision Date: _____

REQUEST

Bill/Resolution No.: SB109
 Title: An Act relating to provision of chiropractic services under Med.
 Sponsor: Josephson, Abood, Fahrenkamp
 Requestor: _____
 Date of Request: 2/6/85

FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected: _____
 Asst. _____
 BRU, Program or Subprogram(s) Affected: Medical Assistance

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES	-0-	20.0	-0-	-0-	-0-	-0-
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS	-0-	154.0	160.0	166.4	173.0	180.0
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	174.0	160.0	166.4	173.0	180.0
CAPITAL		-0-	-0-	-0-	-0-	-0-
REVENUE		-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND		87.0	80.0	83.2	86.5	90.0
FEDERAL FUNDS		87.0	80.0	83.2	86.5	90.0
OTHER						
TOTAL		174.0	160.0	166.4	173.0	180.0

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS: Attach a separate page if necessary

Please see attached analysis for method used to determine FY86 cost of \$174.0. A 4% inflator was used to estimate cost for FY87 and each year thereafter.

Prepared By: Rod Betit, Director *R. Betit*
 Division: Medical Assistance

Phone: 465-3355

Date: 2/6/85

Approved by Commissioner: J. A. B.
 Agency: DEPT. OF HEALTH & SOCIAL SERVICES

Date: 2/14/85 *JCC*

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor

ANCHORAGE CENTER FOR CHIROPRACTIC, INC.
KENNETH O. KETZ, D.C., AND ASSOCIATES
3126 SEWARD HIGHWAY
ANCHORAGE, ALASKA 99503
PHONE 274-7621

To date there are twenty-eight states which have chiropractic care covered in their medicaid programs, and one state pending.

They are as follows:

- | | |
|---------------|--------------------------|
| 1. Arkansas | 15. New Hampshire |
| 2. California | 16. New Mersey |
| 3. Kentucky | 17. North Carolina |
| 4. Idaho | 18. North Dakota |
| 5. Illinois | 19. Ohio |
| 6. Indiana | 20. Oregon |
| 7. Iowa | 21. Pennsylvania |
| 8. Kansas | 22. South Carolina |
| 9. Louisiana | 23. South Dakota |
| 10. Maine | 24. Texas |
| 11. Michigan | 25. Utah |
| 12. Minnesota | 26. Washington |
| 13. Nebraska | 27. West Virginia |
| 14. Nevada | 28. Wisconsin |
| | * 29. New York - Pending |

More information will be forwarded to you as I receive and segregate it.

Sincerely,

Francis L. Corbin D.C.

F. L. (Butch) Corbin, D.C.

FLC/dh

CSSB 109
Fiscal Note Attachment
Cost Analysis for Chiropractic Services

Additional Contractual Costs

The Alaska Medical Payments System will require modification to pay chiropractors as a new service. The contractual costs include the following: provider manuals, training, a new claims form, tables included in the system for chiropractic services, computer programming, computer reports, the addition of collocation codes, the provision of notice to providers, provider relations, and a computer system test.

Additional Grants/Claims Costs

These figures were adjusted by an inflation factor of 4%. This is the average percent increase experienced during the past two years in chiropractic services. These costs are for only manual manipulation of the spine and the x-rays necessary for diagnosis. Again, these are the only chiropractic services for which federal reimbursement is available. The federal match for Medicaid is 50%.

(#Recipients X #Services X Cost/Service + #Recipients/mth X #X-Rays X Cost/X-Ray X 12 mths)
/Month /Month /Month /Month

[(50 X \$30 X 2) + (\$65 X 50 X 3)] 12 = \$154.0 + 1 time Administrative Cost \$20 = \$174.0]

Assumption #1:

Alaska's ratio of recipients to eligibles is similar to the ratio of recipients to eligibles in Idaho.

Idaho averaged 75 chiropractic recipients and 30,000 eligibles per month. Therefore we estimate Alaska would average 50 chiropractic recipients out of 20,000 eligibles per month.

Assumption #2:

Services would be limited to 2 visits per month per recipient.

Assumption #3:

X-rays would be limited to three x-rays per month per recipient.

Assumption #4:

Manual manipulation of the spine costs \$30. An x-ray costs \$65.55.

According to the Health Care Financing Administration's publication "Medicaid Services State By State", attached, there are currently 27 states that include chiropractic services in their Medicaid Program. These states are:

Arkansas*	Iowa	Nevada*	North Dakota
California*	Kansas*	New Hampshire*	South Dakota
Connecticut	Louisiana*	New Jersey	Texas*
Idaho*	Maine*	North Carolina*	Vermont*
Illinois*	Michigan*	Ohio*	Washington*
Indiana	Minnesota*	Oregon*	West Virginia*
	Nebraska*	Pennsylvania	Wisconsin*

According to their individual Medicaid State Plans, at least 20 of the above states place limits on the number of chiropractic visits with one state limiting visits to emergency situations. (See attached excerpt from State Plans.) All of the above states place limits on the type of chiropractic services that can be reimbursed with many states only paying for manual manipulation of the spine and not x-rays provided by chiropractors. Some states that do not place limits on the number of chiropractic visits do require the state agency to prior authorize this service for each recipient.

Excerpts from Wisconsin's regulations are attached as an example of the regulatory language used to limit chiropractic services in that state.

* These are the states with limits on visits.

STATE ARKANSASAMOUNT, DURATION AND SCOPE OF PROGRAM
LIMITATIONS

Revised: July 1, 1982

5. Physician's Services

- (1) Twelve visits a calendar year in a physician's office, patient's home, or nursing home.
- (2) Inpatient hospital services for hospital covered days for each attending physician with a maximum of two visits per day for each attending physician.
- (3) Twelve visits a calendar year for hospital outpatient visits.
- (4) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (5) Desensitization injections limited to persons under 21 years of age through EPSDT Screen.

6. b. Optometrist's Services

Examination of eyes and provision of glasses and other diagnostic screening, preventive and rehabilitation services and treatment of conditions found for eligible persons with prior authorization from the Utilization Review Section.

c. Chiropractor's Services

- (1) Services limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HEW under Title XVIII.
- (2) Limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized to perform by the state.
- (3) Services limited to twelve visits per calendar year.

