

Revised to reflect provisions included in AM 848 and AM 1332

**FISCAL NOTE**  
**LEGISLATIVE FISCAL ANALYST ESTIMATE**

<b>ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)</b>				
	<b>FY 2023-24</b>		<b>FY 2024-25</b>	
	<b>EXPENDITURES</b>	<b>REVENUE</b>	<b>EXPENDITURES</b>	<b>REVENUE</b>
GENERAL FUNDS	\$2,736,933		\$2,459,627	
CASH FUNDS	\$88,614		\$103,688	\$200,000
FEDERAL FUNDS	\$1,967,183		\$2,633,007	
OTHER FUNDS				
<b>TOTAL FUNDS</b>	<b>\$4,792,730</b>		<b>\$5,196,322</b>	<b>\$200,000</b>

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

AM1332 strikes the original sections and inserts new sections:

Sections 1-17 and Section 19 contain the provisions of **LB123 as amended by AM744**, the Behavior Analyst Practice Act, which also creates the Board of Behavior Analysts to oversee licenses as prescribed in the Uniform Credentialing Act. The Department of Health and Human Services (DHHS) is to establish and collect fees for initial licensure and renewal. Implementation of this section of the bill would be completed approximately eighteen (18) months from the effective date of this bill. A biennial fee of \$250 is in line with similar programs in other states and, with 800 estimated licensees, such a fee would generate \$200,000 in revenue. Startup costs of the program would require additional cash spend authority because fees are not collected until the program is established. DHHS assumes the new board will cost of \$9,600 in FY24 and \$6,400 each year thereafter as additional meetings would be needed in the first year. DHHS would need additional staff to assist with creation of the Board, research, material preparation and other duties. The cost of board members meetings plus salaries, benefits, and operating costs for staff additions totals to \$97,865 (\$63,564 being PSL) in FY24 and \$121,919 (\$75,664 being PSL) in FY25. The State Patrol indicates no fiscal impact of the provisions of these sections.

Section 18 contains the provisions of **LB431**, modifying the Uniform Credentialing Act with regard to criminal history record information checks and authorizing the Nebraska State Patrol (NSP) to submit fingerprinting to the Federal Bureau of Investigation for a national criminal history record information check. The State Patrol must then issue a report of any findings to the Division of Public Health. The Occupational Licensure Unit within DHHS currently shares data with NSP. There is no fiscal impact to DHHS or NSP for this section.

Sections 20-49 contain the provisions of **LB572 as amended by AM390**, the Medical Nutrition Therapy Practice Act, which changes provisions related to licensing requirements for dietitian nutritionists and licensed nutritionists by DHHS effective December 1, 2023. DHHS indicates minimal cost for implementation, potentially being offset by increased revenues. No fiscal impact of these sections.

Section 50 contains the provisions of **LB181 as amended by AM812** which would allow filling and refilling prescriptions in certain circumstances. Section 51-52 contains provisions the of **LB548** which would change examination and compounding requirements under the Pharmacy Practice Act. Section 53 contains the provisions of **LB202** which would allow for vaccine administration by pharmacy technicians. Sections 54-56 contains the provisions of **LB434** which would require DHHS to submit a State Plan Amendment to the federal Centers for Medicare and Medicaid Services (CMS) to provide coverage under the medical assistance program for long-term acute care hospitals. The costs of sections 50 through 56 are minimal and can be absorbed within current DHHS appropriations.

Section 57 contains the provisions of **LB 219 as amended by AM 848** requires for rebasing inpatient interim per diem rates for critical access hospitals every two years. Due to additional workload, an additional Fiscal Project Analyst would be required starting in October 2023 and paid for 50/50 with Federal Funds and General Funds in the amounts of \$64,362 (\$32,181 GF and \$32,181 FF and inclusive of \$39.803 PSL) in FY24 and \$90,108 (\$45,054 GF and \$45,054 FF and inclusive of \$55,725) in FY25.

Section 58 contains the provisions of **LB590 as amended by AM725** which increases the standard of need for eligible aged, blind, and disabled persons from \$60 per month to \$75 per month for a personal needs allowance if such persons reside in an alternative living arrangement (Neb. Rev. Stat. § Section 68-1006.01). Two DHHS divisions, Medicaid and Long-Term Care (MLTC) and Children and Family Services (CFS), would be impacted by this bill. Based on figures from October 2022, there were an average of 5,710 Medicaid members per month living in nursing facilities. An increase of \$15 monthly for each such member results in an annual increase of \$1,027,800. An average of 1,796 Medicaid members per month lived in assisted living facilities over this same period, with

approximately 95% in waiver and 5% in non-waiver cases. The estimated annual cost of waiver cases is \$307,116. The total annual cost for Medicaid would be \$1,334,916. There is no effective date in the bill. The estimate for this section is based on an operational date of October 1, 2023.

