

HOUSE CS FOR CS FOR SENATE BILL NO. 74(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered: 4/11/16

Referred: Rules

Sponsor(s): SENATORS KELLY, Giessel, Micciche, Bishop, MacKinnon, Hoffman, Costello, McGuire, Stedman, Stevens, Coghill, Egan, Meyer

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to diagnosis, treatment, and prescription of drugs without a physical**
2 **examination by a physician; relating to the delivery of services by a licensed audiologist,**
3 **speech-language pathologist, professional counselor, marriage and family therapist,**
4 **psychologist, psychological associate, social worker, physical therapist, occupational**
5 **therapist, and registered speech-language pathologist assistant by audio, video, or data**
6 **communications; relating to the duties of the State Medical Board; relating to**
7 **limitations of actions; establishing the Alaska Medical Assistance False Claim and**
8 **Reporting Act; relating to medical assistance programs administered by the Department**
9 **of Health and Social Services; relating to the controlled substance prescription**
10 **database; relating to the duties of the Board of Pharmacy; relating to the duties of the**
11 **Board of Dental Examiners; relating to the duties of the Board of Nursing; relating to**
12 **the duties of the Board of Examiners in Optometry; relating to the duties of the**

1 **Department of Commerce, Community, and Economic Development; relating to the**
 2 **duties of the Department of Corrections; relating to accounting for program receipts;**
 3 **relating to public record status of records related to the Alaska Medical Assistance False**
 4 **Claim and Reporting Act; establishing a telemedicine business registry; relating to**
 5 **verification of eligibility for public assistance programs administered by the Department**
 6 **of Health and Social Services; relating to annual audits of state medical assistance**
 7 **providers; relating to reporting overpayments of medical assistance payments;**
 8 **establishing authority to assess civil penalties for violations of medical assistance**
 9 **program requirements; relating to the duties of the Department of Health and Social**
 10 **Services; establishing medical assistance demonstration projects; relating to Alaska**
 11 **Pioneers' Homes and Alaska Veterans' Homes; relating to the duties of the Department**
 12 **of Administration; relating to the Alaska Mental Health Trust Authority; relating to**
 13 **feasibility studies for the provision of specified state services; relating to a report by the**
 14 **Board of Pharmacy, Board of Examiners in Optometry, Board of Dental Examiners,**
 15 **Board of Nursing, and State Medical Board; amending Rules 4, 5, 7, 12, 24, 26, 27, 41,**
 16 **77, 79, and 82, Alaska Rules of Civil Procedure; and providing for an effective date."**

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

18 * **Section 1.** AS 08.11.080 is amended by adding new subsections to read:

19 (b) The department may not impose disciplinary sanctions on an audiologist
 20 for the evaluation, diagnosis, or treatment of a person through audio, video, or data
 21 communications when physically separated from the person if the audiologist

22 (1) or another licensed health care provider is available to provide
 23 follow-up care;

24 (2) requests that the person consent to sending a copy of all records of
 25 the encounter to a primary care provider if the audiologist is not the person's primary

1 care provider and, if the person consents, the audiologist sends the records to the
2 person's primary care provider; and

3 (3) meets the requirements established by the department in regulation.

4 (c) The department shall adopt regulations restricting the evaluation,
5 diagnosis, supervision, and treatment of a person as authorized under (b) of this
6 section by establishing standards of care, including standards for training,
7 confidentiality, supervision, practice, and related issues.

8 * **Sec. 2.** AS 08.11.083 is amended by adding new subsections to read:

9 (b) The department may not impose disciplinary sanctions on a speech-
10 language pathologist assistant for the evaluation, diagnosis, or treatment of a person
11 through audio, video, or data communications when physically separated from the
12 person if the speech-language pathologist assistant

13 (1) or another licensed health care provider is available to provide
14 follow-up care;

15 (2) requests that the person consent to sending a copy of all records of
16 the encounter to a primary care provider if the speech-language pathologist assistant is
17 not the person's primary care provider and, if the person consents, the speech-language
18 pathologist assistant sends the records to the person's primary care provider; and

19 (3) meets the requirements established by the board in regulation.

20 (c) The department shall adopt regulations restricting the evaluation,
21 diagnosis, supervision, and treatment of a person as authorized under (b) of this
22 section by establishing standards of care, including standards for training,
23 confidentiality, supervision, practice, and related issues.

24 * **Sec. 3.** AS 08.11.085 is amended by adding new subsections to read:

25 (b) The department may not impose disciplinary sanctions on a speech-
26 language pathologist for the evaluation, diagnosis, or treatment of a person through
27 audio, video, or data communications when physically separated from the person if the
28 speech-language pathologist

29 (1) or another licensed health care provider is available to provide
30 follow-up care;

31 (2) requests that the person consent to sending a copy of all records of

1 the encounter to a primary care provider if the speech-language pathologist is not the
 2 person's primary care provider and, if the person consents, the speech-language
 3 pathologist sends the records to the person's primary care provider; and

4 (3) meets the requirements established by the board in regulation.

5 (c) The department shall adopt regulations restricting the evaluation,
 6 diagnosis, supervision, and treatment of a person as authorized under (b) of this
 7 section by establishing standards of care, including standards for training,
 8 confidentiality, supervision, practice, and related issues.

9 *** Sec. 4.** AS 08.29.400 is amended by adding new subsections to read:

10 (b) The board may not impose disciplinary sanctions on a licensee for the
 11 evaluation, diagnosis, or treatment of a person through audio, video, or data
 12 communications when physically separated from the person if

13 (1) the licensee or another licensed health care provider is available to
 14 provide follow-up care;

15 (2) the licensee requests that the person consent to sending a copy of
 16 all records of the encounter to a primary care provider if the licensee is not the
 17 person's primary care provider and, if the person consents, the licensee sends the
 18 records to the person's primary care provider; and

19 (3) the licensee meets the requirements established by the board in
 20 regulation.

21 (c) The board shall adopt regulations restricting the evaluation, diagnosis,
 22 supervision, and treatment of a person as authorized under (b) of this section by
 23 establishing standards of care, including standards for training, confidentiality,
 24 supervision, practice, and related issues.

25 *** Sec. 5.** AS 08.36.070(a) is amended to read:

26 (a) The board shall

27 (1) provide for the examination of applicants and the credentialing,
 28 registration, and licensure of those applicants it finds qualified;

29 (2) maintain a registry of licensed dentists, licensed dental hygienists,
 30 and registered dental assistants who are in good standing;

31 (3) affiliate with the American Association of Dental Boards and pay

1 annual dues to the association;

2 (4) hold hearings and order the disciplinary sanction of a person who
3 violates this chapter, AS 08.32, or a regulation of the board;

4 (5) supply forms for applications, licenses, permits, certificates,
5 registration documents, and other papers and records;

6 (6) enforce the provisions of this chapter and AS 08.32 and adopt or
7 amend the regulations necessary to make the provisions of this chapter and AS 08.32
8 effective;

9 (7) adopt regulations ensuring that renewal of a license, registration, or
10 certificate under this chapter or a license, certificate, or endorsement under AS 08.32
11 is contingent upon proof of continued professional competence;

12 (8) at least annually, cause to be published on the Internet and in a
13 newspaper of general circulation in each major city in the state a summary of
14 disciplinary actions the board has taken during the preceding calendar year;

15 (9) issue permits or certificates to licensed dentists, licensed dental
16 hygienists, and dental assistants who meet standards determined by the board for
17 specific procedures that require specific education and training;

18 **(10) require that a licensed dentist who has a federal Drug**
19 **Enforcement Administration registration number register with the controlled**
20 **substance prescription database under AS 17.30.200(o).**

21 * **Sec. 6.** AS 08.63.210 is amended by adding new subsections to read:

22 (c) The board may not impose disciplinary sanctions on a licensee for the
23 evaluation, diagnosis, supervision, or treatment of a person through audio, video, or
24 data communications when physically separated from the person if

25 (1) the licensee or another licensed health care provider is available to
26 provide follow-up care;

27 (2) the licensee requests that the person consent to sending a copy of
28 all records of the encounter to a primary care provider if the licensee is not the
29 person's primary care provider and, if the person consents, the licensee sends the
30 records to the person's primary care provider; and

31 (3) the licensee meets the requirements established by the board in

1 regulation.

2 (d) The board shall adopt regulations restricting the evaluation, diagnosis,
3 supervision, and treatment of a person as authorized under (c) of this section by
4 establishing standards of care, including standards for training, confidentiality,
5 supervision, practice, and related issues.

6 * **Sec. 7.** AS 08.64.101 is amended to read:

7 **Sec. 08.64.101. Duties.** The board shall

8 (1) examine and issue licenses to applicants;

9 (2) develop written guidelines to ensure that licensing requirements are
10 not unreasonably burdensome and the issuance of licenses is not unreasonably
11 withheld or delayed;

12 (3) after a hearing, impose disciplinary sanctions on persons who
13 violate this chapter or the regulations or orders of the board;

14 (4) adopt regulations ensuring that renewal of licenses is contingent **on**
15 [UPON] proof of continued competency on the part of the licensee; and

16 (5) under regulations adopted by the board, contract with private
17 professional organizations to establish an impaired medical professionals program to
18 identify, confront, evaluate, and treat persons licensed under this chapter who abuse
19 alcohol, other drugs, or other substances or are mentally ill or cognitively impaired;

20 **(6) adopt regulations that establish guidelines for a physician who**
21 **is rendering a diagnosis, providing treatment, or prescribing, dispensing, or**
22 **administering a prescription drug to a person without conducting a physical**
23 **examination under AS 08.64.364; the guidelines must include a nationally**
24 **recognized model policy for standards of care of a patient who is at a different**
25 **location than the physician;**

26 **(7) require that a licensee who has a federal Drug Enforcement**
27 **Administration registration number register with the controlled substance**
28 **prescription database under AS 17.30.200(o).**

29 * **Sec. 8.** AS 08.64.364(a) is amended to read:

30 (a) The board may not impose disciplinary sanctions on a physician for
31 **rendering a diagnosis, providing treatment, or** prescribing, dispensing, or

1 administering a prescription drug **that is not a controlled substance** to a person
2 without conducting a physical examination if

3 (1) [THE PRESCRIPTION DRUG IS

4 (A) NOT A CONTROLLED SUBSTANCE; OR

5 (B) A CONTROLLED SUBSTANCE AND IS PRESCRIBED,
6 DISPENSED, OR ADMINISTERED BY A PHYSICIAN WHEN AN
7 APPROPRIATE LICENSED HEALTH CARE PROVIDER IS PRESENT
8 WITH THE PATIENT TO ASSIST THE PHYSICIAN WITH
9 EXAMINATION, DIAGNOSIS, AND TREATMENT;

10 (2) THE PHYSICIAN IS LOCATED IN THIS STATE AND] the
11 physician or another licensed health care provider or physician in the physician's
12 group practice is available to provide follow-up care; and

13 **(2) the physician requests that** [(3)] the person **consent**
14 [CONSENTS] to sending a copy of all records of the encounter to the person's primary
15 care provider if the prescribing physician is not the person's primary care provider,
16 and, **if the patient consents,** the physician sends the records to the person's primary
17 care provider.

18 * **Sec. 9.** AS 08.64.364 is amended by adding new subsections to read:

19 (c) The board may not impose disciplinary sanctions on a physician for
20 prescribing, dispensing, or administering a prescription drug that is a controlled
21 substance or botulinum toxin if the requirements under (a) of this section are met and
22 the physician prescribes, dispenses, or administers the controlled substance or
23 botulinum toxin when an appropriate licensed health care provider is present with the
24 patient to assist the physician with examination, diagnosis, and treatment.

25 (d) Notwithstanding (a) and (c) of this section, a physician may not

26 (1) prescribe, dispense, or administer an abortion-inducing drug under
27 (a) of this section unless the physician complies with AS 18.16.010; or

28 (2) prescribe, dispense, or administer a prescription drug in response to
29 an Internet questionnaire or electronic mail message to a person with whom the
30 physician does not have a prior physician-patient relationship.