STATE	<u>AR</u>
DATE REC'D	<u>JUL 29 1982</u>
DATE APP'D	<u>AUG 26 1982</u>
FCO-11	<u>119 82-13</u>

Eff: 7-1-82

A

State: California

OFFICIAL

78-12

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Item	Limitation - Applicable to CIL & ICF
1 - Inpatient Hospital Services (51327)	Subject to PA and specified length of stay as approved.
2 - Outpatient Hospital Services (51331)	Subject to limitations and contracts established for the particular service being rendered -- same as for services rendered outside hospital or department.
2.b - Rural Health Clinic Services (51331.5)	Subject to program limitations for the specific services rendered.
3 - Lab and X-Ray (51311)	Subject to Rx of licensed practitioner acting within scope of practice.
4.a - SNF (51335)	Subject to preadmission authorization and periodic reauthorization.
4.c - Family Planning	Subject to program limitation for the specific services rendered.
5 - Physician Services (51305)	Subject to prior authorization for more than eight psychiatric visits or eight allergy hyposensitization visits in a 120-day period. Services for cosmetic purpose not covered. Prior authorization required for sterilization services.
6.a - Podiatry (51310)	Subject to prior authorization for more than two occasions of outpatient service per month and all services provided in SNF and ICF.
6.b - Optometry (51306)	Limited to a total of two occasions of service per month from among the services of practitioners listed in 6a through c, and 11a through c. Orthoptics and pleoptics not covered.
6.c - Chiropractic (51308)	Limited to manual manipulation of the spine. Limited to a total of two occasions of service per month, from among the services of practitioners listed in 6a through c, and 11a through c.
6.d - Other Practitioners (51309)	Limited to a total of two occasions of services per month from among the services of practitioners listed in 6a through c, except outpatient physical therapy which is subject to prior authorization of an approved treatment plan.

Delete by 3/12 8-1-78 see next page

OFFICIAL

80-10

1. Inpatient Hospital Services

No limitation on services.

2. Outpatient Hospital Services

Prior authorization required for special services beyond clinic visit (i.e. psychological - occupational, speech, hearing and physical therapy services).

3. Other Laboratory and X-Ray Services

No limitation on services.

4. a. Skilled Nursing Facility Services etc.

Initial review to determine level of care made by a Medical consultant within 14 days of patient's admission to a facility. Periodic patient reviews are made thereafter by a team (physician, nurse and social worker) to determine continued need for skilled nursing services.

4. b. EPSDT

No limitations on screening.

4. c. Family Planning Services

No limitations on services.

5. Physicians' Services

Hemodialysis Service — Prior authorization is required initially for 3 months. All subsequent requests are required every 6 months.

6. Medical Care and any other type of Remedial Care**a. Podiatrists**

In SNF and ICF prior authorization is required for all services beyond the first visit in a 90 day period except for certain services listed in policy.

b. Optometrists

Tonometry is included in the annual exam. Visual training, visual motor or perceptual evaluation require prior authorization.

Chiropractors

Prior authorization required for procedure not specified in Fee Schedule.

d. Other**Naturopaths**

Prior authorization required for procedure not specified in Fee Schedule.

Psychologists

Prior authorization for therapy services.

ST. CONN. SA APPROVED 3/21/80
 Effective 3/21/80
 6/23/80

82-17

Attachment 3.1A Program Description

5. Physician Services: Procedures generally accepted by the medical community and which are medically necessary may not require prior approval and may be eligible for payment. However, the following services are excluded: bio-feedback therapy; physician services for the diagnosis or treatment of obesity in cases where obesity is the sole or principal diagnosis, including the supply of oral or injectable medication; cosmetic surgery which is not medically necessary and is not authorized by prior approval of the Department; intestinal bypass surgery for the treatment of morbid obesity; gastric stapling procedures; acupuncture; and examinations for the purpose of routine checkups (other than those associated with the EPSDT program) or in connection with the attendance, participation, enrollment, or accomplishment of a program or for employment.

Abortion Services: The Department will only fund abortions to save the life of the mother. In addition, two licensed physicians must certify in writing that the mother may die if the fetus is carried to term. This certification must contain the name and address of the recipient.

- 6. a. Podiatrist's services are limited to the treatment of acute foot conditions.
- b. Optometrist's services are limited to providing eye examinations.
- c. Chiropractic services are limited for payment to a total of two (2) office visits during any calendar month. The remedial treatment must involve the manipulation of the spine and to correct a subluxation condition demonstrated to exist by x-ray.
- d. Services under other practitioners include those services provided by nurse practitioners and physician assistants and as defined by state and federal law.

State Illinois

OFFICIAL - 77-25

6.c. CHIROPRACTORS' SERVICES

Covered services are limited to those provided by chiropractors who meet standards promulgated by the Secretary of the Department of Health, Education and Welfare, and consisting of treatment by means of manual manipulation of the spine.

Prior approval is required for continuous treatments involving more than six (6) visits or exceeding a period of twenty-one (21) days.

St. Illinois Tr. 11/3/77 Incorp. 12/7/77 Effective 10-1-77

82-2

5. Physician Services (cont'd)

6. Prescriptions for any and all over-the-counter and non-legend pharmacy items except ostomy supplies, topical antibiotics, catheter supplies (trays, irrigation solutions, catheters), enemas, laxative suppositories, bulk-producing laxatives, stool softeners, antacids, milk of magnesia, aspirin and acetaminophen.
7. Hyperalimentation therapy in other than in-patient hospital care setting.

6a. Podiatrists' Services

Provided with limitations.

Prior review and authorization by the Department shall be required for podiatry services and materials except emergency, initial evaluative examinations, and services specifically ordered in writing by a physician for patients with a peripheral vascular disease, diabetes mellitus, peripheral neuropathy, diseased/deformed nails and/or painful keratosis, acute infections, and fractures of the bones of the foot.

6b. Optometrists' Services

Provided with limitations.

Prior review and authorization by the Department shall be required for optometric services except the initial examination.

6c. Chiropractors' Services

Provided with limitations.

Prior review and authorization by the Department shall be required for all chiropractic services.

LIMITATIONS ON SERVICE

6.c. CHIROPRACTORS' SERVICES

Coverage of chiropractic services is limited to that in effect in Part B of Medicare.

ST. Iowa SA Approved 8/13/81
RO Approved 12/4/81 Effective 10/1/81

Kansas

78-13

3.1-A Limitation

#6c. Chiropractic Services

Therapy beyond the first period of 90 days shall have prior authorization for reimbursement. A progress report shall be submitted after the first 60 days, following date of the first visit, and every 60 days thereafter. This report shall contain the history of present illness, diagnosis, type or mode of treatment, program of patient under the treatment and prognosis. Office visits and manipulative treatments by a chiropractor in excess of three (3) per month plus home visits in excess of one per month shall not be covered unless medical necessity is documented. Only spinal manipulations for conditions that are neuromuscular skeletal shall be covered.

Kansas Tr. 10/25/78 ~~incorp~~ 12/21/78 Effective 10/1/78

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 6, Page 2

STATE OF Louisiana

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR Medical and Remedial
440.60 Care and Services
 Item 6a. (Cont.)

Excision neuroma foot (add 10% each additional nerve).

(4) Payment of Podiatry services for residents in institutions or nursing facilities are made only when documented as an order by the attending physician. The order must be on the patient's chart and must state the condition necessitating podiatry services. A copy of the attending physician's order must be attached to the claim form for payment.

(5) Payment will not be made for routine foot care and the following services:

Cutting and removal of corns, warts, and calluses.
Trimming of nails and other hygienic and preventive maintenance care.
Assistant surgery fees for podiatric procedures.

Item 6b.

