PREPARED BY: DATE PREPARED: PHONE: Sandy Sostad March 20, 2019 471-0054

**LB 619** 

Revision: 01

## FISCAL NOTE

LEGISLATIVE FISCAL ANALYST ESTIMATE

Revised on 3/13/19 to reflect amendments adopted through 3/18/19.

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)							
	FY 201	9-20	FY 2020-21				
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE			
GENERAL FUNDS							
CASH FUNDS							
FEDERAL FUNDS							
OTHER FUNDS							
TOTAL FUNDS							

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

LB 619 requires that an insurer offering a health insurance policy in the state shall not deny coverage or payment for a mental health service solely because the service is delivered in a school. School means a public, private, denominational, or parochial school.

<u>State of Nebraska Employee Health Insurance Plan</u>: The Department of Administrative Services indicates the state employee health insurance plan covers providers who are licensed to perform services. The bill will have no fiscal impact for the plan as long as the list of providers is not expanded to include unlicensed persons.

<u>University of Nebraska Employee Health Insurance Plan</u>: The University indicates the bill does not appear to have a fiscal impact for the employee health insurance plan.

Nebraska State College System Employee Health Insurance Plan: The bill, as amended, has no fiscal impact for the health insurance plan provided for employees of the state colleges according to the vendor of the insurance plan.

<u>Health Insurance Exchange Plans</u>: The bill, as amended, does not require any new mandated benefits for insurance policies sold on the insurance exchange. Therefore, the bill has no fiscal impact for the plan or the state.

Other Political Subdivisions: It is assumed the bill, as amended, will also have no fiscal impact for other political subdivisions.

ADMINI	ISTRATIVE SERVICE	S STATE BUDGET DIVISION: REVIE	W OF AGENCY & POLT. SUB. RESPONSE		
LB: 619	AM:	AGENCY/POLT. SUB: Departm	ment of Administrative Services		
REVIEWED B	BY: Neil Sullivan	DATE: 2/28/2019	PHONE: (402) 471-4179		
COMMENTS: No basis to disagree with the Department of Administrative Services estimate of no fiscal impact from LB 619.					

ADMIN	ISTRATIVE SERVICES	S STATE BUDGET DIVISION: REVIEW	N OF AGENCY & POLT. SUB. RESPONSE
LB: 619	AM:	AGENCY/POLT. SUB: Unive	rsity of Nebraska
REVIEWED E	BY: Neil Sullivan	DATE: 2/26/2019	PHONE: (402) 471-4179
COMMENTS	: No basis to disagree	vith the University of Nebraska estimat	te of indeterminate fiscal impact from LB 619.

ADMINI	ISTRATIVE SERVICES	STATE BUDGET DIVISION: REVIEW	OF AGENCY & POLT. SUB. RESPONSE		
LB: 619	AM: 287	AGENCY/POLT. SUB: NSCS			
REVIEWED E	BY: Neil Sullivan	DATE: 3/20/2019	PHONE: (402) 471-4179		
COMMENTS: No basis to disagree with the NSCS estimate of no fiscal impact from LB 619 as amended by AM 287.					

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE					
LB: 619	AM: 287	AGENCY/POLT. SUB: Depart	ment of Insurance		
REVIEWED BY: Neil Sullivan DATE: 3/20/2019 PHONE: (402) 471-4179					
COMMENTS: No basis to disagree with the Department of Insurance estimate of no fiscal impact from LB 619 as amended by AM 287.					

TOTAL....

<b>LB</b> <sup>(1)</sup> 619			FISCAL NOTE
State Agency OR Political Subdivision Name: (2)		ministrative Services (E ts	DAS) - Employee
Prepared by: (3) Jennifer Norris	Date Prepared: (4)	1/25/2019 Phon	e: (5) 402/471-4147
ESTIMATE PROV	/IDED BY STATE AGEN	ICY OR POLITICAL SUBD	OIVISION
<u>EXPENDITURE</u>	<u>7 2019-20</u> S <u>REVENUE</u>	EXPENDITURES	<u>2020-21</u> <u>REVENUE</u>
GENERAL FUNDS	_		
CASH FUNDS			
FEDERAL FUNDS	_		
OTHER FUNDS			
TOTAL FUNDS	_		
Explanation of Estimate:			
Current State of Nebraska health plans and behavioral health services as presc Costs for behavioral services have a control of the cover providers licensed to perform services and the cover providers licensed to perform services will be required to Based on information provided, LB619	ribed under the direction opay or have a percent pould be covered and wholevices. If this mandate ex o access costs.  The property of the prop	n of a properly qualified be paid after the plan deduce no would be providing the pands this list of provider on the State of Nebrask	ehavioral health provider tible is reached. e services. Current plans s to unlicensed providers
Personal Services:	<u>WN BY MAJOR OBJECT</u>	S OF EXPENDITURE	
POSITION TITLE	NUMBER OF POSITIONS <u>19-20</u> <u>20-21</u>	S 2019-20 <u>EXPENDITURES</u>	2020-21 EXPENDITURES
Benefits			
Operating			
Travel			
Capital outlay			
Aid			
Capital improvements			