31 * **Sec. 10.** AS 08.68.100(a) is amended to read:

- 1 (a) The board shall
- 2 (1) adopt regulations necessary to implement this chapter, including
- 3 regulations
- 4 (A) pertaining to practice as an advanced nurse practitioner and
- 5 a certified registered nurse anesthetist;
- 6 (B) necessary to implement AS 08.68.331 - 08.68.336 relating
- 7 to certified nurse aides in order to protect the health, safety, and welfare of
- 8 clients served by nurse aides;
- 9 (C) pertaining to retired nurse status; and
- 10 (D) establishing criteria for approval of practical nurse
- 11 education programs that are not accredited by a national nursing accrediting
- 12 body;
- 13 (2) approve curricula and adopt standards for basic education programs
- 14 that prepare persons for licensing under AS 08.68.190;
- 15 (3) provide for surveys of the basic nursing education programs in the
- 16 state at the times it considers necessary;
- 17 (4) approve education programs that meet the requirements of this
- 18 chapter and of the board, and deny, revoke, or suspend approval of education
- 19 programs for failure to meet the requirements;
- 20 (5) examine, license, and renew the licenses of qualified applicants;
- 21 (6) prescribe requirements for competence before a former nurse may
- 22 resume the practice of nursing under this chapter;
- 23 (7) define by regulation the qualifications and duties of the executive
- 24 administrator and delegate authority to the executive administrator that is necessary to
- 25 conduct board business;
- 26 (8) develop reasonable and uniform standards for nursing practice;
- 27 (9) publish advisory opinions regarding whether nursing practice
- 28 procedures or policies comply with acceptable standards of nursing practice as defined
- 29 under this chapter;
- 30 (10) require applicants under this chapter to submit fingerprints and the
- 31 fees required by the Department of Public Safety under AS 12.62.160 for criminal

1 justice information and a national criminal history record check; the department shall
 2 submit the fingerprints and fees to the Department of Public Safety for a report of
 3 criminal justice information under AS 12.62 and a national criminal history record
 4 check under AS 12.62.400;

5 **(11) require that a licensed advanced nurse practitioner who has a**
 6 **federal Drug Enforcement Administration registration number register with the**
 7 **controlled substance prescription database under AS 17.30.200(o).**

8 * **Sec. 11.** AS 08.72.060(c) is amended to read:

9 (c) The board shall

10 (1) elect a chair and secretary from among its members;

11 (2) order a licensee to submit to a reasonable physical examination if
 12 the licensee's physical capacity to practice safely is at issue;

13 **(3) require that a licensee who has a federal Drug Enforcement**
 14 **Administration registration number register with the controlled substance**
 15 **prescription database under AS 17.30.200(o).**

16 * **Sec. 12.** AS 08.80.030(b) is amended to read:

17 (b) In order to fulfill its responsibilities, the board has the powers necessary
 18 for implementation and enforcement of this chapter, including the power to

19 (1) elect a president and secretary from its membership and adopt rules
 20 for the conduct of its business;

21 (2) license by examination or by license transfer the applicants who are
 22 qualified to engage in the practice of pharmacy;

23 (3) assist the department in inspections and investigations for
 24 violations of this chapter, or of any other state or federal statute relating to the practice
 25 of pharmacy;

26 (4) adopt regulations to carry out the purposes of this chapter;

27 (5) establish and enforce compliance with professional standards and
 28 rules of conduct for pharmacists engaged in the practice of pharmacy;

29 (6) determine standards for recognition and approval of degree
 30 programs of schools and colleges of pharmacy whose graduates shall be eligible for
 31 licensure in this state, including the specification and enforcement of requirements for

1 practical training, including internships;

2 (7) establish for pharmacists and pharmacies minimum specifications
3 for the physical facilities, technical equipment, personnel, and procedures for the
4 storage, compounding, and dispensing of drugs or related devices, and for the
5 monitoring of drug therapy;

6 (8) enforce the provisions of this chapter relating to the conduct or
7 competence of pharmacists practicing in the state, and the suspension, revocation, or
8 restriction of licenses to engage in the practice of pharmacy;

9 (9) license and regulate the training, qualifications, and employment of
10 pharmacy interns and pharmacy technicians;

11 (10) issue licenses to persons engaged in the manufacture and
12 distribution of drugs and related devices;

13 (11) establish and maintain a controlled substance prescription
14 database as provided in AS 17.30.200;

15 (12) establish standards for the independent administration by a
16 pharmacist of vaccines and related emergency medications under AS 08.80.168,
17 including the completion of an immunization training program approved by the board;

18 **(13) require that a licensed pharmacist who has a federal Drug**
19 **Enforcement Administration registration number register with the controlled**
20 **substance prescription database under AS 17.30.200(o).**

21 * **Sec. 13.** AS 08.84.120 is amended by adding new subsections to read:

22 (c) The board may not impose disciplinary sanctions on a licensee for the
23 evaluation, diagnosis, or treatment of a person through audio, video, or data
24 communications when physically separated from the person if the licensee

25 (1) or another licensed health care provider is available to provide
26 follow-up care;

27 (2) requests that the person consent to sending a copy of all records of
28 the encounter to a primary care provider if the licensee is not the person's primary care
29 provider and, if the person consents, the licensee sends the records to the person's
30 primary care provider; and

31 (3) meets the requirements established by the board in regulation.

1 (d) The board shall adopt regulations restricting the evaluation, diagnosis,
2 supervision, and treatment of a person as authorized under (c) of this section by
3 establishing standards of care, including standards for training, confidentiality,
4 supervision, practice, and related issues.

5 * **Sec. 14.** AS 08.86.204 is amended by adding new subsections to read:

6 (c) The board may not impose disciplinary sanctions on a licensee for the
7 evaluation, diagnosis, or treatment of a person through audio, video, or data
8 communications when physically separated from the person if

9 (1) the licensee or another licensed health care provider is available to
10 provide follow-up care;

11 (2) the licensee requests that the person consent to sending a copy of
12 all records of the encounter to a primary care provider if the licensee is not the
13 person's primary care provider and, if the person consents, the licensee sends the
14 records to the person's primary care provider; and

15 (3) the licensee meets the requirements established by the board in
16 regulation.

17 (d) The board shall adopt regulations restricting the evaluation, diagnosis,
18 supervision, and treatment of a person as authorized under (c) of this section by
19 establishing standards of care, including standards for training, confidentiality,
20 supervision, practice, and related issues.

21 * **Sec. 15.** AS 08.95.050 is amended by adding new subsections to read:

22 (b) The board may not impose disciplinary sanctions on a licensee for the
23 evaluation, diagnosis, or treatment of a person through audio, video, or data
24 communications when physically separated from the person if

25 (1) the licensee or another licensed health care provider is available to
26 provide follow-up care;

27 (2) the licensee requests that the person consent to sending a copy of
28 all records of the encounter to a primary care provider if the licensee is not the
29 person's primary care provider and, if the person consents, the licensee sends the
30 records to the person's primary care provider; and

31 (3) the licensee meets the requirements established by the board in

1 regulation.

2 (c) The board shall adopt regulations restricting the evaluation, diagnosis,
3 supervision, and treatment of a person as authorized under (b) of this section by
4 establishing standards of care, including standards for training, confidentiality,
5 supervision, practice, and related issues.

6 * **Sec. 16.** AS 09.10 is amended by adding a new section to read:

7 **Sec. 09.10.075. Actions related to claims based on medical assistance**
8 **payment fraud.** Except as provided in AS 09.58.070, a person may not bring an
9 action under AS 09.58.010 - 09.58.060, unless the action is commenced by (1) six
10 years after the act or omission was committed, or (2) three years after the date when
11 facts material to the action were known, or reasonably should have been known, by
12 the attorney general or the Department of Health and Social Services, whichever is
13 later, but in no event more than 10 years after the date the violation under
14 AS 09.58.010 occurred.

15 * **Sec. 17.** AS 09.10.120(a) is amended to read:

16 (a) **Except as provided in AS 09.10.075, an** [AN] action brought in the name
17 of or for the benefit of the state, any political subdivision, or public corporation may
18 be commenced only within six years **after** [OF] the date of accrual of the cause of
19 action. However, if the action is for relief on the ground of fraud, the limitation
20 commences from the time of discovery by the aggrieved party of the facts constituting
21 the fraud.

22 * **Sec. 18.** AS 09 is amended by adding a new chapter to read:

23 **Chapter 58. Alaska Medical Assistance False Claim and Reporting Act.**

24 **Sec. 09.58.010. False claims for medical assistance; civil penalty.** (a) A
25 medical assistance provider or medical assistance recipient may not

26 (1) knowingly submit, authorize, or cause to be submitted to an officer
27 or employee of the state a false or fraudulent claim for payment or approval under the
28 medical assistance program;

29 (2) knowingly make, use, or cause to be made or used, directly or
30 indirectly, a false record or statement to get a false or fraudulent claim for payment
31 paid or approved by the state under the medical assistance program;

1 (3) conspire to defraud the state by getting a false or fraudulent claim
2 paid or approved under the medical assistance program;

3 (4) knowingly make, use, or cause to be made or used, a false record or
4 statement to conceal, avoid, increase, or decrease an obligation to pay or transmit
5 money or property to the medical assistance program;

6 (5) knowingly enter into an agreement, contract, or understanding with
7 an officer or employee of the state for approval or payment of a claim under the
8 medical assistance program knowing that the information in the agreement, contract,
9 or understanding is false or fraudulent.

10 (b) A beneficiary of an intentional or inadvertent submission of a false or
11 fraudulent claim under the medical assistance program who later discovers the claim is
12 false or fraudulent shall disclose the false or fraudulent claim to the state not later than
13 60 days after discovering the false claim.

14 (c) In addition to any criminal penalties under AS 47.05, a medical assistance
15 provider or medical assistance recipient who violates (a) or (b) of this section shall be
16 liable to the state in a civil action for

17 (1) a civil penalty of not less than \$5,500 and not more than \$11,000;

18 (2) three times the amount of actual damages sustained by the state;

19 (3) full reasonable attorney fees and costs in a case involving a
20 fraudulent claim, agreement, contract, or understanding; and

21 (4) reasonable attorney fees and costs calculated under applicable court
22 rules in a case that does not involve a fraudulent claim, agreement, contract, or
23 understanding.

24 (d) Liability for actual damages under (c) of this section may be reduced to not
25 less than twice the amount of actual damages that the state sustains if the court finds
26 that a person liable for an act under (a) or (b) of this section

27 (1) furnished the attorney general or the Department of Health and
28 Social Services with all information known to the person about the violation not later
29 than 30 days after the date the information was obtained;

30 (2) fully cooperated with the investigation of the violation under
31 AS 09.58.020;

1 (3) at the time the person furnished the attorney general with the
 2 information about the violation, no criminal prosecution, civil action, investigation, or
 3 administrative action had been started in this state with respect to the violation, and the
 4 person did not have actual knowledge of the existence of an investigation of the
 5 violation.

6 (e) A corporation, partnership, or other individual is liable under this section
 7 for acts of its agents if the agent acted with apparent authority, regardless of whether
 8 the agent acted, in whole or in part, to benefit the principal and regardless of whether
 9 the principal adopted or ratified the agent's claims, representations, statement, or other
 10 action or conduct.

11 **Sec. 09.58.015. Attorney general investigation; civil action.** (a) The attorney
 12 general or the Department of Health and Social Services may investigate an alleged
 13 violation of AS 09.58.010. The attorney general may request assistance from the
 14 Department of Health and Social Services in an investigation under this section.

15 (b) The attorney general may bring a civil action in superior court under
 16 AS 09.58.010 - 09.58.060.

17 **Sec. 09.58.020. Private plaintiff; civil action.** (a) Notwithstanding
 18 AS 09.58.015, a person may bring an action under this section for a violation of
 19 AS 09.58.010 in the name of the person and the state.

20 (b) To bring an action under this section, a person shall file a complaint, in
 21 camera and under seal, and serve on the attorney general

22 (1) a copy of the complaint; and

23 (2) written disclosure of substantially all material evidence and
 24 information the person possesses that pertains to the claim.

25 (c) A complaint filed under this section must remain under seal for at least 60
 26 days and may not be served on the defendant until the court so orders. The attorney
 27 general may elect to intervene and proceed with the action within 60 days after the
 28 attorney general receives both the complaint and the material evidence and the
 29 information required under (b) of this section. The attorney general may, for good
 30 cause shown, move the court, under seal, for an extension of the time during which the
 31 complaint remains under seal under this subsection.

1 (d) Before the expiration of the 60-day period or an extension of time granted
2 under (c) of this section, the attorney general shall conduct an investigation and make
3 a written determination as to whether substantial evidence exists that a violation of
4 AS 09.58.010 has occurred. After the investigation and determination are complete,
5 the attorney general shall provide the person who brought the action and the
6 Department of Health and Social Services with a copy of the determination unless the
7 action has been referred to the division of the Department of Law that has
8 responsibility for criminal cases.

9 (e) Before the expiration of the 60-day period or an extension obtained under
10 (c) of this section, the attorney general shall

11 (1) intervene in the action and proceed with the action on behalf of the
12 state;

13 (2) notify the court that the attorney general declines to take over the
14 action, in which case the person bringing the action has the right to conduct the action;
15 or

16 (3) if the attorney general determines that substantial evidence does not
17 exist that a violation of AS 09.58.010 has occurred, or that the action is barred under
18 AS 09.58.050, the attorney general shall move the court to dismiss the action.

19 (f) The named defendant in a complaint filed under this section is not required
20 to respond to a complaint filed under this section until after the complaint is unsealed
21 by the court and a copy of the summons and complaint are served on the defendant
22 under the applicable Alaska Rules of Civil Procedure.

23 (g) When a person brings an action under this section, only the attorney
24 general may intervene or bring a related action based on similar facts to the underlying
25 action.