The impact of the provisions of LB590 as amended by AM725 to the Division of Children and Family Services (CFS) pertains to the Aid to the Aged, Blind, or Disabled (AABD) grant which is funded by State dollars for living arrangements received monthly. The payments to eligible individuals would also increase by \$15 per recipient per month. Currently, AABD makes supplemental payments to meet the Maintenance of Effort (MOE) for this program. CFS could decrease the amount of supplementals each year to meet the requirements effectively absorbing the cost of the increase. Additionally, DHHS would absorb the cost to update the Nebraska Family Online Client User System (NFOCUS) to reflect the new personal needs allowance amount. The total cost for Section 58 is \$1,001,187 for FY24 and \$1,334,916 for FY25, all for Medicaid. The cost is less in FY24 due to the operational date of October 1, 2023; as such, provisions would only be active for three quarters of the fiscal year.

Section 59 contains provisions of **LB227 as amended by AM848** which directs DHHS to provide reimbursement to a hospital at 100% of the statewide average nursing facility per diem rate for an individual when the individual meets certain criteria outlined in the bill. During 2022, the Department of Public Health (DPH) implemented a COVID-19 emergency program that reimbursed hospitals to create capacity for patients that did not meet inpatient level of care but were unable to be discharged. The program was in response to the core issue identified in the bill – the lack of available nursing facility capacity for hospital discharge-eligible patients. This program's cost was approximately \$14M at \$1,200 per patient-day or 11,666 patient-days. Using the same number of patient-days and 100% of the 2023 swing bed daily rate of \$264.13, the annual cost of these provisions is \$3,081,341 total funds. For purposes of the estimate for this section of the fiscal note, a start date of October 1, 2023 is used therefore the estimated cost for FY24 is \$2,311,005 total funds.

Section 60 contains provisions of **LB517** which directs the DHHS Department of Public Health (DPH) to implement, either directly or through a contract or grant to a nonprofit statewide association whose members include eligible acute care hospitals, a pilot program to facilitate transfer of patients with complex health needs from an eligible acute care hospital to an appropriate post-acute care setting including skilled nursing or long-term care. Funding under the pilot shall comply with all Medicaid and Medicare reimbursement policies for Swing Bed Nursing Facilities, Nursing Facilities, and swing-bed hospitals. Implementation of the pilot program will require one Accountant I in FY24 and FY25 only at a cost of \$38,002 in FY24 and \$53,202 in FY25. The provisions in Section 60 state legislative intent to appropriate \$1,000,000 in state general funds for this purpose. As such, after costs to oversee payments through the pilot program, \$908,796 would remain to be contracted or granted in aid to a nonprofit or for DHHS to operate the program as described in Section 60 subsection 4. If DHHS were to operate the program additional administration costs may be necessary including a program manager and IT costs to develop a system for hospitals to participate in the program and provide necessary data.

Section 61-62 contains provisions of **LB35** which changes the provisions relating to childcare assistance. It extends the current threshold for childcare subsidy income eligibility of 185% of the Federal Poverty Level (FPL) and transitional or redetermination of childcare income eligibility of 200% of the FPL beyond the current sunset date of September 30, 2023 until October 1, 2026. The bill states the federal Child Care Block Grant would be used first to cover the cost of the increase; the Temporary Assistance for Needy Families grant would be the second source of funding. DHHS indicates that the number of families who became eligible since the enactment of LB 485 was 1,923 families. The average number of families who have billed for childcare between June 2022 and August 2022 is 1,201. The average monthly cost between July 2021 and August 2022 was \$523.75. Using these figures, the monthly amount needed to fund this increase in eligibility is \$629,018 per month or \$7,548,216 annually. The aid funding would be, first, the Child Care Block Grant and then the Temporary Assistance for Needy Families Grant. DHHS indicates current federal fund appropriations and grant awards are sufficient to cover the \$7.5 million increase in state aid, therefore no additional expenditures are required for the direct aid. DHHS notes that if federal grant funding changes, general funds may be needed to cover a portion or the totality of this aid cost.

General funds are prohibited from being used to cover the expanded eligibility costs through September 30, 2026. There is an issue with this stipulation due to the administrative costs associated with the bill. Administratively, DHHS indicates that the agency is already maximizing their administrative limit for the Child Care Block Grant. As such, administrative costs would need to be general funds. Costs to update systems would be absorbed by DHHS. LB 485 used an annual admin cost of \$483,467 for FY23. Using this as the base, adjusting for the start date of LB 35 of October 1, 2023, plus 5% annually for cost-of-living increases, the cost for FY24 is \$380,730 in general funds (including \$247,474 in PSL) and the cost for FY25 is \$533,022 in general funds (including \$346,464 in PSL).

