



LAWS OF ALASKA

1993

Source
CSHB 171(FIN)

Chapter No.
75

AN ACT

Providing coverage for hospice care under the Medicaid program; reordering the priorities given to optional services under the Medicaid program; and providing for an effective date.

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

THE ACT FOLLOWS ON PAGE 1

Approved by the Governor: June 25, 1993
Actual Effective Date: January 1, 1994

AN ACT

1 Providing coverage for hospice care under the Medicaid program; reordering the priorities
2 given to optional services under the Medicaid program; and providing for an effective date.

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4 * **Section 1.** AS 47.07.030(b) is amended to read:

5 (b) In addition to the mandatory services specified in (a) of this section, the
6 department may offer only the following optional services: case management and
7 nutrition services for pregnant women; personal care services in a recipient's home;
8 emergency hospital services; long-term care noninstitutional services; medical supplies
9 and equipment; advanced nurse practitioner services; clinic services; rehabilitative
10 services for substance abusers and emotionally disturbed or chronically mentally ill
11 adults; targeted case management services for substance abusers, chronically mentally
12 ill adults, and severely emotionally disturbed persons under the age of 21; inpatient
13 psychiatric facility services for individuals age 65 or older and individuals under age

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1 21; psychologists' services; clinical social workers' services; prescribed drugs; physical
2 therapy; occupational therapy; chiropractic services; low-dose mammography
3 screening, as defined in AS 21.42.375(e); hospice care; treatment of speech, hearing,
4 and language disorders; adult dental services; prosthetic devices and eyeglasses;
5 optometrists' services; intermediate care facility services, including intermediate care
6 facility services for the mentally retarded; skilled nursing facility services for
7 individuals under age 21; and reasonable transportation to and from the point of
8 medical care.

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

10 Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the department
11 finds that the cost of medical assistance for all persons eligible under this chapter will
12 exceed the amount allocated in the state budget for that assistance for the fiscal year,
13 the department shall eliminate coverage for optional medical services and optionally
14 eligible groups of individuals in the following order:

- 15 (1) clinical social workers' services;
- 16 (2) psychologists' services;
- 17 (3) chiropractic services;
- 18 (4) advanced nurse practitioner services;
- 19 (5) adult dental services;
- 20 (6) emergency hospital services;
- 21 (7) treatment of speech, hearing, and language disorders;
- 22 (8) optometrists' services and eyeglasses;
- 23 (9) occupational therapy;
- 24 (10) mammography screening;
- 25 (11) prosthetic devices;
- 26 (12) medical supplies and equipment;
- 27 (13) targeted case management services;
- 28 (14) rehabilitative services for substance abusers and emotionally
29 disturbed or chronically mentally ill adults;
- 30 (15) clinic services;
- 31 (16) physical therapy;

1 (17) personal care services in a recipient's home;

2 (18) prescribed drugs;

3 (19) hospice care;

4 (20) long-term care noninstitutional services;

5 (21) [(20)] inpatient psychiatric facility services;

6 (22) [(21)] intermediate care facility services for the mentally retarded;

7 (23) [(22)] intermediate care facility services;

8 (24) [(23)] individuals under age 21 who are not eligible for benefits
9 under the federal aid to families with dependent children program because they are not
10 deprived of one or more of their natural or adoptive parents;

11 (25) [(24)] skilled nursing facility services for persons under age 21;

12 (26) [(25)] aged, blind, and disabled individuals who, because they do
13 not meet the income requirements, do not receive supplemental security income under
14 Title XVI of the Social Security Act, but who are eligible, or would be eligible if they
15 were not in a skilled nursing facility or intermediate care facility, to receive an
16 optional state supplementary payment;

17 (27) [(26)] individuals in a hospital, skilled nursing facility, or
18 intermediate care facility whose income while in the facility does not exceed 300
19 percent of the supplemental security income benefit rate under Title XVI of the Social
20 Security Act, but who, because of income, are not eligible for the optional state
21 supplementary payment;

22 (28) [(27)] individuals under age 21 under supervision of the
23 department, for whom maintenance is being paid in whole or in part from public
24 money and who are in foster homes or private child-care institutions.

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

26 (18) "hospice care" means services to a terminally ill individual of the
27 type and under the circumstances described in 42 U.S.C. 1396d(o), as amended, and
28 applicable federal regulations.

29 * Sec. 4. This Act takes effect January 1, 1994.