26 **Sec. 09.58.025. Subpoenas.** In conducting an investigation under
27 AS 09.58.015 or 09.58.020, the attorney general may issue subpoenas to compel the
28 production of books, papers, correspondence, memoranda, and other records in
29 connection with an investigation under or the administration of AS 09.58.010 -
30 09.58.060. If a medical assistance provider or a medical assistance recipient fails or
31 refuses, without just cause, to obey a subpoena issued under this subsection, the

1 superior court may, upon application by the attorney general, issue an order requiring
2 the medical assistance provider or medical assistance recipient to appear before the
3 attorney general to produce evidence.

4 **Sec. 09.58.030. Rights in false or fraudulent claims actions.** (a) If the
5 attorney general elects to intervene and proceed with an action under AS 09.58.020,
6 the attorney general has exclusive authority for prosecuting the action and is not bound
7 by an act of the person bringing the action. The person who brought the action has the
8 right to continue as a nominal party to the action, but does not have the right to
9 participate in the action except as a witness or as otherwise directed by the attorney
10 general. If the attorney general elects to intervene under AS 09.58.020, the attorney
11 general may file a new complaint or amend the complaint filed by the person who
12 brought the action under AS 09.58.020(b).

13 (b) Notwithstanding the objections of the person who brought the action, the
14 attorney general may

15 (1) move to dismiss the action at any time under this chapter if the
16 attorney general has notified the person who brought the action of the intent to seek
17 dismissal and the court has provided the person who brought the action with an
18 opportunity to respond to the motion;

19 (2) settle the action with the defendant at any time, if the court
20 determines, after a hearing, that the proposed settlement is fair, adequate, and
21 reasonable under all the circumstances; upon a showing of good cause, the hearing
22 described in this paragraph shall be held in camera.

23 (c) If the attorney general elects not to proceed under AS 09.58.020 with the
24 action, the person who brought the action has the right to proceed and conduct the
25 action. The attorney general may request at any time during the proceedings to be
26 served with copies of all documents related to the action, including pleadings,
27 motions, and discovery. The attorney general shall pay for the reasonable copying
28 charges for documents provided under this subsection. If the person who brought the
29 action proceeds with the action, the court, without limiting the status and rights of the
30 person who brought the action, shall allow the attorney general to intervene at any
31 time.

1 (d) Whether or not the attorney general proceeds with the action under this
2 chapter, on a showing by the attorney general that certain actions of discovery by the
3 person bringing the action would interfere with pending investigation or prosecution
4 of a criminal or civil proceeding arising out of the same matter, the court may stay the
5 discovery for not more than 90 days. The court may extend the 90-day period on a
6 further showing, in camera, that the state has pursued the criminal or civil
7 investigation or proceedings with reasonable diligence and that proposed discovery in
8 the civil action under AS 09.58.010 - 09.58.060 may interfere with the ongoing
9 criminal or civil investigation or proceedings.

10 **Sec. 09.58.040. Award to false or fraudulent claim plaintiff.** (a) If the
11 attorney general proceeds with an action brought by a person for a violation of
12 AS 09.58.010, the person who brought the action shall receive at least 15 percent but
13 not more than 25 percent of the proceeds of the action or settlement of the claim,
14 depending on the extent to which the person bringing the action contributed to the
15 prosecution of the action. The court order or settlement agreement shall state the
16 percentage and the amount to be received by the person who brought the action. A
17 payment under this subsection to the person who brought the action may only be paid
18 from proceeds received from a judgment or settlement under this section.

19 (b) If the attorney general does not proceed with an action brought under
20 AS 09.58.020, the person bringing the action to judgment or settlement by court order
21 shall receive an amount that the court decides is reasonable for collecting the civil
22 penalty and damages based on the person's effort to prosecute the action successfully.
23 The amount shall be at least 25 percent but not more than 30 percent of the proceeds
24 of the action or settlement of the claim. A payment under this subsection to the person
25 who brought the action may only be paid from proceeds received from a judgment or
26 settlement received under this section. In addition, if the person bringing the action
27 prevails, the person is entitled to

28 (1) full reasonable attorney fees and court costs in a case involving a
29 fraudulent claim, agreement, contract, or understanding; or

30 (2) reasonable attorney fees and court costs calculated under applicable
31 court rules in a case that does not involve a fraudulent claim, agreement, contract, or

1 understanding.

2 (c) Whether or not the attorney general participates in the action, if the court
3 finds that the action was brought by a person who planned or initiated the violation
4 alleged in the action brought under AS 09.58.020, the court may, to the extent the
5 court considers appropriate, reduce the share of the proceeds of the action that the
6 person would otherwise receive under (a) or (b) of this section, taking into account the
7 role of that person in advancing the case to litigation and any relevant circumstances
8 pertaining to the violation. If the person bringing the action is convicted of criminal
9 conduct arising from the person's role in the violation of AS 09.58.010, the court shall
10 dismiss the person from the civil action and the person may not receive any share of
11 the proceeds of the action or settlement. A dismissal under this subsection does not
12 prejudice the right of the attorney general to continue the action.

13 (d) In this section, "proceeds of the action or settlement"

14 (1) includes damages, civil penalties, payment for cost of compliance,
15 and other economic benefits realized by the state as a result of a civil action brought
16 under AS 09.58.010 - 09.58.060;

17 (2) does not include attorney fees and costs awarded to the state.

18 **Sec. 09.58.050. Certain actions barred.** A person may not bring an action
19 under AS 09.58.020 if the action is

20 (1) based on evidence or information known to the state when the
21 action was brought;

22 (2) based on allegations or transactions that are the subject of a civil or
23 criminal action or an administrative proceeding in which the state is already a party;

24 (3) based on the public disclosure of allegations or actions in a
25 criminal or civil action or an administrative hearing, or from the news media, unless
26 the action is brought by the attorney general or the person bringing the action is an
27 original source of the information that was publicly disclosed; in this paragraph, a
28 person is an original source of the information that was publicly disclosed if the
29 person has independent knowledge, including knowledge based on personal
30 investigation of the defendant's conduct, of the information on which the allegations
31 are based, and has voluntarily provided or verified the information on which the

1 allegations are based or voluntarily provided the information to the attorney general
2 before filing an action under AS 09.58.020 that is based on the information; or

3 (4) against the state or current or former state employees.

4 **Sec. 09.58.060. State not liable for attorney fees, costs, and other expenses.**

5 The state, its agencies, current or former officers, and current or former employees, are
6 not liable for attorney fees, costs, and other expenses that a person incurs in bringing
7 an action under AS 09.58.020.

8 **Sec. 09.58.070. Employee protection for retaliation.** (a) An employee of a

9 medical assistance provider who is discharged, demoted, suspended, threatened,
10 harassed, or discriminated against in the terms and conditions of employment by the
11 employee's employer because of lawful acts done by the employee on behalf of the
12 employee or others in furtherance of an action under AS 09.58.010 - 09.58.100,
13 including investigation for, initiation of, testimony for or assistance in an action filed
14 or to be filed under AS 09.58.010 - 09.58.100, is entitled to the same relief authorized
15 under AS 39.90.120.

16 (b) Notwithstanding (a) of this section, a state employee who is discharged,
17 demoted, suspended, threatened, harassed, or discriminated against in the terms and
18 conditions of employment because of lawful acts done by the employee on behalf of
19 the employee or a person who brings an action under AS 09.58.020 or in furtherance
20 of an action under AS 09.58.010 - 09.58.100, including investigation, initiation of,
21 testimony for or assistance in an action filed or to be filed under AS 09.58.010 -
22 09.58.100, is entitled to relief under AS 39.90.100 - 39.90.150 (Alaska Whistleblower
23 Act).

24 (c) A person may not bring an action under this section unless the action is
25 commenced not later than three years after the date the employee was subject to
26 retaliation under (a) or (b) of this section.

27 **Sec. 09.58.080. Regulations.** The attorney general may adopt regulations
28 under AS 44.62 as necessary to carry out the purposes of this chapter.

29 **Sec. 09.58.090. Special provisions.** (a) This chapter does not apply to any
30 controversy involving damages to the state of less than \$5,500 in value.

31 (b) No punitive damages may be awarded in an action brought under

1 AS 09.58.010 - 09.58.060.

2 **Sec. 09.58.100. Definitions.** In this chapter,

3 (1) "attorney general" includes a designee of the attorney general;

4 (2) "claim" means a request for payment of health care services or
5 equipment, whether made to a contractor, grantee, or other person, when the state
6 provides, directly or indirectly, a portion of the money, property, or services requested
7 or demanded, or when the state will, directly or indirectly, reimburse the contractor,
8 grantee, or other recipient for a portion of the money, property, or services requested
9 or demanded;

10 (3) "controversy" means the aggregate of one or more false claims
11 submitted by the same medical assistance provider or medical assistance recipient
12 under this chapter;

13 (4) "knowingly" means that a person, with or without specific intent to
14 defraud,

15 (A) has actual knowledge of the information;

16 (B) acts in deliberate ignorance of the truth or falsity of the
17 information; or

18 (C) acts in reckless disregard of the truth or falsity of the
19 information;

20 (5) "medical assistance program" means the federal-state program
21 administered by the Department of Health and Social Services under AS 47.05 and
22 AS 47.07 and regulations adopted under AS 47.05 and AS 47.07;

23 (6) "medical assistance provider" has the meaning given under
24 AS 47.05.290;

25 (7) "medical assistance recipient" has the meaning given under
26 AS 47.05.290;

27 (8) "obligation" means an established duty, whether or not fixed,
28 arising from

29 (A) an express or implied contractual grantor or grantee or
30 licensor or licensee relationship;

31 (B) a fee-based or similar relationship;

1 (C) a statute or regulation; or

2 (D) the retention of any overpayment.

3 **Sec. 09.58.110. Short title.** This chapter may be cited as the Alaska Medical
4 Assistance False Claim and Reporting Act.

5 * **Sec. 19.** AS 09.58.025, added by sec. 18 of this Act, is amended to read:

6 **Sec. 09.58.025. Subpoenas.** In conducting an investigation under
7 AS 09.58.015 [OR 09.58.020], the attorney general may issue subpoenas to compel
8 the production of books, papers, correspondence, memoranda, and other records in
9 connection with an investigation under or the administration of AS 09.58.010 -
10 09.58.060. If a medical assistance provider or a medical assistance recipient fails or
11 refuses, without just cause, to obey a subpoena issued under this subsection, the
12 superior court may, upon application by the attorney general, issue an order requiring
13 the medical assistance provider or medical assistance recipient to appear before the
14 attorney general to produce evidence.

15 * **Sec. 20.** AS 09.58.070(b), added by sec. 18 of this Act, is amended to read:

16 (b) Notwithstanding (a) of this section, a state employee who is discharged,
17 demoted, suspended, threatened, harassed, or discriminated against in the terms and
18 conditions of employment because of lawful acts done by the employee on behalf of
19 the employee [OR A PERSON WHO BRINGS AN ACTION UNDER AS 09.58.020]
20 or in furtherance of an action under AS 09.58.010 - 09.58.060, including investigation,
21 initiation of, testimony for or assistance in an action filed or to be filed under
22 AS 09.58.010 - 09.58.060, is entitled to relief under AS 39.90.100 - 39.90.150 (Alaska
23 Whistleblower Act).

