

HOUSE BILL REPORT

HB 1367

As Reported by House Committee On:
Appropriations

Title: An act relating to revising 2019-2021 fiscal biennium appropriations of state and federal funding for previously implemented medicaid rates and other medicaid expenditures in the developmental disabilities and long-term care programs in response to the COVID-19 pandemic.

Brief Description: Revising 2019-2021 fiscal biennium appropriations of state and federal funding for previously implemented medicaid rates and other medicaid expenditures in the developmental disabilities and long-term care programs in response to the COVID-19 pandemic.

Sponsors: Representatives Ormsby, Bergquist, Ramos, Callan, Gregerson, Simmons, Berry, Sullivan, Leavitt, Kloba, Macri, Ramel and Harris-Talley.

Brief History:

Committee Activity:

Appropriations: 1/26/21, 1/28/21 [DP].

Brief Summary of Bill

- Modifies funding sources for certain Medicaid-eligible COVID-19 related expenses incurred in calendar year 2020.
- Attributes funding for these expenses to a combination of the Budget Stabilization Account and federal Medicaid matching funds, rather than the federal Coronavirus Relief Fund (CRF), freeing up CRF for other allowable uses.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 33 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking

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Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Boehnke, Caldier, Chandler, Chopp, Cody, Dolan, Dye, Fitzgibbon, Frame, Hansen, Harris, Hoff, Jacobsen, Johnson, J., Lekanoff, Pollet, Rude, Ryu, Schmick, Senn, Springer, Steele, Stonier, Sullivan and Tharinger.

Staff: Dave Johnson (786-7154).

Background:

A two-year biennial operating budget is adopted every odd-numbered year. Supplemental budgets frequently are enacted in each of the following two years after adoption of the biennial budget. Appropriations are made in the biennial and supplemental budgets for the operation of state government and its various agencies and institutions, including higher education, as well as allocations for the funding of K-12 public schools. Occasionally, appropriations are made outside the supplemental and biennial budgets for limited purposes such as funding for a specific policy bill or to address a specific matter.

Coronavirus disease (COVID-19) is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. The first reported occurrence of COVID-19 in the United States was in January 2020. The federal Coronavirus Preparedness and Response Supplemental Appropriations Act was enacted on March 6, 2020, and several COVID-19 related federal appropriations acts have occurred since then.

The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted on March 27, 2020. The CARES act included the Coronavirus Relief Fund (CRF). The CRF provided approximately \$3 billion for Washington state and local government expenses related to the COVID-19 public health emergency. Funds received directly by the state were allocated through the statutory unanticipated receipt process (the Legislature was not in session when funding was received).

Under the original terms of the CARES Act, to use the CRF, costs had to be both for an allowable purpose and incurred by December 30, 2020. The federal Consolidated Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act was signed into law on December 27, 2020. Among other things, the CRRSA extended the CRF deadline from December 30, 2020, to December 31, 2021.

Washington provides a number of programs related to health and human services. Some are funded solely by the state, some are funded solely by the federal government, while others are funded jointly by both entities. The largest jointly funded program is Medicaid. Medicaid-eligible state expenditures include a federal match component determined by the Federal Medical Assistance Percentage (FMAP). The FMAP rate varies by state, category of expense, and eligibility group, but is typically at least 50 percent. In addition to the programs administered by the Health Care Authority, the Department of Social and Health

Services (DSHS) administers Medicaid-supported programs through the Aging and Long-Term Support Administration (AL TSA) and the Developmental Disabilities Administration (DDA) in DSHS.

Through the statutory unanticipated receipts process, a portion of the CRF funds received by the state were used in calendar year 2020 to provide COVID-19 temporary rate enhancements to contracted providers of long-term care services and contracted providers of services for persons with development disabilities. Additionally, a portion of the CRF funds were used in calendar year 2020 to incentivize long-term care providers to accept clients discharged from acute care hospitals after the clients' medical needs had been met, as part of an effort to create hospital capacity for COVID-19 patients.

The Budget Stabilization Account (BSA) was created by constitutional amendment in 2007. Funds may be appropriated from the BSA only by a three-fifths vote of both houses unless: (1) the estimated employment growth in any fiscal year is less than 1 percent; or (2) for declared disasters (and then only limited to that disaster). The estimated employment growth for fiscal year 2021 is less than 1 percent.

Summary of Bill:

Certain Medicaid-eligible COVID-19 related rate enhancements and incentive payments for calendar year 2020 are attributed to a combination of the BSA and federal Medicaid matching funds rather than CRF. This has the effect of making \$403 million of the CRF funds available for other allowable uses.

Additional detail can be found at fiscal.wa.gov.

Appropriation: The bill contains multiple appropriations. Please refer to the bill and supporting documents.

Fiscal Note: Not requested.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) None.

(Opposed) None.

Persons Testifying: None.

Persons Signed In To Testify But Not Testifying: None.