Optometrists' Services

Payment is made to optometrists for cataract glasses or contact lenses following cataract surgery.

Item 6c.

Chiropractic Services

The Office of Family Security makes payments to chiropractors for their services under the following conditions:

(1) Payment will be made to chiropractors who are licensed by the state and who are certified by Licensing and Certification Section for participation in Medicare (Title XVIII).

TN # 82-19
Supersedes
TN # _____

Approval Date JUL 1 1982 Effective Date MAY 1 1982

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 6, Page 3

STATE OF Louisiana

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICE ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR Medical and Remedial
440.60 Care and Services
 Item 6c (Cont.)

- (2) Payment will be made only for chiropractors treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by X-ray to exist which the chiropractor is legally authorized to perform by the State (CPT Code 9485). The restriction of payment for services to treatment by manual manipulation precludes payment for diagnostic X-rays taken by chiropractors.
- (3) Payment will be made for up to six chiropractic visits per calendar year. There is no provision for any additional visits.

TN # 82-19
Supersedes
TN # _____

Approval Date JUL 1 1982 Effective Date MAY 1 1982

State Maine

OFFICIAL

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

76-33

DATE OF FINAL APPROVAL

Item 6a. Podiatrists' Services

Limited to non-routine procedures only, viz., treatment of plantar warts, ingrown nails, ulcerations, bursitis, and infections of the foot, and minor surgical procedures under local anesthesia. Also, some routine procedures complicated by foot pathology (such as nail-clipping of severe diabetics with onychomycosis) are covered.

Item 6b. Optometrists' Services

Limited to first pair of eyeglasses following eye surgery and diagnostic examination. Individuals covered under EPSDT are eligible to receive other services subject to the following limitation: examination and eyeglasses may only be provided for more than minor refractive error.

Item 6c. Chiropractors' Services

Limited to treatment by means of manual manipulation of the spine. *covered visits cannot exceed 2 per week for one month for an acute condition or one per week for a chronic condition. Only as treatment required, justification every 12 months.*

Item 6d. Other Practitioners' Services

Clinic psychologists

Limited to evaluation, individual or group psychotherapy, psychometric testing, emergency care, and crisis intervention. Limited to one hour of therapy per day and five sessions per week.

Psychological Examiners

Limited to psychometric testing.

ST. Maine Tr. 5/5/76 Incorp. 7/8/76 Effective 10/1/75

OFFICIAL

State MICHIGAN**OFFICIAL**

80-13

(AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICE PROVIDED)

6. MEDICAL CARE FURNISHED BY LICENSED PRACTITIONERS WITHIN SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW (Same for categorically needy and medically needy clients)

No payment will be made for services of staff in residence or medical staff functioning in an administrative capacity for a hospital or nursing care facility, including practitioner-owners. In relation to outpatient services, practitioner fees for covered services are payable only when such payment does not duplicate payment to the facility.

a. Podiatrists' Services

Services provided within the scope of his profession, as defined by State law, by a licensed podiatrist are covered, whenever furnished, when related to a diagnosed health condition calling for therapeutic management. Routine examinations are excluded, unless medically necessary for diagnosis or treatment of an illness or injury, or for the prevention of disability, or unless provided to individuals under age 21 as part of the EPSDT program. (See Item 4b of this attachment.)

b. Optometrists' Services

Covered services include:

1. Complete eye examination if medically necessary. Examinations which exceed a frequency of once every two years must be documented as medically necessary.
2. The following corrective lenses, all of which require prior authorization:
 - a) single-vision or multi-focal eyeglasses;
 - b) cataract lenses;
 - c) contact lenses, evaluations and services;
 - d) special lenses, as specified by the department.
3. Orthoptic and low vision evaluations, services and aids (which must be prior authorized).

Requirements relative to the provision of eyeglasses are described in Item 12d (page 5b) of this attachment.

c. Chiropractors' Services

Services provided within the scope of his profession, as defined by State law, by a licensed chiropractor are covered only as follows:

1. With respect to treatment of the spine by means of manual manipulation; and
2. Upon a primary diagnosis of subluxation.

Chiropractic services are limited to up to ten (10) visits during the initial month of treatment and up to a maximum of six (6) visits in each succeeding month until a 12 month maximum of 24 visits has been reached. If more than 24 visits per year are needed, medical necessity must be thoroughly documented.

Michigan Department of Community Services
 9/29/80
 11/18/80
 Effective 9/1/80

81-27

Revised July 15, 1981

6.b. Optometrists' Services

- Services provided for cosmetic reasons are not covered, nor are technical support services related to them.
- The following services must be prior authorized:
 - Contact lenses.
 - Custom-fit prosthetic eye.
 - Amblyopia therapy.
 - Vision therapy - supplemental evaluation and request.

6.c. Chiropractors' Services

- Provision is limited to manual manipulation of the spine.
(X-rays required to document a diagnosis of subluxation are covered under 6.d.)
- Provision is limited to six treatments per month and 24 per calendar year. Additional treatments are allowed only with prior authorization.

6.d. Other Practitioners' Services

- Services of licensed midwives are provided.
- Chiropractic x-rays required to document a diagnosis of subluxation.
- Services provided by psychiatrists and psychologists are limited to those described below. The limitations may be exceeded only with prior authorization.

Description of Service

Limitations

Psychiatric diagnostic interview examination including history, mental status, or disposition

Once per month -- not more than three (3) times per calendar year

Psychological testing, psychometric and/or projective tests including interpretation, psychiatric evaluation of hospital records, psychiatric or psychological reports, and other accumulated data for diagnostic purposes without other informants or patient interview

Once per month -- not more than three (3) times calendar year

ST. Munn SA Approved 9/30/81
RO Approved 3/5/82 Effective 9/30/81

three weeks in licensed rehabilitation beds, (e) bassinets service for newborns from birth until their mothers are discharged, and (f) licensed chemical dependency units. Length of stay is limited as specified for diagnoses and operations in the *Professional Activities Study (PAS)* for hospitals in the North Central Region published by the Commission on Professional and Hospital Activities, Ann Arbor, Michigan, unless utilization review discloses need for additional stay. If the patient needs but cannot obtain lower level care, the program may approve three additional hospital days at the rate payable for the level of care needed. Weekends and holidays are not counted in those three days. Alcohol and chemical detoxification is covered up to five days unless the program approves additional days. Prior authorization is required for cosmetic surgery, hospitalization for dental procedures, procedures of questionable value, and certain other care as specified by the program. Rural hospitals with 49 or fewer beds may qualify as swing-bed hospitals if so approved by the state health planning agency.

2. Outpatient hospital services. These include when medically necessary: (a) surgical procedures including those in "surgicenters"—hospital-based facilities not located on the hospital's premises; (b) therapeutic and/or diagnostic services including radiology, pathology, and cardiac testing; (c) emergency room care when an emergency exists; (d) dental surgery by prior authorization; (e) hemodialysis; (f) drugs and supplies only if used in the emergency or outpatient facility; (g) psychotherapy not exceeding \$500 per patient per year except by prior authorization; (h) partial hospitalization for psychiatric care; and (i) outpatient psychiatric services in hospitals certified to provide them.