24 * **Sec. 21.** AS 17.30.200(a) is amended to read:

25 (a) The controlled substance prescription database is established in the Board
26 of Pharmacy. The purpose of the database is to contain data as described in this
27 section regarding every prescription for a schedule [IA, IIA, IIIA, IVA, OR VA
28 CONTROLLED SUBSTANCE UNDER STATE LAW OR A SCHEDULE I,] II, III,
29 or IV [, OR V] controlled substance under federal law dispensed in the state to a
30 person other than those administered to a patient at a health care facility. [THE
31 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC

1 DEVELOPMENT SHALL ASSIST THE BOARD AND PROVIDE NECESSARY
2 STAFF AND EQUIPMENT TO IMPLEMENT THIS SECTION.]

3 * **Sec. 22.** AS 17.30.200(a), as amended by sec. 21 of this Act, is amended to read:

4 (a) The controlled substance prescription database is established in the Board
5 of Pharmacy. The purpose of the database is to contain data as described in this
6 section regarding every prescription for a schedule II, III, or IV controlled substance
7 under federal law dispensed in the state to a person other than those administered to a
8 patient at a health care facility. **The Department of Commerce, Community, and**
9 **Economic Development shall assist the board and provide necessary staff and**
10 **equipment to implement this section.**

11 * **Sec. 23.** AS 17.30.200(b) is amended to read:

12 (b) The pharmacist-in-charge of each licensed or registered pharmacy,
13 regarding each schedule [IA, IIA, IIIA, IVA, OR VA CONTROLLED SUBSTANCE
14 UNDER STATE LAW OR A SCHEDULE I,] II, III, **or** IV [, OR V] controlled
15 substance under federal law dispensed by a pharmacist under the supervision of the
16 pharmacist-in-charge, and each practitioner who directly dispenses a schedule [IA,
17 IIA, IIIA, IVA, OR VA CONTROLLED SUBSTANCE UNDER STATE LAW OR A
18 SCHEDULE I,] II, III, **or** IV [, OR V] controlled substance under federal law other
19 than those administered to a patient at a health care facility, shall submit to the board,
20 by a procedure and in a format established by the board, the following information for
21 inclusion in the database **on at least a weekly basis:**

22 (1) the name of the prescribing practitioner and the practitioner's
23 federal Drug Enforcement Administration registration number or other appropriate
24 identifier;

25 (2) the date of the prescription;

26 (3) the date the prescription was filled and the method of payment; this
27 paragraph does not authorize the board to include individual credit card or other
28 account numbers in the database;

29 (4) the name, address, and date of birth of the person for whom the
30 prescription was written;

31 (5) the name and national drug code of the controlled substance;

1 (6) the quantity and strength of the controlled substance dispensed;

2 (7) the name of the drug outlet dispensing the controlled substance;

3 [AND]

4 (8) the name of the pharmacist or practitioner dispensing the controlled
5 substance and other appropriate identifying information; **and**

6 **(9) if a prescription is dispensed to a person other than the patient**
7 **for whom the prescription was written, the name and date of birth of the person**
8 **to whom the prescription was dispensed.**

9 * **Sec. 24.** AS 17.30.200(b), as amended by sec. 23 of this Act, is amended to read:

10 (b) The pharmacist-in-charge of each licensed or registered pharmacy,
11 regarding each schedule II, III, or IV controlled substance under federal law dispensed
12 by a pharmacist under the supervision of the pharmacist-in-charge, and each
13 practitioner who directly dispenses a schedule II, III, or IV controlled substance under
14 federal law other than those administered to a patient at a health care facility, shall
15 submit to the board, by a procedure and in a format established by the board, the
16 following information for inclusion in the database [ON AT LEAST A WEEKLY
17 BASIS]:

18 (1) the name of the prescribing practitioner and the practitioner's
19 federal Drug Enforcement Administration registration number or other appropriate
20 identifier;

21 (2) the date of the prescription;

22 (3) the date the prescription was filled and the method of payment; this
23 paragraph does not authorize the board to include individual credit card or other
24 account numbers in the database;

25 (4) the name, address, and date of birth of the person for whom the
26 prescription was written;

27 (5) the name and national drug code of the controlled substance;

28 (6) the quantity and strength of the controlled substance dispensed;

29 (7) the name of the drug outlet dispensing the controlled substance;

30 **and**

31 (8) the name of the pharmacist or practitioner dispensing the controlled

1 substance and other appropriate identifying information [; AND

2 (9) IF A PRESCRIPTION IS DISPENSED TO A PERSON OTHER
3 THAN THE PATIENT FOR WHOM THE PRESCRIPTION WAS WRITTEN, THE
4 NAME AND DATE OF BIRTH OF THE PERSON TO WHOM THE
5 PRESCRIPTION WAS DISPENSED].

6 * **Sec. 25.** AS 17.30.200(d) is amended to read:

7 (d) The database and the information contained within the database are
8 confidential, are not public records, and are not subject to public disclosure. The board
9 shall undertake to ensure the security and confidentiality of the database and the
10 information contained within the database. The board may allow access to the
11 database only to the following persons, and in accordance with the limitations
12 provided and regulations of the board:

13 (1) personnel of the board regarding inquiries concerning licensees or
14 registrants of the board or personnel of another board or agency concerning a
15 practitioner under a search warrant, subpoena, or order issued by an administrative law
16 judge or a court;

17 (2) authorized board personnel or contractors as required for
18 operational and review purposes;

19 (3) a licensed practitioner having authority to prescribe controlled
20 substances **or an agent or employee of the practitioner whom the practitioner has**
21 **authorized to access the database on the practitioner's behalf**, to the extent the
22 information relates specifically to a current patient of the practitioner to whom the
23 practitioner is prescribing or considering prescribing a controlled substance; **the agent**
24 **or employee must be licensed or registered under AS 08;**

25 (4) a licensed or registered pharmacist having authority to dispense
26 controlled substances **or an agent or employee of the pharmacist whom the**
27 **pharmacist has authorized to access the database on the pharmacist's behalf**, to
28 the extent the information relates specifically to a current patient to whom the
29 pharmacist is dispensing or considering dispensing a controlled substance; **the agent**
30 **or employee must be licensed or registered under AS 08;**

31 (5) federal, state, and local law enforcement authorities may receive

1 printouts of information contained in the database under a search warrant [,
2 SUBPOENA,] or order issued by a court establishing probable cause for the access
3 and use of the information; [AND]

4 (6) an individual who is the recipient of a controlled substance
5 prescription entered into the database may receive information contained in the
6 database concerning the individual on providing evidence satisfactory to the board that
7 the individual requesting the information is in fact the person about whom the data
8 entry was made and on payment of a fee set by the board under AS 37.10.050 that
9 does not exceed \$10;

10 **(7) a licensed pharmacist employed by the Department of Health**
11 **and Social Services who is responsible for administering prescription drug**
12 **coverage for the medical assistance program under AS 47.07, to the extent that**
13 **the information relates specifically to prescription drug coverage under the**
14 **program;**

15 **(8) a licensed pharmacist, licensed practitioner, or authorized**
16 **employee of the Department of Health and Social Services responsible for**
17 **utilization review of prescription drugs for the medical assistance program under**
18 **AS 47.07, to the extent that the information relates specifically to utilization**
19 **review of prescription drugs provided to recipients of medical assistance;**

20 **(9) the state medical examiner, to the extent that the information**
21 **relates specifically to investigating the cause and manner of a person's death;**

22 **(10) an authorized employee of the Department of Health and**
23 **Social Services may receive information from the database that does not disclose**
24 **the identity of a patient, prescriber, dispenser, or dispenser location, for the**
25 **purpose of identifying and monitoring public health issues in the state; however,**
26 **the information provided under this paragraph may include the region of the**
27 **state in which a patient, prescriber, and dispenser are located and the specialty of**
28 **the prescriber; and**

29 **(11) a practitioner, pharmacist, or clinical staff employed by an**
30 **Alaska tribal health organization, including commissioned corps officers of the**
31 **United States Public Health Service employed under a memorandum of**

1 **agreement; in this paragraph, "Alaska tribal health organization" has the**
 2 **meaning given to "tribal health program" in 25 U.S.C. 1603.**

3 * **Sec. 26.** AS 17.30.200(d), as amended by sec. 25 of this Act, is amended to read:

4 (d) The database and the information contained within the database are
 5 confidential, are not public records, and are not subject to public disclosure. The board
 6 shall undertake to ensure the security and confidentiality of the database and the
 7 information contained within the database. The board may allow access to the
 8 database only to the following persons, and in accordance with the limitations
 9 provided and regulations of the board:

10 (1) personnel of the board regarding inquiries concerning licensees or
 11 registrants of the board or personnel of another board or agency concerning a
 12 practitioner under a search warrant, subpoena, or order issued by an administrative law
 13 judge or a court;

14 (2) authorized board personnel or contractors as required for
 15 operational and review purposes;

16 (3) a licensed practitioner having authority to prescribe controlled
 17 substances [OR AN AGENT OR EMPLOYEE OF THE PRACTITIONER WHOM
 18 THE PRACTITIONER HAS AUTHORIZED TO ACCESS THE DATABASE ON
 19 THE PRACTITIONER'S BEHALF], to the extent the information relates specifically
 20 to a current patient of the practitioner to whom the practitioner is prescribing or
 21 considering prescribing a controlled substance; [THE AGENT OR EMPLOYEE
 22 MUST BE LICENSED OR REGISTERED UNDER AS 08;]

23 (4) a licensed or registered pharmacist having authority to dispense
 24 controlled substances [OR AN AGENT OR EMPLOYEE OF THE PHARMACIST
 25 WHOM THE PHARMACIST HAS AUTHORIZED TO ACCESS THE DATABASE
 26 ON THE PHARMACIST'S BEHALF], to the extent the information relates
 27 specifically to a current patient to whom the pharmacist is dispensing or considering
 28 dispensing a controlled substance; [THE AGENT OR EMPLOYEE MUST BE
 29 LICENSED OR REGISTERED UNDER AS 08;]

30 (5) federal, state, and local law enforcement authorities may receive
 31 printouts of information contained in the database under a search warrant, **subpoena,**

1 or order issued by a court establishing probable cause for the access and use of the
2 information; **and**

3 (6) an individual who is the recipient of a controlled substance
4 prescription entered into the database may receive information contained in the
5 database concerning the individual on providing evidence satisfactory to the board that
6 the individual requesting the information is in fact the person about whom the data
7 entry was made and on payment of a fee set by the board under AS 37.10.050 that
8 does not exceed \$10 [;

9 (7) A LICENSED PHARMACIST EMPLOYED BY THE
10 DEPARTMENT OF HEALTH AND SOCIAL SERVICES WHO IS RESPONSIBLE
11 FOR ADMINISTERING PRESCRIPTION DRUG COVERAGE FOR THE
12 MEDICAL ASSISTANCE PROGRAM UNDER AS 47.07, TO THE EXTENT
13 THAT THE INFORMATION RELATES SPECIFICALLY TO PRESCRIPTION
14 DRUG COVERAGE UNDER THE PROGRAM;

15 (8) A LICENSED PHARMACIST, LICENSED PRACTITIONER,
16 OR AUTHORIZED EMPLOYEE OF THE DEPARTMENT OF HEALTH AND
17 SOCIAL SERVICES RESPONSIBLE FOR UTILIZATION REVIEW OF
18 PRESCRIPTION DRUGS FOR THE MEDICAL ASSISTANCE PROGRAM
19 UNDER AS 47.07, TO THE EXTENT THAT THE INFORMATION RELATES
20 SPECIFICALLY TO UTILIZATION REVIEW OF PRESCRIPTION DRUGS
21 PROVIDED TO RECIPIENTS OF MEDICAL ASSISTANCE;

22 (9) THE STATE MEDICAL EXAMINER, TO THE EXTENT THAT
23 THE INFORMATION RELATES SPECIFICALLY TO INVESTIGATING THE
24 CAUSE AND MANNER OF A PERSON'S DEATH;

25 (10) AN AUTHORIZED EMPLOYEE OF THE DEPARTMENT OF
26 HEALTH AND SOCIAL SERVICES MAY RECEIVE INFORMATION FROM
27 THE DATABASE THAT DOES NOT DISCLOSE THE IDENTITY OF A
28 PATIENT, PRESCRIBER, DISPENSER, OR DISPENSER LOCATION, FOR THE
29 PURPOSE OF IDENTIFYING AND MONITORING PUBLIC HEALTH ISSUES IN
30 THE STATE; HOWEVER, THE INFORMATION PROVIDED UNDER THIS
31 PARAGRAPH MAY INCLUDE THE REGION OF THE STATE IN WHICH A

1 PATIENT, PRESCRIBER, AND DISPENSER ARE LOCATED AND THE
2 SPECIALTY OF THE PRESCRIBER; AND

3 (11) A PRACTITIONER, PHARMACIST, OR CLINICAL STAFF
4 EMPLOYED BY AN ALASKA TRIBAL HEALTH ORGANIZATION,
5 INCLUDING COMMISSIONED CORPS OFFICERS OF THE UNITED STATES
6 PUBLIC HEALTH SERVICE EMPLOYED UNDER A MEMORANDUM OF
7 AGREEMENT; IN THIS PARAGRAPH, "ALASKA TRIBAL HEALTH
8 ORGANIZATION" HAS THE MEANING GIVEN TO "TRIBAL HEALTH
9 PROGRAM" IN 25 U.S.C. 1603].

10 * **Sec. 27.** AS 17.30.200(e) is amended to read:

11 (e) The failure of a pharmacist-in-charge, pharmacist, or practitioner to
12 register or submit information to the database as required under this section is
13 grounds for the board to take disciplinary action against the license or registration of
14 the pharmacy or pharmacist or for another licensing board to take disciplinary action
15 against a practitioner.

16 * **Sec. 28.** AS 17.30.200(e), as amended by sec. 27 of this Act, is amended to read:

17 (e) The failure of a pharmacist-in-charge, pharmacist, or practitioner to
18 [REGISTER OR] submit information to the database as required under this section is
19 grounds for the board to take disciplinary action against the license or registration of
20 the pharmacy or pharmacist or for another licensing board to take disciplinary action
21 against a practitioner.

22 * **Sec. 29.** AS 17.30.200(h) is amended to read:

23 (h) An individual who has submitted information to the database in
24 accordance with this section may not be held civilly liable for having submitted the
25 information. [NOTHING IN THIS SECTION REQUIRES OR OBLIGATES A
26 DISPENSER OR PRACTITIONER TO ACCESS OR CHECK THE DATABASE
27 BEFORE DISPENSING, PRESCRIBING, OR ADMINISTERING A
28 MEDICATION, OR PROVIDING MEDICAL CARE TO A PERSON.] Dispensers or
29 practitioners may not be held civilly liable for damages for accessing or failing to
30 access the information in the database.

