

Revised based on amendments adopted through 3/23/20

FISCAL NOTE
LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)				
	FY 2020-21		FY 2021-22	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS				
CASH FUNDS	See below	See below	See below	See below
FEDERAL FUNDS				
OTHER FUNDS		See below		See below
TOTAL FUNDS				

Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.

As amended, LB1198 appropriates \$83,619,600 from the Governor’s Emergency Cash Fund for FY2019-20 to the Military Department for the Governor’s Emergency Program – COVID-19.

LB1198 also provides for a FY2019-20 transfer of \$83,619,600 from the Cash Reserve Fund to the Governor’s Emergency Cash Fund on or before June 30, 2020.

Based upon summary information as supplied by the administration, funding requested for the Governor’s Emergency Program – COVID-19 is summarized as follows:

Total Request: \$83,619,600

DHHS Public Health

Local Response Efforts - \$38,156,700

This will provide additional funding for Personal Protective Equipment (PPE) and other supplies to local jurisdictions, and support to local health departments for staffing, PPE, call centers, information technology needs including additional laptops/servers, and other essential expenditures.

DHHS Staffing - \$4,004,000

Due to the size of the response and need to cover response needs, additional staffing expenditures are needed to cover costs for overtime and additional staff. The areas that need immediate surge and sustained staffing are epidemiology, support services (administrative, communications, and data entry), emergency preparedness, and contracts for staffing in epidemiology and interpreters to meet the increased demands of the Division of Public Health.

Surge Staffing for Veterans Hospitals & DHHS Care Facilities - \$13,000,000

Additional staffing expenditures are needed to cover costs for overtime and additional staff to maintain facility healthcare coverage needs. The areas that need immediate surge and sustained staffing at veterans homes and DHHS care facilities include nursing, administrative, and other health care professionals. This was calculated to cover a surge of 50% in additional staffing needs in the event staff is unable to care for individuals at the facilities due to staff quarantine or isolation requirements.

UNMC ----- COVID-19 Lab Testing - \$515,000

This would augment the cost of the reagents, laboratory personnel, and equipment to conduct the COVID-19 lab testing for the state. This would include funds to purchase a combined sample extraction/detection robot for efficient and accurate serial processing of specimens, reducing staffing needs. This would be to support increased efficiency and capacity of statewide SARS-CoV-2 testing through the NPHL.

UNMC ----- Lab Equipment, Software Programming and Personnel - \$2,500,000

The equipment includes higher throughput automated equipment for microbiology and molecular diagnostics. The increased testing throughput will be implemented on a fast track within the next 2-4 weeks but would support a prolonged outbreak, which is likely, as well as help prepare for future outbreaks. All funds would be dedicated to support statewide needs.

UNMC ----- UV Light Boxes - \$100,000

As PPE become more difficult to obtain through supply chains, we anticipate the need to use UV light boxes to provide tertiary cleaning of N95 respirators for reuse by healthcare workers. Initially, one unit and one light meter (measures device effectiveness), eventually 100 units/10 meters for distribution to hub hospitals. UNMC/NM will validate with one unit. If validated and shown to be effective, we would develop a protocol and suggest ordering 100 to share with statewide for hub hospitals to maintain N95 availability in their regions.

UNMC ----- Knowledge Center - \$343,900

This system is used by coalitions and all stakeholders across the state to establish an interoperable platform for communication, bed tracking, resource sharing, and an overall interoperable platform. Stakeholders include PH, Healthcare, EMS, and Emergency Management for varying counties as well as State entities. Funds would be used to purchase the system and extend it for use across the state.

Ready Reserve

Available Reserve- \$25,000,000

Unobligated reserve amount in the event additional funds are necessary.