

**JBC STAFF FISCAL ANALYSIS
SENATE 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.

Prime Sponsors: Sens. Tate and Fields
Representative Lontine

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Appropriation Items of Note

Appropriation Required, Amendment in Packet

Significant Cost Increase in Second (or 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 02/25/20.

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.001	Staff-prepared appropriation amendment

Current Appropriations Clause in Bill

The bill requires but does not contain an appropriation clause.

Description of Amendments in This Packet

J.001 Staff has prepared amendment **J.001** (attached) to add a provision providing a total of \$100,000 to the Department of Health Care Policy and Financing for FY 2020-21, including an appropriation of \$50,000 General Fund and an assumption the Department will receive a matching \$50,000 federal funds, for administrative costs to implement the act.

Points to Consider

Future Fiscal Impact

Beginning in FY 2021-22 the bill will increase state revenue from the buy-in fee by \$255,518. The December 2019 Legislative Council Staff revenue forecast projects state revenues will exceed the TABOR limit in FY 2020-21, and so this increase in revenue will increase the General Fund obligation for a TABOR refund by \$255,518.

However, the bill is expected to decrease General Fund obligations by a nearly offsetting \$248,611 for people enrolled in Medicaid. The change in the General Fund obligation is due to shifting utilization from traditional Medicaid categories where the state match is provided with General Fund to the new buy-in category where the state match is provided by a combination of the buy-in fee and the Healthcare Affordability and Sustainability (HAS) Fee.