31 * **Sec. 30.** AS 17.30.200(h), as amended by sec. 29 of this Act, is amended to read:

1 (h) An individual who has submitted information to the database in
 2 accordance with this section may not be held civilly liable for having submitted the
 3 information. **Nothing in this section requires or obligates a dispenser or**
 4 **practitioner to access or check the database before dispensing, prescribing, or**
 5 **administering a medication, or providing medical care to a person.** Dispensers or
 6 practitioners may not be held civilly liable for damages for accessing or failing to
 7 access the information in the database.

8 * **Sec. 31.** AS 17.30.200(k) is amended to read:

9 (k) In the regulations adopted under this section, the board shall provide

10 (1) that prescription information in the database [SHALL] be purged
 11 from the database after two years have elapsed from the date the prescription was
 12 dispensed;

13 (2) a method for an individual to challenge information in the database
 14 about the individual that the person believes is incorrect or was incorrectly entered by
 15 a dispenser;

16 **(3) a procedure and time frame for registration with the database;**

17 **(4) that a practitioner review the information in the database to**
 18 **check a patient's prescription records before dispensing, prescribing, or**
 19 **administering a schedule II or III controlled substance under federal law to the**
 20 **patient; the regulations must provide that a practitioner is not required to review**
 21 **the information in the database before dispensing, prescribing, or administering**

22 **(A) a controlled substance to a person who is receiving**
 23 **treatment**

24 **(i) in an inpatient setting;**

25 **(ii) at the scene of an emergency or in an ambulance;**
 26 **in this sub-subparagraph, "ambulance" has the meaning given in**
 27 **AS 18.08.200;**

28 **(iii) in an emergency room;**

29 **(iv) immediately before, during, or within the first**
 30 **48 hours after surgery or a medical procedure;**

31 **(v) in a hospice or nursing home that has an in-**

1 house pharmacy; or

2 (B) a nonrefillable prescription of a controlled substance in
 3 a quantity intended to last for not more than three days.

4 * **Sec. 32.** AS 17.30.200(k), as amended by sec. 31 of this Act, is amended to read:

5 (k) In the regulations adopted under this section, the board shall provide

6 (1) that prescription information in the database be purged from the
 7 database after two years have elapsed from the date the prescription was dispensed;

8 (2) a method for an individual to challenge information in the database
 9 about the individual that the person believes is incorrect or was incorrectly entered by
 10 a dispenser [;

11 (3) A PROCEDURE AND TIME FRAME FOR REGISTRATION
 12 WITH THE DATABASE;

13 (4) THAT A PRACTITIONER REVIEW THE INFORMATION IN
 14 THE DATABASE TO CHECK A PATIENT'S PRESCRIPTION RECORDS
 15 BEFORE DISPENSING, PRESCRIBING, OR ADMINISTERING A SCHEDULE II
 16 OR III CONTROLLED SUBSTANCE UNDER FEDERAL LAW TO THE
 17 PATIENT; THE REGULATIONS MUST PROVIDE THAT A PRACTITIONER IS
 18 NOT REQUIRED TO REVIEW THE INFORMATION IN THE DATABASE
 19 BEFORE DISPENSING, PRESCRIBING, OR ADMINISTERING

20 (A) A CONTROLLED SUBSTANCE TO A PERSON WHO
 21 IS RECEIVING TREATMENT

22 (i) IN AN INPATIENT SETTING;

23 (ii) AT THE SCENE OF AN EMERGENCY OR IN
 24 AN AMBULANCE; IN THIS SUB-SUBPARAGRAPH,
 25 "AMBULANCE" HAS THE MEANING GIVEN IN AS 18.08.200;

26 (iii) IN AN EMERGENCY ROOM;

27 (iv) IMMEDIATELY BEFORE, DURING, OR
 28 WITHIN THE FIRST 48 HOURS AFTER SURGERY OR A
 29 MEDICAL PROCEDURE;

30 (v) IN A HOSPICE OR NURSING HOME THAT
 31 HAS AN IN-HOUSE PHARMACY; OR

1 (B) A NONREFILLABLE PRESCRIPTION OF A
 2 CONTROLLED SUBSTANCE IN A QUANTITY INTENDED TO LAST
 3 FOR NOT MORE THAN THREE DAYS].

4 * **Sec. 33.** AS 17.30.200(m) is amended to read:

5 (m) To assist in fulfilling the program responsibilities, performance measures
 6 shall be reported to the legislature annually. Performance measures

7 (1) may include outcomes detailed in the federal prescription drug
 8 monitoring program grant regarding efforts to

9 (A) [(1)] reduce the rate of inappropriate use of prescription
 10 drugs by reporting education efforts conducted by the Board of Pharmacy;

11 (B) [(2)] reduce the quantity of pharmaceutical controlled
 12 substances obtained by individuals attempting to engage in fraud and deceit;

13 (C) [(3)] increase coordination among prescription drug
 14 monitoring program partners;

15 (D) [AND (4)] involve stakeholders in the planning process;

16 (2) shall include information related to the

17 (A) security of the database; and

18 (B) reductions, if any, in the inappropriate use or
 19 prescription of controlled substances resulting from the use of the
 20 database.

21 * **Sec. 34.** AS 17.30.200 is amended by adding new subsections to read:

22 (o) A pharmacist who dispenses or a practitioner who prescribes, administers,
 23 or directly dispenses a schedule II, III, or IV controlled substance under federal law
 24 shall register with the database by a procedure and in a format established by the
 25 board.

26 (p) The board shall promptly notify the State Medical Board, the Board of
 27 Nursing, the Board of Dental Examiners, and the Board of Examiners in Optometry
 28 when a practitioner registers with the database under (o) of this section.

29 (q) The board is authorized to provide unsolicited notification to a pharmacist
 30 or practitioner if a patient has received one or more prescriptions for controlled
 31 substances in quantities or with a frequency inconsistent with generally recognized

1 standards of safe practice.

2 (r) The board shall update the database on at least a weekly basis with the
3 information submitted to the board under (b) of this section.

4 (s) The Department of Commerce, Community, and Economic Development
5 shall

6 (1) assist the board and provide necessary staff and equipment to
7 implement this section; and

8 (2) establish fees for registration with the database by a pharmacist or
9 practitioner required to register under (o) of this section so that the total amount of
10 fees collected by the department equals the total operational costs of the database
11 minus all federal funds acquired for the operational costs of the database; in setting the
12 fee levels, the department shall

13 (A) set the fees for registration with the database so that the
14 fees are the same for all practitioners and pharmacists required to register; and

15 (B) consult with the board to establish the fees under this
16 subsection.

17 * **Sec. 35.** AS 33.30.028 is amended by adding new subsections to read:

18 (c) The commissioner shall apply for medical assistance under AS 47.07 and
19 for general relief assistance under AS 47.25.120 - 47.25.300 on behalf of a prisoner
20 incarcerated in a correctional facility to establish medical assistance coverage or
21 general relief assistance for the prisoner during a period of hospitalization outside of
22 the correctional facility.

23 (d) The commissioner may obtain information necessary to determine whether
24 a prisoner incarcerated in a correctional facility is eligible for medical assistance under
25 AS 47.07 or public assistance under AS 47.25. Information obtained under this
26 subsection may only be used for the purpose of applying for medical assistance or
27 public assistance under (c) of this section and may not be disclosed for any other
28 purpose without the permission of the prisoner. An employee of the commissioner
29 who discloses a prisoner's social security number in an application for medical
30 assistance or public assistance under this section is considered to be acting in the
31 performance of the employee's duties or responsibilities under AS 45.48.400(b).

1 * **Sec. 36.** AS 37.05.146(c) is amended by adding a new paragraph to read:

2 (88) monetary recoveries under AS 09.58 (Alaska Medical Assistance
3 False Claim and Reporting Act).

4 * **Sec. 37.** AS 40.25.120(a) is amended by adding a new paragraph to read:

5 (15) records relating to proceedings under AS 09.58 (Alaska Medical
6 Assistance False Claim and Reporting Act).

7 * **Sec. 38.** AS 44.33 is amended by adding a new section to read:

8 **Article 5A. Telemedicine Business Registry.**

9 **Sec. 44.33.381. Telemedicine business registry.** (a) The department shall
10 adopt regulations for establishing and maintaining a registry of businesses performing
11 telemedicine services in the state.

12 (b) The department shall maintain the registry of businesses performing
13 telemedicine services in the state. The registry must include the name, address, and
14 contact information of businesses performing telemedicine services in the state.

15 (c) In this section,

16 (1) "department" means the Department of Commerce, Community,
17 and Economic Development;

18 (2) "telemedicine services" means the delivery of health care services
19 using the transfer of medical data through audio, visual, or data communications that
20 are performed over two or more locations by a provider who is physically separated
21 from the recipient of the health care services.

22 * **Sec. 39.** AS 47.05 is amended by adding a new section to article 1 to read:

23 **Sec. 47.05.105. Enhanced computerized eligibility verification system.** (a)
24 The department shall establish an enhanced computerized income, asset, and identity
25 eligibility verification system for the purposes of verifying eligibility, eliminating
26 duplication of public assistance payments, and deterring waste and fraud in public
27 assistance programs administered by the department under AS 47.05.010. Nothing in
28 this section prohibits the department from verifying eligibility for public assistance
29 through additional procedures or authorizes the department or a third-party vendor to
30 use data to verify eligibility for a federal program if the use of that data is prohibited
31 by federal law.

1 (b) The department shall enter into a competitively bid contract with a third-
 2 party vendor for the purpose of developing a system under this section to prevent
 3 fraud, misrepresentation, and inadequate documentation when determining an
 4 applicant's eligibility for public assistance before the payment of benefits and for
 5 periodically verifying eligibility between eligibility redeterminations and during
 6 eligibility redeterminations and reviews under AS 47.05.110 - 47.05.120. The
 7 department may also contract with a third-party vendor to provide information to
 8 facilitate reviews of recipient eligibility and income verification.

9 (c) The annual savings to the state resulting from the use of the system under
 10 this section must exceed the cost of implementing the system. A contract under this
 11 section must require the third-party vendor to report annual savings to the state
 12 realized from implementing the system. Payment to the third-party vendor may be
 13 based on a fee for each applicant and may include incentives for achieving a rate of
 14 success established by the department for identifying duplication, waste, and fraud in
 15 public assistance programs.

16 (d) To avoid a conflict of interest, the department may not award a contract to
 17 provide services for the enrollment of public assistance providers or applicants under
 18 this title to a vendor that is awarded a contract under this section.

19 * **Sec. 40.** AS 47.05.200(a) is amended to read:

20 (a) The department shall annually contract for independent audits of a
 21 statewide sample of all medical assistance providers in order to identify overpayments
 22 and violations of criminal statutes. The audits conducted under this section may not be
 23 conducted by the department or employees of the department. The number of audits
 24 under this section **may not be less than 50** each year [, AS A TOTAL FOR THE
 25 MEDICAL ASSISTANCE PROGRAMS UNDER AS 47.07 AND AS 47.08, SHALL
 26 BE 0.75 PERCENT OF ALL ENROLLED PROVIDERS UNDER THE
 27 PROGRAMS, ADJUSTED ANNUALLY ON JULY 1, AS DETERMINED BY THE
 28 DEPARTMENT, EXCEPT THAT THE NUMBER OF AUDITS UNDER THIS
 29 SECTION MAY NOT BE LESS THAN 75]. The audits under this section must
 30 include both on-site audits and desk audits and must be of a variety of provider types.
 31 The department may not award a contract under this subsection to an organization that

1 does not retain persons with a significant level of expertise and recent professional
 2 practice in the general areas of standard accounting principles and financial auditing
 3 and in the specific areas of medical records review, investigative research, and Alaska
 4 health care criminal law. The contractor, in consultation with the commissioner, shall
 5 select the providers to be audited and decide the ratio of desk audits and on-site audits
 6 to the total number selected. **In identifying providers who are subject to an audit**
 7 **under this chapter, the department shall attempt to minimize concurrent state or**
 8 **federal audits.**

9 * **Sec. 41.** AS 47.05.200(b) is amended to read:

10 (b) Within 90 days after receiving each audit report from an audit conducted
 11 under this section, the department shall begin administrative procedures to recoup
 12 overpayments identified in the audits and shall allocate the reasonable and necessary
 13 financial and human resources to ensure prompt recovery of overpayments unless the
 14 attorney general has advised the commissioner in writing that a criminal investigation
 15 of an audited provider has been or is about to be undertaken, in which case, the
 16 commissioner shall hold the administrative procedure in abeyance until a final
 17 charging decision by the attorney general has been made. The commissioner shall
 18 provide copies of all audit reports to the attorney general so that the reports can be
 19 screened for the purpose of bringing criminal charges. **The department may assess**
 20 **interest and penalties on any identified overpayment. Interest under this**
 21 **subsection shall be calculated using the statutory rates for postjudgment interest**
 22 **accruing from the date of the issuance of the final agency decision to recoup**
 23 **overpayments identified in the audit. In this subsection, the date of issuance of**
 24 **the final agency decision is the later of the date of**

25 **(1) the department's written notification of the decision and the**
 26 **provider's appeal rights; or**

27 **(2) if timely appealed by the provider, a final agency decision**
 28 **under AS 44.64.060.**

29 * **Sec. 42.** AS 47.05 is amended by adding a new section to read:

30 **Sec. 47.05.235. Duty to identify and repay self-identified overpayments.** (a)

31 Unless a provider is being audited under AS 47.05.200(a), an enrolled medical

1 assistance provider shall conduct a biennial review or audit of a statistically valid
2 sample of claims submitted to the department for reimbursement. If overpayments are
3 identified, the medical assistance provider shall report the overpayment to the
4 department not later than 10 business days after identification of the overpayment. The
5 report must also identify how the medical assistance provider intends to repay the
6 department. After the department receives the report, the medical assistance provider
7 and the department shall enter into an agreement establishing a schedule for
8 repayment of the identified overpayment. The agreement may authorize repayment in
9 a lump sum, a payment plan, or by offsetting future billings as approved by the
10 department.