2a Rural health clinic services and other ambulatory services furnished by a rural health clinic.

3. Other laboratory and X-ray services. Also included are portable X-ray services.

4. Skilled nursing facility services. These are provided for: (a) patients of all ages excluding those in institutions for tuberculosis or mental diseases; and (b) patients 65 or older in institutions for mental diseases. Payment is made for reserving beds during temporary absence of up to 15 days per hospitalization for acute conditions, and for therapeutic leave of absence up to 18 days (36 days for an ICF/MR patient) per patient per year. Additional therapeutic leave days require prior authorization. Bedholding days are prorated when a patient is in a facility for less than a year. Payment is not made for reserved beds when the patient is classified as needing "chronic or convalescent" care—this is more intensive than ordinary SNF or ICF care.

4a. Intermediate care facility services. These are provided for: (a) all patients excluding those in institutions for tuberculosis or mental diseases but including patients in institutions for the mentally retarded or related conditions; and (b) patients 65 or older in institutions for mental diseases. See 4, above, regarding reserved beds.

5. Physicians' services. These are covered within the practice of medicine and osteopathy defined by state law. Second surgical opinions are covered. Program approval is required for visits to a hospitalized patient exceeding one per day by a primary physician or one per week by a consulting physician. Excluded are: (a) experimental or unproven procedures listed by the program; (b) sex change procedures; (c) reversal of tubal ligation or vasectomy; (d) cosmetic procedures except by prior authorization when scars are disfiguring or limit motion; and (e) outpatient psychotherapy exceeding \$500 per patient per year except by prior authorization.

6. Podiatrists' services. These include: (a) an initial office visit; (b) routine palliative care once every 30 days for an ambulatory patient or once every 90 days for a nonambulatory patient, including cutting or removing corns or calluses, debridement, and other hygienic or preventive maintenance as specified by the program; (c) surgery which includes 14 days of postoperative care unless more payment is needed for casts or orthotic devices; (d) orthotic appliances or devices, subject to prior authorization, including follow-up care related to these items; and (e) orthopedic shoes, corrections, braces, or any other necessary supplies or items, subject to prior authorization for each line item exceeding \$50.

(a. Optometrists' services. These are limited to: (a) one routine eye examination, change of lenses, and frame every 24 months, except that children referred through EPSDT can receive a routine eye examination and lenses once every 12 months; (b) additional "limited" examinations in emergencies or when the patient has an eye disease or injury; (c) certain supplemental procedures; (d) replacement of stolen glasses if supported by a police report; (e) replacement of lost glasses subject to review by the program; and (f) contact lenses only when pathology precludes useful vision with regular glasses. Prior authorization is required except for: (a) routine examinations and lenses in EPSDT; (b) emergency examinations; (c) follow-up evaluations for identified pathologies; and (d) certain minor repairs of glasses. Sun glasses and photochromatic lenses are not covered.

* 6b. Chiropractors' services. These include: (a) one set of diagnostic X-rays per recipient per year; and (b) no more than one treatment per recipient per day, limited to manual manipulation of the spine as

79-9

OFFICIAL

State Nevada

Attachment 3A
Page 2a

5. Physicians' services for outpatients are limited to two office visits per person per month for treatment of illness, two therapeutic injections per month, and emergency treatment. Services to hospital inpatients and family planning services are not limited.
- 6.a. Podiatrists' services require prior authorization by the Medical Care Section on a SAMI-3 for other than emergency care.
- b. Optometrists' services require prior authorization by the Medical Care Section on a SAMI-12. Refractions are limited to one in 36 months. For those individuals referred for diagnosis from an Early Screening examination, refractions are not so limited.
- c. Chiropractors' services are limited to emergency care only.
- d. Other practitioners' services: Certified Registered Nurse Practitioners' services are limited to the same extent as are physicians' services (no. 5 above).

Nevada Tr. 3/21/79 Incorp. 4/9/79 Effective 1/1/79

New Hampshire

Title XIX - NH
PCO-11 82-6

Attachment 3.1-A
Page 2-b

6b. Optometrists' Services

Payment for refraction is limited to one (1) every two (2) years, per recipient whether the provider is an optometrist or ophthalmologist.

6c. Chiropractors' Services

Manual manipulation of the spine is the only service for which payment will be made. These services are limited to four (4) per recipient per fiscal year.

6d. Other Practitioners' Services

Clinical Psychologist

Treatment provided by a certified clinical psychologist, who is not on the staff of a community mental health center, is covered up to twelve (12) services per fiscal year per recipient.

Community Mental Health Center

Treatment at Community Mental Health Centers is covered up to \$500 per fiscal year per recipient, except for partial hospitalization and long-term treatment program services which may be exempt from the limit.

ST. N.H. SA Approved 3-19-82
RO Approved 4-23-82 Effective 1-1-82

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

5. Prior authorization by local office required for elective cosmetic surgery. Prior authorization by State office for psychiatric services by a private practitioner, exceeding a payment of \$300 in any 12 month period, is required.

After an initial visit, prior authorization will be required for psychiatric services rendered to Medicaid recipients in long-term care facilities and sheltered boarding homes (residential health care facility).

Physicians will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

- 6(a) Provided with exception of routine foot care, subluxations of the foot, treatment of flat foot conditions, and injections or drugs dispensed by a podiatrist to his own patients. Prior authorization required for molded shoes, arch supports, laboratory services rendered by a podiatrist for his own patients, and debridement of hypertrophic toenails, if done more than once every two months.
- 6(b) Prior authorization by State office required for optometric examinations in excess of one a year for persons under age 19 or over age 60, or one every two years for persons over age 19 or under age 60; for purchase of optical appliances, for repairs to optical appliances costing over \$5; for visual training, and for other optometric treatment.
- 6(c) Provided but limited to manual manipulation of the spine. Chiropractors practicing in states other than New Jersey are not eligible for reimbursement.
- 6(d) Psychological services are provided. Prior authorization by State office for services by a private practitioner exceeding a payment of \$300 in any 12 month period is required. Psychologists practicing in states other than New Jersey are not eligible for reimbursement.

After an initial visit, prior authorization will be required for psychological services rendered to Medicaid recipients in long-term care facilities and sheltered boarding homes (residential health care facility).

St. N.J. Approved 9-4-81
RO Approved 3-11-82 Effective 4-1-82

6.c Chiropractors' Services

- (1) Chiropractic services are limited to manual manipulation of the spine to correct subluxation which has resulted in a neuromusculoskeletal condition for which manipulation is appropriate. Conditions treated must be demonstrated to exist by x-ray taken within six months.
- (2) Office visits (encounters) to one or a combination of physicians, clinics, hospital outpatient settings, chiropractors, podiatrists, and optometrists are limited to twenty-four (24) per recipient per State fiscal year. Additional visits in excess of the twenty-four (24) visit limit may be authorized by the State agency in emergency situations where the life of the patient would be threatened without such additional care. EPSDT screens are excluded.