Section 63 contains provisions of **LB402 AM392**, changing the definition of a home health agency. Section 64 contains provisions of **LB611 AM310**, changing the Health Care Facility Licensure Act. Sections 65-66 contain provisions of **LB458**, allowing certain central fill pharmacies to deliver to a patient under the Prescription Drug Safety Act. Sections 63 through 66 have no fiscal impact.

Sections 67-82 and 86 contain provisions of **LB765** which repeals Neb. Rev. Stat. §81-8252 which specifies the duties and powers of the Regional Trauma Advisory Boards within DHHS Administration. DHHS will accumulate a cost savings of \$16,000 per year. DHHS will be required to develop injury prevention strategies with advice from the Statewide Trauma Advisory Board. The estimated cost for each Statewide Trauma Advisory Board meeting is \$2,250 which includes board member expense reimbursements. It is anticipated that a minimum of 3 additional board meetings would be necessary therefor the cost would be \$6,750 in FY24. Total savings amount to \$9,250 in FY24 and \$16,000 in FY25 and each year thereafter.

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE			
LB:	227	AM: 848,1332	AGENCY/POLT. SUB: Nebraska Department of Health & Human Services
REVIEWED BY:	Ann Linneman	DATE: 4-24-2023	PHONE: (402) 471-4180
COMMENTS: The Nebraska Department of Health and Human Services' analysis and estimate of fiscal impact to the department appears reasonable.			

**ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION**

State Agency or Political Subdivision Name:(2) Department of Health and Human Services

Prepared by: (3) John Meals

Date Prepared 4-24-23

Phone: (5) 471-6719

	FY 2023-2024		FY 2024-2025	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
<b>GENERAL FUNDS</b>	\$2,736,933	\$0	\$2,459,627	\$0
<b>CASH FUNDS</b>	\$88,614	\$0	\$103,688	\$200,000
<b>FEDERAL FUNDS</b>	\$1,967,183	\$0	\$2,633,007	\$0
<b>OTHER FUNDS</b>	\$0	\$0	\$0	\$0
<b>TOTAL FUNDS</b>	\$4,792,730	\$0	\$5,196,322	\$200,000

Return by date specified or 72 hours prior to public hearing, whichever is earlier.

**Explanation of Estimate:**

AM1332 strikes the original sections and all amendments thereto and inserts the following new sections:

**LB123 AM744:** The bill as amended creates the Behavior Analyst Practice Act which is intended to facilitate an application process for behavior analysts to become licensed in the State of Nebraska. It also creates the Board of Behavior Analysts to administer all duties as prescribed in the Uniform Credentialing Act. The Department of Health and Human Services (DHHS) is to establish and collect fees for initial licensure and renewal. It is expected that implementation work on this section of the bill would be completed approximately eighteen (18) months from the effective date of this bill.

DHHS provides a total estimate of 802 Behavioral Analysts in Nebraska based on data from the Behavior Analyst Certification Board and an unknown number of non-certified persons representing themselves as registered behavioral technicians. A biennial fee of \$250 is in line with similar programs in other states and, with 800 licensees, would generate \$200,000 in revenue. Costs and revenue would be accounted for under Program 178 Professional Licensure. Startup costs of the program would require additional cash spend authority because fees are not collected until the program is established.

DHHS assumes the new board will be composed of 4 members meeting 6 times in the first year, at a cost of \$9,600, and quarterly each year thereafter, at a cost of \$6,400. DHHS would need additional staff to assist with creation of the Board, research, material preparation and other duties as required: a .50 FTE Program Manager II, a .50 FTE Health Licensing Coordinator, and a .50 FTE Administrative Technician all starting in the second quarter of State Fiscal Year 2024 (October 2023), as well as eighty hours of an IT Business Analyst in FY24. The cost of board members meetings plus salaries, benefits, and operating costs for staff additions totals to **\$97,865** in FY24 and **\$121,919** in FY25.