11 (b) The department may not assess interest or penalties on an overpayment
12 identified and repaid by a medical assistance provider under this section.

13 * **Sec. 43.** AS 47.05 is amended by adding new sections to read:

14 **Sec. 47.05.250. Civil penalties.** (a) The department may assess a civil penalty
15 against a provider who violates this chapter, AS 47.07, or regulations adopted under
16 this chapter or AS 47.07.

17 (b) The department shall adopt regulations establishing a range of civil
18 penalties that the department may assess against a provider under this section. In
19 establishing the range of civil penalties, the department shall take into account
20 appropriate factors, including the seriousness of the violation, the service provided by
21 the provider, and the severity of the penalty. The regulations may not provide for a
22 civil penalty of less than \$100 or more than \$25,000 for each violation.

23 (c) The provisions of this section are in addition to any other remedies
24 available under this chapter, AS 47.07, or regulations adopted under this chapter or
25 AS 47.07.

26 (d) A provider against whom a civil penalty of less than \$2,500 is assessed
27 may appeal the decision assessing the penalty to the commissioner or the
28 commissioner's designee. The commissioner shall, by regulation, establish time limits
29 and procedures for an appeal under this subsection. The decision of the commissioner
30 or the commissioner's designee may be appealed to the office of administrative
31 hearings established under AS 44.64.

1 (e) A provider against whom a civil penalty of \$2,500 or more is assessed may
 2 appeal the decision assessing the penalty to the office of administrative hearings
 3 established under AS 44.64.

4 **Sec. 47.05.270. Medical assistance reform program.** (a) The department
 5 shall adopt regulations to design and implement a program for reforming the state
 6 medical assistance program under AS 47.07. The reform program must include

7 (1) referrals to community and social support services, including career
 8 and education training services available through the Department of Labor and
 9 Workforce Development under AS 23.15, the University of Alaska, or other sources;

10 (2) electronic distribution of an explanation of medical assistance
 11 benefits to recipients for health care services received under the program;

12 (3) expanding the use of telehealth for primary care, behavioral health,
 13 and urgent care;

14 (4) enhancing fraud prevention, detection, and enforcement;

15 (5) reducing the cost of behavioral health, senior, and disabilities
 16 services provided to recipients of medical assistance under the state's home and
 17 community-based services waiver under AS 47.07.045;

18 (6) pharmacy initiatives;

19 (7) enhanced care management;

20 (8) redesigning the payment process by implementing fee agreements
 21 that include one or more of the following:

22 (A) premium payments for centers of excellence;

23 (B) penalties for hospital-acquired infections, readmissions,
 24 and outcome failures;

25 (C) bundled payments for specific episodes of care; or

26 (D) global payments for contracted payers, primary care
 27 managers, and case managers for a recipient or for care related to a specific
 28 diagnosis;

29 (9) stakeholder involvement in setting annual targets for quality and
 30 cost-effectiveness;

31 (10) to the extent consistent with federal law, reducing travel costs by

1 requiring a recipient to obtain medical services in the recipient's home community, to
2 the extent appropriate services are available in the recipient's home community;

3 (11) guidelines for health care providers to develop health care
4 delivery models supported by evidence-based practices that encourage wellness and
5 disease prevention.

6 (b) The department shall, in coordination with the Alaska Mental Health Trust
7 Authority, efficiently manage a comprehensive and integrated behavioral health
8 program that uses evidence-based, data-driven practices to achieve positive outcomes
9 for people with mental health or substance abuse disorders and children with severe
10 emotional disturbances. The goal of the program is to assist recipients of services
11 under the program to recover by achieving the highest level of autonomy with the least
12 dependence on state-funded services possible for each person. The program must
13 include

14 (1) a plan for providing a continuum of community-based services to
15 address housing, employment, criminal justice, and other relevant issues;

16 (2) services from a wide array of providers and disciplines, including
17 licensed or certified mental health and primary care professionals; and

18 (3) efforts to reduce operational barriers that fragment services,
19 minimize administrative burdens, and reduce the effectiveness and efficiency of the
20 program.

21 (c) The department shall identify the areas of the state where improvements in
22 access to telehealth would be most effective in reducing the costs of medical
23 assistance and improving access to health care services for medical assistance
24 recipients. The department shall make efforts to improve access to telehealth for
25 recipients in those locations. The department may enter into agreements with Indian
26 Health Service providers, if necessary, to improve access by medical assistance
27 recipients to telehealth facilities and equipment.

28 (d) On or before November 15 of each year, the department shall prepare a
29 report and submit the report to the senate secretary and the chief clerk of the house of
30 representatives and notify the legislature that the report is available. The report must
31 include

- 1 (1) realized cost savings related to reform efforts under this section;
- 2 (2) realized cost savings related to medical assistance reform efforts
3 undertaken by the department other than the reform efforts described in this Act;
- 4 (3) a statement of whether the department has met annual targets for
5 quality and cost-effectiveness;
- 6 (4) recommendations for legislative or budgetary changes related to
7 medical assistance reforms during the next fiscal year;
- 8 (5) changes in federal laws that the department expects will result in a
9 cost or savings to the state of more than \$1,000,000;
- 10 (6) a description of any medical assistance grants, options, or waivers
11 the department applied for in the previous fiscal year;
- 12 (7) the results of demonstration projects the department has
13 implemented;
- 14 (8) legal and technological barriers to the expanded use of telehealth,
15 improvements in the use of telehealth in the state, and recommendations for changes
16 or investments that would allow cost-effective expansion of telehealth;
- 17 (9) the percentage decrease in costs of travel for medical assistance
18 recipients compared to the previous fiscal year;
- 19 (10) the percentage decrease in the number of medical assistance
20 recipients identified as frequent users of emergency departments compared to the
21 previous fiscal year;
- 22 (11) the percentage increase or decrease in the number of hospital
23 readmissions within 30 days after a hospital stay for medical assistance recipients
24 compared to the previous fiscal year;
- 25 (12) the percentage increase or decrease in state general fund spending
26 for the average medical assistance recipient compared to the previous fiscal year;
- 27 (13) the percentage increase or decrease in uncompensated care costs
28 incurred by medical assistance providers compared to the percentage change in private
29 health insurance premiums for individual and small group health insurance;
- 30 (14) the cost, in state and federal funds, for providing optional services
31 under AS 47.07.030(b);

1 (15) the amount of state funds saved as a result of implementing
 2 changes in federal policy authorizing 100 percent federal funding for services
 3 provided to American Indian and Alaska Native individuals eligible for Medicaid, and
 4 the estimated savings in state funds that could have been achieved if the department
 5 had fully implemented the changes in policy.

6 (e) In this section, "telehealth" means the practice of health care delivery,
 7 evaluation, diagnosis, consultation, or treatment, using the transfer of health care data
 8 through audio, visual, or data communications, performed over two or more locations
 9 between providers who are physically separated from the recipient or from each other
 10 or between a provider and a recipient who are physically separated from each other.

11 * **Sec. 44.** AS 47.07.030(d) is amended to read:

12 (d) The department **shall** [MAY] establish as optional services a primary care
 13 case management system or a managed care organization contract in which certain
 14 eligible individuals are required to enroll and seek approval from a case manager or
 15 the managed care organization before receiving certain services. **The purpose of a**
 16 **primary care case management system or managed care organization contract is**
 17 **to increase the use of appropriate primary and preventive care by medical**
 18 **assistance recipients, while decreasing the unnecessary use of specialty care and**
 19 **hospital emergency department services.** The department shall

20 (1) establish enrollment criteria and determine eligibility for services
 21 consistent with federal and state law; **the department shall require recipients with**
 22 **multiple hospitalizations to enroll in a primary care case management system or**
 23 **with a managed care organization under this subsection, except that the**
 24 **department may exempt recipients with chronic, acute, or terminal medical**
 25 **conditions from the requirement under this paragraph;**

26 (2) **define the coordinated care services and provider types eligible**
 27 **to participate as primary care providers;**

28 (3) **create a performance and quality reporting system; and**

29 (4) **integrate the coordinated care demonstration projects**
 30 **described under AS 47.07.039 and the demonstration projects described under**
 31 **AS 47.07.036(e) with the primary care case management system or managed care**

1 **organization contract established under this subsection.**

2 * **Sec. 45.** AS 47.07.036 is amended by adding new subsections to read:

3 (d) Notwithstanding (a) - (c) of this section, the department may

4 (1) apply for a section 1915(i) option under 42 U.S.C. 1396n to
5 improve services and care through home and community-based services to obtain, at a
6 minimum, a 50 percent federal match;

7 (2) apply for a section 1915(k) option under 42 U.S.C. 1396n to
8 provide home and community-based services and support to increase the federal match
9 for these programs from 50 percent to 56 percent;

10 (3) apply for a section 1945 option under 42 U.S.C. 1396w-4 to
11 provide coordinated care through health homes for individuals with chronic conditions
12 and to increase the federal match for the services to 90 percent for the first eight
13 quarters the required state plan amendment is in effect;

14 (4) evaluate and seek permission from the United States Department of
15 Health and Human Services Centers for Medicare and Medicaid Services to participate
16 in various demonstration projects, including payment reform, care management
17 programs, workforce development and innovation, and innovative services delivery
18 models; and

19 (5) provide incentives for telehealth, including increasing the
20 capability for and reimbursement of telehealth for recipients.

21 (e) Notwithstanding (a) - (c) of this section, and in addition to the projects and
22 services described under (d) and (f) of this section, the department shall apply for a
23 section 1115 waiver under 42 U.S.C. 1315(a) to establish one or more demonstration
24 projects focused on innovative payment models for one or more groups of medical
25 assistance recipients in one or more specific geographic areas. The demonstration
26 project or projects may include

27 (1) managed care organizations as described under 42 U.S.C. 1396u-2;

28 (2) community care organizations;

29 (3) patient-centered medical homes as described under 42 U.S.C. 256a-

30 1; or

31 (4) other innovative payment models that ensure access to health care

1 without reducing the quality of care.

2 (f) Notwithstanding (a) - (c) of this section, and in addition to the projects and
 3 services described under (d) and (e) of this section, the department shall apply for a
 4 section 1115 waiver under 42 U.S.C. 1315(a) to establish one or more demonstration
 5 projects focused on improving the state's behavioral health system for medical
 6 assistance recipients. The department shall engage stakeholders and the community in
 7 the development of a project or projects under this subsection. The demonstration
 8 project or projects must

9 (1) be consistent with the comprehensive and integrated behavioral
 10 health program described under AS 47.05.270(b); and

11 (2) include continuing cooperation with the grant-funded community
 12 mental health clinics and drug and alcohol treatment centers that have historically
 13 provided care to recipients of behavioral health services.

14 (g) In this section, "telehealth" has the meaning given in AS 47.05.270(e).

15 * **Sec. 46.** AS 47.07 is amended by adding new sections to read:

16 **Sec. 47.07.038. Collaborative, hospital-based project to reduce use of**
 17 **emergency department services.** (a) On or before December 1, 2016, the department
 18 shall collaborate with a statewide professional hospital association to establish a
 19 hospital-based project to reduce the use of emergency department services by medical
 20 assistance recipients. The statewide professional hospital association shall operate the
 21 project. Subject to (b) of this section, the project may include shared savings for
 22 participating hospitals. The project must include

23 (1) an interdisciplinary process for defining, identifying, and
 24 minimizing the number of frequent users of emergency department services;

25 (2) to the extent consistent with federal law, a system for real-time
 26 electronic exchange of patient information, including recent emergency department
 27 visits, hospital care plans for frequent users of emergency departments, and data from
 28 the controlled substance prescription database;

29 (3) a procedure for educating patients about the use of emergency
 30 departments and appropriate alternative services and facilities for nonurgent care;

31 (4) a process for assisting users of emergency departments in making

1 appointments with primary care or behavioral health providers within 96 hours after
2 an emergency department visit;

3 (5) a collaborative process between the department and the statewide
4 professional hospital association to establish uniform statewide guidelines for
5 prescribing narcotics in an emergency department; and

6 (6) designation of health care personnel to review successes and
7 challenges regarding appropriate emergency department use.