7. Home Health

Home health services are provided by certified Home Health Agencies under a plan of care authorized by the patient's physician. Covered home health services include nursing services, services of home health aides, speech therapy, physical therapy, occupational therapy, medical supplies, equipment, and appliances. A medical information form which details the services provided must be submitted with the claim form.

a. Intermittent or Part Time Nursing Services Furnished by a Home Health Agency.

- (1) Care which is furnished only to assist the patient in meeting personal care needs is not covered.
- (2) Intermittent or part-time nursing service by a registered nurse when no home health agency exists in the area is limited to a registered nurse employed by or under contractual arrangement with a local health department.

b. Home Health Aide Giving Personal Care Services According to a Plan of Treatment.

RO Approved 8-6-82 Effective 7-1-82

Categorically Needy Persons and Medically Needy Persons:

1. Inpatient hospital services. For (a) all patients excluding those in institutions for tuberculosis or mental diseases, and (b) patients 65 or older in institutions for mental diseases.

2. Outpatient hospital services. Emergency room care is covered only in a medical or surgical emergency or when other medical necessity is documented by special report, except that emergency room care can also include certain screening/examination services.

3. Other laboratory and X-ray services.

4. Skilled nursing facility services. For patients of all ages excluding those in institutions for tuberculosis or mental diseases. Payment is made for reserved beds in nursing homes for recipients who are temporarily absent: (a) for 15 days maximum during a period of inpatient hospitalization, and (b) for 18 days per year maximum for leaves of absence, except additional days may be paid for if recommended by the attending physician and included in the patient's plan of care.

4a. Intermediate care facility services. For all patients excluding those in institutions for tuberculosis or mental diseases but including patients in institutions for the mentally retarded or related conditions. See 4, above, regarding reserved beds.

5. Physicians' services. These are services provided within the scope of practice of the physician's profession as defined by state law, by or under the personal supervision of an individual licensed under state law to practice medicine or osteopathy.

6. Podiatrists' services.

6a. Optometrists' services. Coverage includes (a) examination by a physician skilled in eye diseases or by an optometrist, and (b) eyeglasses (lenses, frames when necessary, and other aids to vision) that are prescribed by the physician or optometrist when the examination discloses visual impairment. Eyeglasses are limited to one pair per year, except in cases of refractive error, loss or breakage. A recipient is subject to a \$3.00 copayment for glasses that are replaced because of loss or breakage, except that the copayment does not apply to children under EPSDT.

* 6b. Chiropractors' services. Reimbursement limited to \$12 per visit. X-rays not covered.

7. Home health services. Includes: (a) intermittent or part-time nursing service provided by a home health agency or by a registered professional or licensed practical nurse when no home health agency exists in the area, (b) home health aide services provided by a home health agency, (c) medical supplies, equipment, and appliances suitable for use in the home, and (d) physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility. For individuals of all ages.

8. Early and periodic screening and diagnosis of individuals under 21 and treatment of conditions found.

9. Family planning services and supplies. For individuals of childbearing age.

10. Private duty nursing services.

11. Clinic services.

12. Dental services. Orthodontia requires prior authorization and is limited to correction of functional disorders, cosmetic corrections are not covered. Dentures are covered.

13. Physical therapy and related services. Includes: physical therapy; occupational therapy; and services for individuals with speech, hearing and language disorders (provided by or under supervision of a speech pathologist or audiologist).

14. Prescribed drugs. Prescribed diet remedies (as defined by the state Medicaid agency) and alcoholic beverages (spirits fermenti) are not covered.

15. Dentures. See 12, above.

16. Prosthetic devices.

17. Eyeglasses. See 6a, above.

18. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere under the program.

19. Inpatient psychiatric facility services for individuals under 21 or under 22 if confined beyond 21st birthday.

OFFICIAL

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State of Ohio

c. Chiropractor Services -- D.C.

Limited to four visits per month for patients in independent living arrangements for:

TREATMENTS

22500 MANIPULATION OF SPINE, ANY REGION, DURING OFFICE VISIT

27270 MANIPULATION SACROILIAC JOINT (WITHOUT ANESTHESIA), INCLUDING OFFICE VISIT

This service is limited to manual manipulation only (effective December 27, 1974, for Medicare and Medicaid). This precludes any payment for diagnostic X-ray taken by the chiropractor.

d. Other Practitioner Services

Mechanotherapy Services -- D.M. or M.T.

Limited to four visits per month per provider for patients in independent living arrangements for services in the CPT Code, 5rd Edition, for which the practitioner is currently licensed.

The following services are not covered by the program:

Lab and X-ray services since such services are not in the scope of practice of a mechanotherapist.

Activities of daily living and diversional activities.

Office visit including tests or measurements for activities of daily living "check-out".

Licensed Psychologist Services

Covered services are those professional procedures listed in the State of Ohio Medicaid Handbook.

The following services are not covered:

. Services of psychologists provided in mental institutions and mental retardation institutions operated by the State Department of Mental Health and Mental Retardation.

. Services of school psychologists provided in facilities regulated by the State Board of Education.

St. Ohio 7/12/77

9/30/77 Effective 7/1/77

LIMITATION ON SERVICES5. Physicians' Services

Payment for physician's services is subject to published rules and instructions, and prior authorization of selected elective and rehabilitative procedures. Other selected procedures are not covered based on unproven efficacy and/or non-coverage by Medicare and other major third party payors, and after concurrence by appropriate provider representation. The AFS Physician Services Guide sets forth the fee schedule, rules and instructions. Elective, rehabilitative and other procedures not listed must be submitted for approval of payment by the Division's Health and Social Services Section. Applies to categorically needy only.

Non-emergency services provided by out-of-state physicians, other than in contiguous areas, must be prior authorized. Foster children who are Oregon residents living anywhere in the United States or Canada are exempt from this limitation.

6.a. Podiatrist Services

Podiatrist services are provided only in emergency situations when foot problems are directly related to acute disease or infection, acute injury and/or to relieve severe pain. Claims are reviewed prior to payment by the podiatry consultant or competent administrative staff based on criteria developed by the consultant. Applies to categorically needy only.

6.b. Optometrists' Services

Optometrist services are provided subject to rules and procedures set forth in the AFS Visual Services and Ophthalmic Materials Guides. Prior authorization for payment must be submitted to the AFS branch office for decision by the AFS branch office, local medical consultant or the Health and Social Services Section, as appropriate. Applies to categorically needy only.

6.c. Chiropractors' Services

Chiropractic services are provided with a limitation of no more than four visits in a month. All requests for payment are reviewed by a Chiropractic Consultant.

6.d. Other Practitioners' Services

Billings from Naturopaths are reviewed by a Naturopathic Consultant for appropriateness of billing and payment.