LB <sup>(1)</sup> 619						FISCAL NOTE
State Agency OR Po	olitical Subdivision Name: (	unive	rsity of Nebra	ska		
Prepared by: (3)	Michael Justus	Dat	e Prepared: (4)	February 5, 2019	Phone:	402-472-7109
	ESTIMATE PRO	VIDED BY	STATE AGENO	CY OR POLITICAL	_SUBDIV	ISION
	<u>F</u> EXPENDITURI	<u>Y 2019-20</u> ES	REVENUE	EXPENDITU	<u>FY 209</u> JRES	<u>20-21</u> <u>REVENUE</u>
GENERAL FUND		<u> </u>				
CASH FUNDS						
FEDERAL FUND	os	_			<del></del>	
OTHER FUNDS				<del></del>	<del></del>	
TOTAL FUNDS				<del></del>	<del></del>	
Explanation of Es	4					
example).				OF EXPENDITU		
Personal Services		NUMBER	OF POSITIONS			
POSITI	ON TITLE		OT FTE) <u>20-21</u>	2019-20 <u>EXPENDITU</u>		2020-21 EXPENDITURES
					<del></del>	
			_			
			_			
		-	_			
			_		<del></del>	
					<del></del>	
				-	<del></del>	
				<del></del>	<del></del>	
					<del></del>	
Capital improvem	ents					
TOTAL						

<b>LB</b> <sup>(1)</sup> 619 AM	287					<b>FISCAL NOTE</b>
State Agency OR Politic	Nebras	Nebraska State College System (NSCS)				
Prepared by: (3) Ca	rolyn Murphy	Date	Prepared: (4) 0	3/19/19	Phone: (5)	402-471-2505
	ESTIMATE PRO	VIDED BY S	TATE AGENCY	OR POLITICA	AL SUBDIVIS	SION
	F	<u> 2019-20</u>			FY 2020	<b>)-21</b>
	<b>EXPENDITURE</b>	<u>IS</u> <u>I</u>	<u>REVENUE</u>	EXPENDIT	URES	<b>REVENUE</b>
GENERAL FUNDS						
CASH FUNDS						
FEDERAL FUNDS						
OTHER FUNDS		<u></u>				
TOTAL FUNDS	-0-	_		-0-		
Explanation of Estima	ate:					
LB619, as amended notified the NSCS the						
Personal Services:	<u>BREAKDO</u>	WN BY MA	JOR OBJECTS (	OF EXPENDIT	<u>URE</u>	<del></del>
POSITION		NUMBER O	F POSITIONS  20-21	2019-2 EXPENDIT		2020-21 EXPENDITURES
Benefits						
Operating						
Travel				-		
Capital outlay						
Aid						
Capital improvements	s					
TOTAL				^		^

<b>LB</b> <sup>(1)</sup> 619, AM 287			FISCAL NOTE
State Agency OR Political Subdivision Name: (2)	Nebraska Departm	nent of Insurance	
Prepared by: (3) Matt Holman	Date Prepared: (4)	2/28/19 Phone: (5	402-471-4503
ESTIMATE PROV	TIDED BY STATE AGEN	ICY OR POLITICAL SUBDIVI	SION
		TOT ONLY OBJECT OF THE STREET	
<u>FY</u> <u>EXPENDITURE</u>	<b>EXECUTE:</b> REVENUE	<u>FY 202</u> <u>EXPENDITURES</u>	<u>0-21</u> <u>REVENUE</u>
GENERAL FUNDS			
CASH FUNDS	_		
FEDERAL FUNDS			
OTHER FUNDS	-		
TOTAL FUNDS			
<b>Explanation of Estimate:</b>			
As amended by AM 287, the bill does not re Therefore, no increase to state expenditures places no additional duties on the Nebraska	is expected pursuant to 4	2 U.S.C. § 18031(d)(3)(B). Fu	orther, the amended bill
Personal Services:	WN BY MAJOR OBJECT	<u>'S OF EXPENDITURE</u>	
	TUMBER OF POSITIONS 19-20 20-21	S 2019-20 EXPENDITURES	2020-21 EXPENDITURES
Benefits		<u> </u>	
Operating			
Travel			
Capital outlay			
Aid			
Capital improvements			
TOTAL			