

**JBC STAFF FISCAL ANALYSIS
HOUSE APPROPRIATIONS COMMITTEE**

CONCERNING ACCESS TO THE MEDICAID BUY-IN PROGRAM FOR CERTAIN WORKING ADULTS WITH DISABILITIES WHO HAVE BECOME INELIGIBLE FOR THE PROGRAM DUE TO AGE, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Prime Sponsors: Sens. Tate and Fields
Representative Lontine

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Appropriation Items of Note

Appropriation Not Required, Amendment in Packet

Significant Cost Increase in Third Year

Fiscal Impact of Bill as Amended to Date

The most recent Legislative Council Staff Revised Fiscal Note (attached) reflects the fiscal impact of the bill as of 05/28/20.

XXX	No Change: Attached LCS Fiscal Note accurately reflects the fiscal impact of the bill
	Update: Fiscal impact has changed due to <i>new information or technical issues</i>
	Update: Fiscal impact has changed due to <i>amendment adopted</i> after LCS Fiscal Note was prepared
	Non-Concurrence: JBC Staff and Legislative Council Staff disagree about the fiscal impact of the bill

Amendments in This Packet for Consideration by Appropriations Committee

Amendment	Description
J.002	Staff-prepared appropriation amendment

Current Appropriations Clause in Bill

The bill includes an appropriation clause that is no longer needed.

Description of Amendments in This Packet

J.002 Staff has prepared amendment **J.002** (attached) to remove the appropriations clause from the bill, since preparing the federal request is not expected to occur until FY 2021-22.

Points to Consider

Future Fiscal Impact

The Joint Budget Committee has proposed a budget package for FY 2020-21. The budget package bills reduce or eliminate some appropriations and transfers, and suspend or delay other appropriations and transfers. These bills also augment the amount of money available in the General Fund. Many of these changes apply for FY 2020-21 only, and thus require scheduled increases in General Fund appropriations and transfers in FY 2021-22 and subsequent fiscal years. This bill would not require a appropriations for FY 2020-21. However, it is projected to require cash funds appropriations from the provider fee on hospitals (called the Healthcare Affordability and Sustainability Fee, or HAS Fee) of \$50,000 in FY 2021-22 and \$1.9 million in FY 2022-23, further increasing the base commitment from hospitals in those fiscal years.