DESCRIPTION OF LIMITATIONS

SERVICE	LIMITATIONS
<p>6. (CONTINUED)</p> <p>/c. Chiropractors' Services Effective 9/1/80</p>	<p><u>Categorically Needy</u> - Limited, only services that:</p> <p>(1) are provided by a chiropractor who is licensed by the State and meets the standards under 42 CFR 405.232(b); and</p> <p>(2) consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by Pennsylvania to perform.</p> <p><u>NOTE:</u> Payment is not made for x-rays performed by a chiropractor.</p> <p><u>Medically Needy</u> - Same as above.</p>

TN# 82-7
Supersedes
TN# 80-24

Approval Date MAY 24 1982

Effective Date ⁸⁻²⁸⁻⁸² JUL 1 1982

SUPPLEMENT TO ATTACHMENT 3.1-A

1. Inpatient Hospital Services

Inpatient hospital services provided by a general acute care hospital are limited to: (1) 60 days of inpatient care during a benefit period as defined by Title XVIII of the Social Security Act; and (2) the first 3 pints of blood provided during each benefit period. Crippled Children's Hospital services are not subject to limitations.

4b. Early and Periodic Screening, Diagnosis and Treatment

The services covered under the EPSDT program which may be available for eligible individuals, shall include the procedures designed to ascertain the physical and mental defects, and the treatment of the conditions discovered, limited by the services provided under the medical assistance program; the provision of eye glasses, hearing aids, and other kinds of accepted treatment for visual and hearing defects; and dental care necessary to relieve pain and infection, restoration of teeth, and maintenance of dental health.

4c. Family Planning Services

Voluntary abortions are excluded from family planning services.

5. Physician Services

Physician services are limited to those services which are medically necessary and required by the patient. Routine physical examinations are not payable except when authorized by the Department. Payment for abortion is allowed only when the life of the mother is threatened and this fact has been properly documented by the attending physician.

6b. Optometrist's Services

Optometrist's services payable are limited to services under the Early and Periodic Screening, Diagnosis and Treatment Program.

6c. Chiropractic Services

Chiropractic services payable are limited to manual manipulation of the spine to correct subluxation which is demonstrated by X-ray to exist.

7. Home Health Services

a, b, and d. Services are limited to 100 visits per calendar year when preceded by hospitalization and 100 visits per calendar year without prior hospitalization. All services must be ordered by a physician.

c. Supplies and equipment are limited to the scope of benefits approved by Medicare.

10. Dental Services

Except for services provided under EPSDT for eligible children under 21 years of age, dental services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, full mouth extractions, and full dentures.

81-23
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Off. 10/1/81

Reproduced as US Government Expense

DEC 31 1981

15. Paragraph 15 as submitted by Amendment Number 10, transmittal number 75-41, is hereby deleted.
16. Chiropractic Services. Coverage of chiropractic services is limited to services which consist of necessary treatment or correction by means of manual manipulation of the spine, by use of hands only, to correct a subluxation demonstrated by x-ray to exist. The x-ray must be done prior to such treatment. The chiropractor must be licensed to practice in Texas and must meet the uniform minimum standards promulgated by the Secretary of the Department of Health, Education and Welfare under Title XVIII of the Social Security Act.

Coverage for such treatment is limited to no more than 24 visits per recipient per 12 consecutive month period. A 12 consecutive month period begins with the first month in which services are provided.

Documenting x-rays will be kept on file and are subject to utilization review and audit procedures. Coverage of chiropractic services will be determined by the Single State Agency or its designated agent in accordance with the regulations, rules and procedures governing chiropractic services under Part B of Title XVIII of the Social Security Act. Coverage does not extend to the diagnostic, therapeutic services or adjunctive therapies furnished by a chiropractor or by others under his or her orders or direction. This exclusion applies to the x-ray taken for the purpose of determining the existence of a subluxation of the spine. Additionally, braces or supports, even though ordered by an M.D. or D.O. and supplied by a chiropractor, are not reimbursable items.

St. TEXAS Tr. 9/15/77 Incorp. 10/3/77 Effective 9/1/77

outpatient hospital, home health, or mental health clinic services; or (b) an exception is preauthorized for compelling reasons. Physician visits are limited as follows: hospital visits—one per day, SNF visits—one per week; ICF visits—one per month; office visits—up to five per month; home visits—up to five per month. Additional visits are covered if there is evidence of medical necessity. Payment for concurrent care is limited to one physician unless the care is part of a coordinated treatment plan. Not covered are: (a) new and experimental procedures, including acupuncture and certain organ transplants; (b) cosmetic surgery except for prompt repair of accidental injury or to improve functioning of a malformed body part; (c) hysterectomies solely for sterilization; (d) procedures of questionable value, and (e) redundant procedures.

6. Podiatrists' services. Covered podiatry services by a podiatrist, chiropodist, or other physician are limited to non-routine foot care such as surgical removal of ingrown toenails, treatment of foot lesions resulting from infection or diabetic ulcers, and similar Medicare-covered treatment according to policy applicable to all physicians' services. Excluded are treatment of flat foot conditions and supportive devices used in such treatment, treatment of subluxations of the foot except for surgery, cutting or removal of corns or calluses, trimming of nails, and preventive or hygienic care of the feet. A patient's inability to perform routine foot care does not cause such care to be covered.

6a. Optometrists' services. Provided are: (a) an eye examination to measure vision once every two years; (b) an interim eye examination, such as for glaucoma, every two years; (c) one pair of eyeglasses every two years—a second pair requires prior authorization; (d) repairs to glasses; (e) contact lenses, with prior approval; and (f) photosensitive materials added to lenses, with prior approval.

6b. Chiropractors' services. Coverage is limited to manipulation to correct a subluxation of the spine. An X-ray is required, but is not covered for payment. Only 10 treatments per recipient per calendar year are covered unless more are medically justified by the chiropractor. Prior authorization is required for services provided to a recipient under age 12.

7. Home health services. Included for individuals of all ages are: (a) intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area; (b) home health aide services provided by a home health agency; (c) medical supplies, equipment, and appliances suitable for use in the home; and (d) physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility—these are routinely covered for four months on physician's certification, and the period of treatment may be extended with prior authorization.

8. Early and periodic screening and diagnosis of individuals under 21 and treatment of conditions found.

9. Family planning services and supplies. These are provided for individuals of childbearing age. Coverage includes services of participating hospitals, physicians, pharmacies, and medical oriented services of Planned Parenthood of Vermont.

10. Clinic services. Covered are physicians' services billed by the clinic on the doctor's behalf and services and medical supplies incident to physicians' services. Indian Health Service facilities may qualify as providers on the same basis as other clinics, although a license is not necessary. Mental health clinic services are provided for outpatients in state-qualified mental health clinics that are not part of a hospital. Services must be provided according to a physician's plan of treatment for the patient. Mental health center services include diagnosis and evaluation and day treatment.