8 (b) After January 1, 2022, the department may not compensate hospital
9 emergency departments, through shared savings, for a reduction in hospital fees
10 resulting from the project.

11 (c) The department shall adopt regulations necessary to implement this
12 section, request technical assistance from the United States Department of Health and
13 Human Services, and apply to the United States Department of Health and Human
14 Services for waivers or amendments to the state plan as necessary to implement the
15 projects under this section.

16 **Sec. 47.07.039. Coordinated care demonstration projects.** (a) The
17 department shall contract with one or more third parties to implement one or more
18 coordinated care demonstration projects for recipients of medical assistance identified
19 by the department. The purpose of a demonstration project under this section is to
20 assess the efficacy of a proposed health care delivery model with respect to cost for,
21 access to, and quality of care for medical assistance recipients. The department may
22 contract for separate demonstration projects to coordinate care for different groups of
23 medical assistance recipients to achieve more effective care for recipients at greater
24 cost savings for the medical assistance program. The department shall request
25 proposals for at least one project under this section on or before December 31, 2016,
26 and may annually request proposals for additional projects under this section
27 thereafter. The department may use an innovative procurement process as described
28 under AS 36.30.308 to award a contract for a project under this section. A proposal for
29 a demonstration project under this section must be submitted to the committee
30 established under (b) of this section and must include three or more of the following
31 elements:

1 (1) comprehensive primary-care-based management for medical
2 assistance services, including behavioral health services and coordination of long-term
3 services and support;

4 (2) care coordination, including the assignment of a primary care
5 provider located in the local geographic area of the recipient, to the extent practical;

6 (3) health promotion;

7 (4) comprehensive transitional care and follow-up care after inpatient
8 treatment;

9 (5) referral to community and social support services, including career
10 and education training services available through the Department of Labor and
11 Workforce Development under AS 23.15, the University of Alaska, or other sources;

12 (6) sustainability and the ability to achieve similar results in other
13 regions of the state;

14 (7) integration and coordination of benefits, services, and utilization
15 management;

16 (8) local accountability for health and resource allocation;

17 (9) an innovative payment process, including bundled payments or
18 global payments.

19 (b) A project review committee is established in the department for the
20 purpose of reviewing proposals for demonstration projects under this section. The
21 project review committee consists of

22 (1) the commissioner of the department, or the commissioner's
23 designee;

24 (2) the commissioner of administration, or the commissioner's
25 designee;

26 (3) the chief executive officer of the Alaska Mental Health Trust
27 Authority, or the chief executive officer's designee, who shall serve as chair of the
28 committee;

29 (4) two representatives of stakeholder groups, appointed by the
30 governor for staggered three-year terms, as follows:

31 (A) one representative of a stakeholder group who has direct

1 experience with health plan management and cost control for the medical
2 assistance population;

3 (B) one representative of a stakeholder group who has direct
4 experience with health plan management and cost control for a nongovernment
5 employer of 500 or more employees in the state;

6 (5) a nonvoting member who is a member of the senate, appointed by
7 the president of the senate; and

8 (6) a nonvoting member who is a member of the house of
9 representatives, appointed by the speaker of the house of representatives.

10 (c) The department may contract with a managed care organization, primary
11 care case manager, accountable care organization, prepaid ambulatory health plan, or
12 provider-led entity to implement a demonstration project under this section. The fee
13 structure for a contract under this subsection may include global payments, bundled
14 payments, capitated payments, shared savings and risk, or other payment structures.
15 The department shall work with the division of insurance, Department of Commerce,
16 Community, and Economic Development, to streamline the application process for a
17 company to obtain a certificate of authority required under AS 21.09.010 as necessary
18 to participate in a demonstration project under this section.

19 (d) A proposal for a demonstration project under this section must include, in
20 addition to the elements required under (a) of this section, information demonstrating
21 how the project will implement additional cost-saving measures including innovations
22 to reduce the cost of care for medical assistance recipients through the expanded use
23 of telehealth for primary care, urgent care, and behavioral health services. The
24 department shall identify legal or cost barriers preventing the expanded use of
25 telehealth and shall recommend remedies for identified barriers.

26 (e) The department shall contract with a third-party actuary to review
27 demonstration projects established under this section. The actuary shall review each
28 demonstration project after two years of implementation and make recommendations
29 for the implementation of a similar project on a statewide basis. The actuary shall
30 evaluate each project based on cost savings for the medical assistance program, health
31 outcomes for participants in the project, and the ability to achieve similar results on a

1 statewide basis. On or before December 31 of each year starting in 2018, the actuary
 2 shall submit a final report to the department regarding any demonstration project that
 3 has been in operation for at least two years.

4 (f) The department shall prepare a plan regarding regional or statewide
 5 implementation of a coordinated care project based on the results of the demonstration
 6 projects under this section. On or before November 15, 2019, the department shall
 7 submit the plan to the senate secretary and the chief clerk of the house of
 8 representatives and notify the legislature that the plan is available. On or before
 9 November 15 of each year thereafter, the department shall submit a report regarding
 10 any changes or recommendations regarding the plan developed under this subsection
 11 to the senate secretary and the chief clerk of the house of representatives and notify the
 12 legislature that the report is available.

13 (g) In this section, "telehealth" has the meaning given in AS 47.05.270(e).

14 * **Sec. 47.** AS 47.07 is amended by adding a new section to read:

15 **Sec. 47.07.076. Reports to legislature.** (a) The department and the attorney
 16 general shall annually prepare a report relating to the medical assistance program
 17 under AS 47.07. The report must include the following information:

18 (1) the amount and source of funds used to prevent or prosecute fraud,
 19 abuse, payment errors, and errors in eligibility determinations for the previous fiscal
 20 year;

21 (2) actions taken to address fraud, abuse, payment errors, and errors in
 22 eligibility determinations during the previous fiscal year;

23 (3) specific examples of fraud or abuse that were prevented or
 24 prosecuted;

25 (4) identification of vulnerabilities in the medical assistance program,
 26 including any vulnerabilities identified by independent auditors with whom the
 27 department contracts under AS 47.05.200;

28 (5) initiatives the department has taken to prevent fraud or abuse;

29 (6) recommendations to increase effectiveness in preventing and
 30 prosecuting fraud and abuse;

31 (7) the return to the state for every dollar expended by the department

1 and the attorney general to prevent and prosecute fraud and abuse;

2 (8) the most recent payment error rate measurement report for the
3 medical assistance program, including fee for service programs and pilot or
4 demonstration projects; the report must also explain the reasons for the payment errors
5 and the total amount of state and federal funds paid in error during the reporting period
6 and not recovered by the department at the time of the report;

7 (9) results from the Medicaid Eligibility Quality Control program.

8 (b) On or before November 15 of each year, the department shall submit the
9 report required under (a) of this section to the senate secretary and the chief clerk of
10 the house of representatives and notify the legislature that the report is available.

11 (c) On or before December 15 and June 15 of each year, the department shall
12 prepare a semi-annual report and submit the report to the senate secretary and the chief
13 clerk of the house of representatives and notify the legislature that the report is
14 available. The report must include

15 (1) updates and status reports on the Medicaid Management
16 Information System, including progress toward federal certification of the system,
17 current measurements of the accuracy of the system, timeliness of payment of claims,
18 and any backlog of claims; and

19 (2) information on the status of an administrative or legal proceeding
20 relating to resolution of claims against the system contractor and related financial
21 effects on the state.

22 * **Sec. 48.** AS 47.07.900(4) is amended to read:

23 (4) "clinic services" means services provided by state-approved
24 outpatient community mental health clinics [THAT RECEIVE GRANTS UNDER
25 AS 47.30.520 - 47.30.620], state-operated community mental health clinics, outpatient
26 surgical care centers, and physician clinics;

27 * **Sec. 49.** AS 47.07.900(17) is amended to read:

28 (17) "rehabilitative services" means services for substance abusers and
29 emotionally disturbed or chronically mentally ill adults provided by

30 (A) a drug or alcohol treatment center [THAT IS FUNDED
31 WITH A GRANT UNDER AS 47.30.475]; or

1 (B) an outpatient community mental health clinic [THAT HAS
 2 A CONTRACT TO PROVIDE COMMUNITY MENTAL HEALTH
 3 SERVICES UNDER AS 47.30.520 - 47.30.620];

4 * **Sec. 50.** AS 47.55.020(e) is amended to read:

5 (e) As a condition for receipt of payment assistance under (d) of this section,
 6 the department, under regulations adopted by the department, **shall** [MAY] require a
 7 person to

8 **(1) apply for other state or federally sponsored programs that may**
 9 **reduce the amount of the payment assistance; and**

10 **(2) submit to the department a copy of the person's application for**
 11 **medical assistance coverage under AS 47.07 and the decision letter the person**
 12 **receives regarding the application.**

13 * **Sec. 51.** AS 09.58.020, 09.58.030, 09.58.040, 09.58.050, and 09.58.060 are repealed
 14 July 1, 2019.

15 * **Sec. 52.** AS 08.36.070(a)(10); AS 08.64.101(7); AS 08.68.100(a)(11);
 16 AS 08.72.060(c)(3); AS 08.80.030(b)(13); AS 17.30.200(o), 17.30.200(p), 17.30.200(q),
 17 17.30.200(r), and 17.30.200(s) are repealed July 1, 2021.

18 * **Sec. 53.** AS 47.07.076(c) is repealed.

19 * **Sec. 54.** The uncodified law of the State of Alaska is amended by adding a new section to
 20 read:

21 **INDIRECT COURT RULE AMENDMENTS.** (a) AS 09.58.010, added by sec. 18 of
 22 this Act, has the effect of amending Rules 79 and 82, Alaska Rules of Civil Procedure, by
 23 providing that the state is entitled to full reasonable attorney fees and costs if the state prevails
 24 in a civil action under AS 09.58.010 - 09.58.060 that involves fraud, or reasonable attorney
 25 fees and costs if the state prevails in a civil action under AS 09.58.010 - 09.58.060 that does
 26 not involve fraud.

27 (b) AS 09.58.020, added by sec. 18 of this Act, and repealed by sec. 51 of this Act,
 28 has the effect of amending the following court rules in the manner specified from the effective
 29 date of sec. 18 of this Act until July 1, 2019:

30 (1) Rules 4, 5, 7, and 12, Alaska Rules of Civil Procedure, by requiring that a
 31 complaint under AS 09.58 be filed in camera and under seal and may not be served on the

1 defendant until unsealed and that a copy of the complaint be served on the attorney general;

2 (2) Rules 41 and 77, Alaska Rules of Civil Procedure, by authorizing the
3 attorney general to move for dismissal of a complaint filed by another person under
4 AS 09.58.020, added by sec. 18 of this Act and repealed by sec. 51 of this Act, and requiring
5 court approval for dismissal of the action.

6 (c) AS 09.58.025, added by sec. 18 of this Act, and amended by sec. 19 of this Act,
7 has the effect of amending Rule 27, Alaska Rules of Civil Procedure, by authorizing the
8 attorney general to issue subpoenas as part of an investigation

9 (1) under AS 09.58.015, added by sec. 18 of this Act, from the effective date
10 of sec. 18 of this Act; and

11 (2) under AS 09.58.020, added by sec. 18 of this Act, from the effective date
12 of sec. 18 of this Act until July 1, 2019.

13 (d) AS 09.58.030, added by sec. 18 of this Act, and repealed by sec. 51 of this Act,
14 has the effect of amending the following court rules in the manner specified from the effective
15 date of sec. 18 of this Act until July 1, 2019:

16 (1) Rule 24, Alaska Rules of Civil Procedure, by authorizing the attorney
17 general to intervene in a civil action filed by another person under AS 09.58.020 added by
18 sec. 18 of this Act, and repealed by sec. 51 of this Act, and limiting the participation of a party
19 to the litigation;

20 (2) Rules 26 and 27, Alaska Rules of Civil Procedure, by authorizing the
21 attorney general to request that the court issue a stay of discovery for a 90-day period, or
22 longer upon a showing by the attorney general.

23 (e) AS 09.58.040, added by sec. 18 of this Act, and repealed by sec. 51 of this Act,
24 has the effect of amending Rules 79 and 82, Alaska Rules of Civil Procedure, from the
25 effective date of sec. 18 of this Act until July 1, 2019, by giving a person who brings an action
26 under AS 09.58.020, added by sec. 18 of this Act, and repealed by sec. 51 of this Act, the
27 right to reasonable attorney fees and costs in an action prosecuted by the attorney general, and
28 to full reasonable attorney fees and costs if the person prevails in an action not prosecuted by
29 the attorney general that involves fraud, or reasonable attorney fees and costs in a case that
30 does not involve fraud.

