5163 AMH WALJ ADAM 073

**SB 5163** - H AMD **562**

By Representative Walsh

**NOT ADOPTED 04/05/2023**

 On page 1, beginning on line 4, strike all of section 1 and insert the following:

 "**Sec.**  RCW 74.66.130 and 2012 c 241 s 213 are each amended to read as follows:

Beginning November 15, 2012, and annually thereafter, the attorney general in consultation with the health care authority must report results of implementing the medicaid fraud false claims act. This report must include:

(1) The number of attorneys assigned to qui tam initiated actions;

(2) The number of cases brought by qui tam actions and indicate how many cases are brought by the attorney general and how many by the qui tam relator without attorney general participation;

(3) The results of any actions brought under subsection (2) of this section, delineated by cases brought by the attorney general and cases brought by the qui tam relator without attorney general participation;

(4) The amount of recoveries attributable to the medicaid false claims; ((~~and~~))

 (5) The rate of return for each dollar paid out to qui tam relators; and

 (6) Information on the costs, attorneys' fees, and any other expenses incurred by defendants in investigating and defending against qui tam actions, to the extent this information is provided to the attorney general or health care authority.

**Sec.**  RCW 43.131.419 and 2016 c 147 s 1 are each amended to read as follows:

The qui tam provisions of the medicaid fraud false claims act as established under chapter 74.66 RCW shall be terminated on June 30, ((~~2023~~)) 2030, as provided in RCW 43.131.420.

**Sec.**  RCW 43.131.420 and 2016 c 147 s 2 are each amended to read as follows:

The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective June 30, ((~~2024~~)) 2031:

(1) RCW 74.66.050 and 2012 c 241 s 205;

(2) RCW 74.66.060 and 2012 c 241 s 206;

(3) RCW 74.66.070 and 2012 c 241 s 207;

(4) RCW 74.66.080 and 2012 c 241 s 208; and

 (5) RCW 74.66.130 and 2012 c 241 s 213."

 Renumber the remaining section consecutively and correct any internal references accordingly.

 Correct the title.

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|  |  EFFECT:   Extends the sunset review and termination of the qui tam provisions of the Medicaid Fraud False Claims Act (MFFCA) until June 30, 2030. Requires the Attorney General to include in its annual report on implementation of the MFFCA information on the rate of return for each dollar paid out to qui tam relators. |

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