11. Dental services. Coverage for individuals age 21 and older is limited to: (a) excision of cyst or tumor of jawbone; (b) reduction of fracture of jaw or facial bone; or (c) extraction of teeth to prepare jaw for radiation. Services covered for children under 21 by the EPSDT program include: (a) complete examination and diagnosis including radiographs when indicated; (b) elimination of pain and infection; (c) treatment of injuries; (d) elimination of diseases of bone and soft tissue; (e) treatment of anomalies; (f) restoration of decayed or fragmented teeth; (g) treatment of malocclusion with priority for interceptive treatment, disfiguring and handicapping malocclusion; (h) periodic recall for prophylaxis and treatment services; and (i) replacement of missing teeth. Payment is not made for topical fluoride treatment. Prior authorization is required for EPSDT dental services for any plan of treatment in which it is estimated that total costs will exceed \$20.

12. Physical therapy and related services. Included are: (a) physical therapy; (b) occupational therapy; and (c) services for individuals with speech, hearing, and language disorders if such services are provided by or under supervision of a speech pathologist or audiologist. Rehabilitative therapy services are covered under inpatient hospital services and are also covered as outpatient hospital services if they are part of a written treatment plan. Outpatient services are routinely covered for four months on physician's certification, and the period of treatment may be extended with prior authorization.

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Medicaid

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Categorically Needy Persons:

6a. Optometrists' services. These are limited to a refraction and glasses once every 12 months except that this limit does not apply to children under EPSDT. Sunglasses, photochromic lenses, two pairs of glasses in lieu of bifocals or trifocals, contact lenses, orthoptics therapy, and glasses for cosmetic purposes are not covered. Examinations for providing certain lenses and frames require prior authorization. Group screening is not permitted.

6b. Chiropractors' services. These are limited to 20 visits per year (plus one visit for a new patient) to adjust subluxation of the spine by hand, and to X-rays limited to specified spinal areas. Out-of-state treatments cannot exceed three.

6c. Psychologists' services. Psychological evaluations by a psychologist are covered when requested by a physician as part of an ongoing treatment plan and the request is approved by the program. Treatment by a psychologist is not covered.

6d. Respiratory therapists' services. Services of respiratory therapists and technicians are covered in the patient's home or in a nursing home if program approval is obtained.

6e. Certified registered nurse practitioners' services. Services of nurse practitioners are covered through agreements with nurse practitioner clinics on an individual basis.

7. Home health services. Included for individuals of all ages are: (a) intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area, (b) home health aide services provided by a home health agency, (c) medical supplies, equipment, and appliances suitable for use in the home—there is no limit on medical supplies or on external braces for the neck, trunk, or extremities, but prior authorization is required to purchase equipment and appliances or to rent durable equipment, and (d) physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility—prior authorization is required when these are provided by a medical rehabilitation facility. Approval is required when home health service duration or monthly payment will exceed the program's limits.

8. Early and periodic screening and diagnosis of individuals under 21 and treatment of conditions found.

9. Family planning services and supplies. These are provided for individuals of childbearing age, limited to physician, clinic, and hospital services, and supplies and drugs.

10. Private-duty nursing services. These may be provided by a registered or licensed practical nurse if prior authorization is obtained.

11. Clinic services.

12. Dental services. Coverage of dental services is limited to children under EPSDT. It includes (a) initial and periodic oral examinations; (b) treatment necessary for relief of pain and infection, restoration of teeth, and maintenance of dental health; and (c) orthodontic treatment defined as use of any appliance, intra-oral or extra-oral, removable or fixed, or any surgical procedure designed to move teeth. Prior authorization is required for orthodontic treatment. Dentures are covered, limited to fabrication and fitting and subject to prior authorization.

13. Physical therapy and related services. Included are: (a) physical therapy when authorized to avoid need for hospitalization or nursing home care, assist recipient in becoming employable, or solve a medical need in unusual circumstances; and (b) speech therapy by prior authorization when provided by a speech pathologist.

14. Prescribed drugs. Coverage is limited to items in the agency's formulary except by prior authorization or in an emergency. Drugs for

Medically Needy Persons:

6a. Same

6b. Not provided

6c. Same

6d. Same

6e. Same

7. Same, except that services in (d) are not covered when provided by a medical rehabilitation facility.

8. Not provided

9. Limited to physicians' services and supplies.

10. Not provided.

11. Same

12. Dental services—not provided. Dentures—covered the same as for the categorically needy.

13. Not provided.

14. Same.

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State West Virginia

3.1 Amount, Duration, and Scope of Assistance

ATTACHMENT 3.1-A and 3.1-B

Amount, duration, and scope of medical and remedial care and services provided.

1. Inpatient Hospital Services - Limited to 20 days in a fiscal year, July 1 through June 30.

2. a. Coverage for emergency room services limited to conditions related to accident, injury, or trauma.

4. a. Skilled Nursing Facility Services

Pre-certification required on each admission prior to authorization of benefits. Re-certification required for continued stay after initial certification.

6. b. Optometrists' Services

Routine provision of eyeglasses no more often than once per year for those individuals who are eligible for EPSDT services. Prior authorization required for appliances and visual training.

c. Chiropractors' Services

Treatment limited to manual manipulation of the spine; visits limited to six per fiscal year.

d. Other Practitioners' Services

Psychologists - Prior authorization required for therapy.

7. c. Medical Supplies, Equipment, Etc.

Special procedures must be preauthorized by the State agency.

8. Private Duty Nursing Services

Prior authorization required.

State Wisconsin

DESCRIPTION OF LIMITATIONS

All limitations described in this page and the next page are equally applicable to categorically needy and medically needy, unless otherwise noted.

Effective 11-1-81

- 1. Inpatient Hospital Services. For services requiring prior authorization see section HSS 107.08 of the Wisconsin Administrative Code.
- 2.a. Outpatient Hospital Services. Services to medically needy are restricted to federally mandated benefits. Prior authorization restrictions apply to hospitals when they provide the applicable service. Day treatment services require prior authorization after exceeding 120 hours (outpatient) 40 hours (nursing home) or 20 hours (inpatient), except that such services are not available to the medically needy. For a full description of limitations on the service, see section HSS 107.13 of the Wisconsin Administrative Code.
- 2.b. Rural Health Clinic Services. All Wisconsin Medicaid services requiring prior authorization are applicable to rural health clinics.

Disapproved per letter from C. Davis to [unclear] date 12/30/81

- 4.a. Skilled Nursing Facility Services. Concurrent authorization of care and amount of payment based on plan of care and independent medical review. ~~Medically needy residents remain eligible to receive any optional services necessary to support their nursing home care. Reimbursement for levels ICF 3 & 4 is available only if the person entered the facility before October 1, 1981 and has continuously resided in a facility since that date, or, if the person has a primary diagnosis in the areas of developmentally disabilities or chronic mental illness.~~
- 4.c. Family Planning Services. Sterilization procedures require prior authorization and the informed consent requirements under federal regulations.