31 * **Sec. 55.** The uncodified law of the State of Alaska is amended by adding a new section to

1 read:

2 IMPLEMENT FEDERAL POLICY ON TRIBAL MEDICAID REIMBURSEMENT.

3 (a) The Department of Health and Social Services shall collaborate with Alaska tribal health
4 organizations and the United States Department of Health and Human Services to fully
5 implement changes in federal policy that authorize 100 percent federal funding for services
6 provided to American Indian and Alaska Native individuals eligible for Medicaid.

7 (b) Within 30 days after the date the Centers for Medicare and Medicaid Services
8 issues a final policy regarding the circumstances in which 100 percent federal funding is
9 available for medical assistance services received through the United States Indian Health
10 Service or tribal health facilities, the Department of Health and Social Services shall notify
11 and submit a report to the co-chairs of the house and senate finance committees of the Alaska
12 State Legislature that includes an estimate of the savings to the state resulting from the final
13 policy. Within six months after the date the Centers for Medicare and Medicaid Services
14 issues the final policy, the Department of Health and Social Services shall fully implement the
15 policy in the state.

16 (c) In this section, "Alaska tribal health organization" means an organization
17 recognized by the United States Indian Health Service to provide health-related services.

18 * **Sec. 56.** The uncodified law of the State of Alaska is amended by adding a new section to
19 read:

20 HEALTH INFORMATION INFRASTRUCTURE PLAN. (a) The Department of
21 Health and Social Services shall develop a health information infrastructure plan to strengthen
22 the health information infrastructure, including health data analytics capability. The purpose
23 of the health information infrastructure plan is to transform the health care system in the state
24 by providing

25 (1) data required by health care providers for care coordination and quality
26 improvement; and

27 (2) the information support required by the Department of Health and Social
28 Services and health care providers to enable development and implementation of the other
29 provisions of this Act.

30 (b) To the greatest extent practicable, the health information infrastructure plan will
31 leverage existing resources, including the health information exchange, and will identify

1 opportunities for integrating and streamlining health data systems administered by the state.

2 * **Sec. 57.** The uncodified law of the State of Alaska is amended by adding a new section to
3 read:

4 FEASIBILITY STUDIES FOR THE PROVISION OF SPECIFIED STATE
5 SERVICES. (a) The Department of Health and Social Services, in conjunction with the
6 Alaska Mental Health Trust Authority, shall procure a study analyzing the feasibility of
7 privatizing services delivered at the Alaska Psychiatric Institute. The Department of Health
8 and Social Services and the Alaska Mental Health Trust Authority shall deliver a joint report
9 summarizing the conclusions of the Department of Health and Social Services and the Alaska
10 Mental Health Trust Authority to the senate secretary and the chief clerk of the house of
11 representatives and notify the legislature that the report is available within 10 days after the
12 convening of the First Regular Session of the Thirtieth Alaska State Legislature.

13 (b) The Department of Administration shall, in collaboration with the house and
14 senate finance committees, procure a study to be completed on or before June 30, 2017, to
15 determine the feasibility of creating a health care authority to coordinate health care plans and
16 consolidate purchasing effectiveness for all state employees, retired state employees, retired
17 teachers, medical assistance recipients, University of Alaska employees, employees of state
18 corporations, and school district employees and to develop appropriate benefit sets, rules,
19 cost-sharing, and payment structures for all employees and individuals whose health care
20 benefits are funded directly or indirectly by the state, with the goal of achieving the greatest
21 possible savings to the state through a coordinated approach administered by a single entity.
22 In developing the study, the Department of Administration shall seek input from the
23 Department of Health and Social Services, administrators familiar with managing government
24 employee health plans, and human resource professionals familiar with self-insured health
25 care plans. The study must

- 26 (1) identify cost-saving strategies that a health care authority could implement;
27 (2) analyze local government participation in the authority;
28 (3) analyze a phased approach to adding groups to the health care plans
29 coordinated by the health care authority;
30 (4) consider previous studies procured by the Department of Administration
31 and the legislature;

1 (5) assess the use of community-related health insurance risk pools and the use
2 of the private marketplace;

3 (6) identify organizational models for a health care authority, including private
4 for-profit, private nonprofit, government, and state corporations; and

5 (7) include a public review and comment opportunity for employers,
6 employees, medical assistance recipients, retirees, and health care providers.

7 (c) The Department of Health and Social Services shall procure a study analyzing the
8 feasibility of privatizing select facilities of the division of juvenile justice and privatizing
9 pharmacy services delivered at Alaska Pioneers' Homes. The Department of Health and
10 Social Services shall deliver a report summarizing the conclusions of the Department of
11 Health and Social Services to the senate secretary and the chief clerk of the house of
12 representatives and notify the legislature that the report is available within 10 days after the
13 convening of the First Regular Session of the Thirtieth Alaska State Legislature.

14 (d) In this section, "school district" has the meaning given in AS 14.30.350.

15 * **Sec. 58.** The uncodified law of the State of Alaska is amended by adding a new section to
16 read:

17 **REPORT TO LEGISLATURE.** (a) The Board of Pharmacy, Board of Examiners in
18 Optometry, Board of Dental Examiners, Board of Nursing, and State Medical Board shall
19 jointly prepare a report that describes recommended guidelines for the prescription of
20 schedule II controlled substances listed under federal law. The guidelines must be drafted
21 with the goal of reducing the over-prescription of pain killers and highly addictive schedule II
22 controlled substances. The report must include

23 (1) the following recommended guidelines for each schedule II controlled
24 substance listed under federal law:

25 (A) quantity and strength of each dosage;

26 (B) number of doses for each day;

27 (C) number of days the drug may be prescribed; and

28 (2) other recommendations related to reducing the over-prescription of
29 schedule II controlled substances.

30 (b) On or before January 1, 2017, the Board of Pharmacy, Board of Examiners in
31 Optometry, Board of Dental Examiners, Board of Nursing, and State Medical Board shall

1 jointly deliver the report required under (a) of this section to the senate secretary and the chief
2 clerk of the house of representatives and notify the legislature that the report is available.

3 * **Sec. 59.** The uncodified law of the State of Alaska is amended by adding a new section to
4 read:

5 **MEDICAID STATE PLAN; WAIVERS; INSTRUCTIONS; NOTICE TO REVISOR**
6 **OF STATUTES.** The Department of Health and Social Services shall amend and submit for
7 federal approval a state plan for medical assistance coverage consistent with this Act. The
8 Department of Health and Social Services shall apply to the United States Department of
9 Health and Human Services for any waivers necessary to implement this Act. The
10 commissioner of health and social services shall certify to the revisor of statutes if the
11 provisions of AS 47.05.270(a)(5), (8), and (10), added by sec. 43 of this Act, and the
12 provisions of AS 47.07.038, added by sec. 46 of this Act, are approved by the United States
13 Department of Health and Human Services.

14 * **Sec. 60.** The uncodified law of the State of Alaska is amended by adding a new section to
15 read:

16 **TRANSITION: REGULATIONS.** (a) The Department of Health and Social Services
17 may adopt regulations necessary to implement the changes made by this Act. The regulations
18 take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date
19 of the relevant provision of this Act implemented by the regulation.

20 (b) The Department of Commerce, Community, and Economic Development and a
21 board that regulates an occupation that includes a practitioner who is required to register with
22 the controlled substances database under AS 17.30.200 shall adopt regulations to implement
23 the changes made by AS 08.36.070(a), as amended by sec. 5 of this Act, AS 08.64.101(7),
24 added by sec. 7 of this Act, AS 08.68.100(a), as amended by sec. 10 of this Act,
25 AS 08.72.060(c), as amended by sec. 11 of this Act, AS 08.80.030(b), as amended by sec. 12
26 of this Act, AS 17.30.200(a), as amended by sec. 21 of this Act, AS 17.30.200(b), as amended
27 by sec. 23 of this Act, AS 17.30.200(d), as amended by sec. 25 of this Act, AS 17.30.200(e),
28 as amended by sec. 27 of this Act, AS 17.30.200(h), as amended by sec. 29 of this Act,
29 AS 17.30.200(k), as amended by sec. 31 of this Act, AS 17.30.200(m), as amended by sec. 33
30 of this Act, and AS 17.30.200(o) - (s), enacted by sec. 34 of this Act. The regulations take
31 effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the

1 relevant provisions of secs. 5, 7, 10, 11, 12, 21, 23, 25, 27, 29, 31, 33, or 34 of this Act. In this
2 subsection,

3 (1) "board" has the meaning given in AS 08.01.110;

4 (2) "occupation" has the meaning given in AS 08.01.110;

5 (3) "practitioner" has the meaning given in AS 11.71.900.

6 * **Sec. 61.** The uncodified law of the State of Alaska is amended by adding a new section to
7 read:

8 **CONDITIONAL EFFECT.** (a) AS 47.05.270(a)(5), enacted by sec. 43 of this Act,
9 takes effect only if the commissioner of health and social services certifies to the revisor of
10 statutes under sec. 59 of this Act, on or before October 1, 2017, that all of the provisions
11 added by AS 47.05.270(a)(5) have been approved by the United States Department of Health
12 and Human Services.

13 (b) AS 47.05.270(a)(8), enacted by sec. 43 of this Act, takes effect only if the
14 commissioner of health and social services certifies to the revisor of statutes under sec. 59 of
15 this Act, on or before October 1, 2017, that all of the provisions added by AS 47.05.270(a)(8)
16 have been approved by the United States Department of Health and Human Services.

17 (c) AS 47.05.270(a)(10), enacted by sec. 43 of this Act, takes effect only if the
18 commissioner of health and social services certifies to the revisor of statutes under sec. 59 of
19 this Act, on or before October 1, 2017, that all of the provisions added by
20 AS 47.05.270(a)(10) have been approved by the United States Department of Health and
21 Human Services.

22 (d) AS 47.07.038, enacted by sec. 46 of this Act, takes effect only if the commissioner
23 of health and social services certifies to the revisor of statutes under sec. 59 of this Act, on or
24 before October 1, 2017, that all of the provisions added by AS 47.07.038 have been approved
25 by the United States Department of Health and Human Services.

26 (e) AS 09.58.020, added by sec. 18 of this Act, AS 09.58.025, added by sec. 18 of this
27 Act, AS 09.58.030, added by sec. 18 of this Act, and AS 09.58.040, added by sec. 18 of this
28 Act, the amendment to AS 09.58.025 by sec. 19 of this Act, and the repeals of AS 09.58.020,
29 09.58.030, and 09.58.040, by sec. 51 of this Act, take effect only if sec. 54 of this Act receives
30 the two-thirds majority vote of each house required by art. IV, sec. 15, Constitution of the
31 State of Alaska.

1 (f) Section 53 of this Act takes effect only if the commissioner of health and social
2 services certifies to the revisor of statutes that the Medicaid Management Information System
3 has been certified by the United States Department of Health and Human Services.

4 * **Sec. 62.** If AS 47.05.270(a)(5), enacted by sec. 43 of this Act, takes effect, it takes effect
5 on the day after the date the commissioner of health and social services makes a certification
6 to the revisor of statutes under secs. 59 and 61(a) of this Act.

7 * **Sec. 63.** If AS 47.05.270(a)(8), enacted by sec. 43 of this Act, takes effect, it takes effect
8 on the day after the date the commissioner of health and social services makes a certification
9 to the revisor of statutes under secs. 59 and 61(b) of this Act.

10 * **Sec. 64.** If AS 47.05.270(a)(10), enacted by sec. 43 of this Act, takes effect, it takes effect
11 on the day after the date the commissioner of health and social services makes a certification
12 to the revisor of statutes under secs. 59 and 61(c) of this Act.

13 * **Sec. 65.** If AS 47.07.038, enacted by sec. 46 of this Act, takes effect, it takes effect on the
14 day after the date the commissioner of health and social services makes a certification to the
15 revisor of statutes under secs. 59 and 61(d) of this Act.

16 * **Sec. 66.** If sec. 53 of this Act takes effect, it takes effect on the day after the date the
17 commissioner of health and social services makes a certification to the revisor of statutes
18 under sec. 61(f) of this Act.

19 * **Sec. 67.** Sections 57 and 59 - 61 of this Act take effect immediately under
20 AS 01.10.070(c).

21 * **Sec. 68.** AS 47.07.076(c), enacted by sec. 47 of this Act, takes effect July 1, 2016.

22 * **Sec. 69.** AS 17.30.200(s), enacted by sec. 34 of this Act, takes effect September 1, 2016.

23 * **Sec. 70.** Sections 5, 10 - 12, 21, 23, 25, 27, 29, 31, and 33 of this Act, AS 08.64.101(7),
24 enacted by sec. 7 of this Act, and AS 17.30.200(o) - (r), enacted by sec. 34 of this Act, take
25 effect July 17, 2017.

26 * **Sec. 71.** Sections 19 and 20 of this Act take effect July 1, 2019.

27 * **Sec. 72.** Sections 22, 24, 26, 28, 30, and 32 of this Act take effect January 1, 2021.