Effective 2-1-81

- 5. Physicians' Services. Transsexual surgery and artificial insemination are not covered services. For services requiring prior authorization see section HSS 107.06 of the Wisconsin Administrative Code. Certain elective surgical procedures require a second surgical opinion in order for Medicaid reimbursement to be available. If a second opinion is obtained, reimbursement for the surgery will be made regardless of whether the second opinion confirms or disconfirms the first opinion. Procedures requiring a second opinion are: cataract extraction; cholecystectomy; certain D & C procedures; hemorrhoidectomy; inguinal hernia repair; hysterectomy; joint replacement hip or knee; tonsillectomy and/or adenoidectomy; TUR, prostate; varicose vein surgery. Exceptions are made for urgent and emergent cases.

Effective 2-1-80

- 6.b. Optometry. The following are not covered: anti-glare coating, sunglasses, spare eyeglasses, cosmetic services. For services requiring prior authorization see section HSS 107.20 of the Wisconsin Administrative Code.
- 6.c. Chiropractic. Consultations are not covered. For services that require prior authorization, see section HSS 107.15 Wisconsin Administrative Code.
- 6.d. Other Practitioners. Not provided, except for evaluations of up to four hours per year.

7. Home Health Care Services.

- c. Medical Supplies and Equipment. For limitations on services, see section HSS 107.24 of the Wisconsin Administrative Code.

disapproved 11-17-82 *11-1-81*

HEALTH AND SOCIAL SERVICES

HSS 107

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1. first procedure at 100%;
2. second procedure at 50%;
3. third procedure at 25%;
4. fourth procedure at 12.5%.

Additional surgical procedures performed on the same foot within 120 days of the original surgery will be paid at 50%. Post-operative care, office calls and dressings are considered part of the surgical fee.

(f) The administration of antibiotics is limited to LA, AP, or penicillin for the purpose of treating cellulitis or an acute "itis" associated with foot disease.

(g) Debridement of mycotic conditions and mycotic nails are a covered service per utilization guidelines established by the department of health and social services.

(h) The application of unna boots is allowed once per two weeks.

(3) **NON-COVERED SERVICES.** The following are non-covered services (in addition to HSS 107.03):

(a) Procedures which do not relate to the diagnosis or treatment of the ankle and foot are not covered.

(b) Palliative or maintenance care, except as enumerated in subsection (2) above.

(c) Orthopedic shoes and supportive devices such as arch supports, shoe inlays, and pads.

(d) Services directed toward the care and correction of "flat feet."

(e) Treatment of subluxation of the foot.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80.

6.c. **HSS 107.15 Chiropractic services.** (1) **Covered services.** Chiropractic services which are covered by the medical assistance program are manual manipulations of the spine used to treat a subluxation, and certain specific diagnostic services. Such services shall be performed by a chiropractor certified pursuant to section HSS 105.24.

(2) **SERVICES REQUIRING PRIOR AUTHORIZATION** [Note: For more information on prior authorization, see HSS 107.02(3).]

(a) Prior authorization is required for services beyond the initial visit and 28 manipulations during a 12 month period per recipient per episode of illness as defined in HSS 107.15 (3) (a). The prior authorization request must include a justification of why the condition is chronic and why it warrants the scope of service being requested.

(b) Spinal supports which have been prescribed by a physician or chiropractor are a covered service. If the purchase or rental price of the support is over \$75.00, prior authorization is required. Rental costs under \$75.00 will be paid for one month without prior approval.

(3) **OTHER LIMITATIONS.** (a) An x-ray or set of x-rays (such as anterior-posterior and lateral) is a covered service once per episode of illness

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if the x-ray (s) is performed either in the course of diagnosing a spinal subluxation or in the course of verifying symptoms of other medical conditions beyond the scope of chiropractic. (Episode of illness is defined as either the acute onset of a new condition or re-occurrence of a preexisting condition which limits the functional ability of the recipient and requires a sequence of chiropractic adjustments to rectify).

Not under Title
(b) A diagnostic laboratory test is a covered service for an initial office visit only; or when related to the diagnosis of a spinal subluxation; or when verifying a symptomatic condition beyond the scope of chiropractic. The only test covered is urinalysis, when used solely for assessing the possible existence of underlying medical conditions (i.e. diabetes, infections).

(c) The billing for an initial office visit must clearly describe all procedures performed to insure accurate reimbursement.

(4) **NON-COVERED SERVICES.** Consultations (second opinions) between providers regarding a diagnosis of treatment are not a covered service.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80.

HSS 107.16 Physical therapy. (1) *Covered services.* Covered physical therapy services are those medically necessary modalities, procedures and evaluations enumerated in this section, when performed by or under the supervision of a qualified physical therapist and when prescribed by a physician. Reimbursement for covered physical therapy services shall be based on the treatment unit (s) performed.

(a) *Evaluation.* Covered evaluations are those enumerated in the list below: (A written report of the results of the evaluation performed shall accompany the test chart or form in the recipient's medical record.)

1. Stress test;
2. Orthotic check-out;
3. Prosthetic check-out;
4. Functional evaluation;
5. Manual muscle test;
6. Isokinetic evaluation;
7. Range of motion measure;
8. Length measurement;
9. Electrical testing:
 - a. Nerve conduction velocity;
 - b. Strength duration curve—chronaxie;
 - c. Reaction of degeneration;
 - d. Jolly test (twitch tetanus);
 - e. "H" test;
 - f. Electro-myography;

required, or when 60 treatment days have been exhausted, whichever comes first.

(c) A spell of illness must be documented in the plan of care.

(d) Unused treatment days from one spell of illness shall not be carried over into a new spell of illness.

(e) With proper documentation, the department may approve prior authorization requests for up to a year of preventive/maintenance speech therapy.

(f) Treatment days covered by Medicare or other third-party insurance shall be included in computing the 60-day total.

(g) To the extent that the legislature appropriates sufficient funds and position authority, the department will have on its staff qualified speech therapist (s) to review prior authorization requests and perform other consultative activities.

(h) A peer review committee will serve to assist in review of claims and prior authorization requests, to advise the department and to act as first level of an appeal mechanism.

(3) OTHER LIMITATIONS. The limitations of HSS 107.16 (3) apply to speech pathology services.

(4) NON-COVERED SERVICES. (a) Services which are of questionable therapeutic value in a program of speech pathology shall not be covered. For example, charges by speech pathology providers for "language development—facial physical," "voice therapy—facial physical" or "appropriate outlets for reducing stress" shall not be covered.

(b) Activities not associated with the treatment of a recipient, such as the end of day clean up of the treatment area, shall not be reimbursable services.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80.

// HSS 107.19 Audiology. (1) *Covered services.* Covered audiology services are those medically necessary diagnostic, screening, preventive or corrective audiology services prescribed by a physician and provided by or under the supervision of an audiologist certified pursuant to section HSS 105.31. Such services include:

(a) Audiological evaluation;

(b) Hearing aid evaluation;

(c) Hearing aid performance check;

(d) Audiological tests;

(e) Audiometric techniques;

(f) Impedance audiometry;

(g) Aural rehabilitation;

(b) Speech and audio therapy.

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