<b>Summary of Expenditures</b>	FY2023-24 FTE	FY2024-25 F	FY2023-24	FY2024-25
<b>PERSONAL SERVICES:</b>				
G78792 DHHS Program Manager II	0.38	0.50	\$22,810	\$30,414
X01740 Health Licensing Coordinator	0.38	0.50	\$15,757	\$21,009
V01013 Administrative Technician	0.38	0.50	\$13,381	\$17,841
V07081 IT Business Systems Analyst	0.04	0.00	\$2,016	\$0
	0.00	0.00	\$0	\$0
	0.00	0.00	\$0	\$0
<b>BENEFITS:</b>			\$15,700	\$20,150
<b>OPERATIONS</b>			\$28,200	\$32,505
<b>TRAVEL</b>			\$0	\$0
Capital Outlay			\$0	\$0
Aid			\$0	\$0
Capital Improvements			\$0	\$0
<b>TOTAL</b>			\$97,865	\$121,919

**LB431:** The bill includes provisions of the Uniform Credentialing Act pertaining to criminal history record information checks, authorizing the Nebraska State Patrol (NSP) to submit fingerprinting to the Federal Bureau of Investigation for a national criminal history record information check. The State Patrol must then issue a report of any findings to the Division of Public Health of the Department of Health and Human Services (DHHS). Currently, background checks are only required if a criminal background check is required by an interstate licensure compact. The Occupational Licensure Unit within DHHS shares data with NSP via an online site on SharePoint. Due to the existing partnership, DHHS will need minimal updates to accommodate the changes proposed in the bill. DHHS indicates the costs can be absorbed within current resources.

**LB572 AM390:** The bill cites the Medical Nutrition Therapy Practice Act which changes provisions related to licensing requirements for dietitian nutritionists and licensed nutritionists by DHHS effective December 1, 2023. DHHS estimates a total first year cost of \$7,603 to Program 178 – Professional Licensure. This includes updating regulations and the website, application and license system development, and application review and issuance. Of this amount, \$4,715 would be one-time implementation costs and the remaining \$2,888 would be on-going costs. DHHS estimates recapturing the costs within the biennium utilizing a \$10 licensing fee to 742 licensees, yielding \$7,420 in revenue. The revenue and expenditures to the affected program can be accounted for within the existing program budget. DHHS estimates reissuing charges of \$7,420 will offset the cost of \$7,603 resulting in minimal impact of \$183.

**LB181 AM812, LB548, LB202, LB458:** Minimal or no fiscal impact. All costs associated with these bills are minor and will be absorbed by the department.

**LB590 AM725:** The bill mandates that DHHS shall include in the standard of need for eligible aged, blind, and disabled persons \$75 per month for a personal needs allowance if such persons reside in an alternative living arrangement. (Sec. 58. Section 68-1006.01)

An alternative living arrangement shall include board and room, a boarding home, a certified adult family home, a licensed assisted-living facility, a licensed residential child caring agency as defined in section 71-1926, a licensed center for the developmentally disabled, and a long-term care facility.

The personal needs allowance was changed to its current level of \$60 by LB 366 (2015), which was signed into law on May 27, 2015. Passage would increase the personal needs allowance by \$15 per member.

The Nebraska Family Online Client User System (NFOCUS) would need to be updated to reflect the new personal needs allowance amount. Once the update is made, budgets will need to be re-run to calculate the new share of cost amounts for the affected living arrangement cases. The total NFOCUS estimate for the updates is 29 hours at a cost of \$2,412. The department will absorb these costs.

Two DHHS divisions, Medicaid and Long-Term Care (MLTC) and Children and Family Services (CFS), would be impacted by this bill.

The impact to the MLTC division is due to the increase to the size of income disregard on Medicaid members. Rather than disregarding \$60 per month per Medicaid case (once they are determined eligible), Medicaid would disregard \$75 monthly. The additional \$15, per member per month, would shift from the member/client pay to be paid by Medicaid, for all current and future members who are or will be nursing home or assisted living waiver residents.

According to the October 2022 Indicators report, there was an average of 5,710 Medicaid members per month living in nursing facilities. This would translate to a monthly increase to the program of \$85,650, or \$1.03 million per year. An average of 1,796 Medicaid members per month lived in assisted living facilities over this same period, with approximately 95% in waiver and 5% in non-waiver cases. The estimated annual cost of waiver cases is \$307,116. The total annual cost for Medicaid would be \$1,334,916. There is no effective date in the bill. The estimate for this section is based on an operational date of October 1, 2023.

The impact to CFS for the Aid to the Aged, Blind, or Disabled (AABD) grant is funded by State dollars for living arrangements received monthly. The payments to eligible individuals would increase \$15.

Living Arrangement	Cases	Total
Room and Board	4	\$60
Licensed Assisted Living	440	\$6,600
Certified Adult Family Home	9	\$135
Long Term Care Facilities	190	\$2,850
Center for the Developmentally Disabled	85	\$1,275
Child Caring Agency	0	\$0
Monthly Increase		\$10,920
Annual Increase * 12 Months		\$131,040

Currently, AABD makes supplemental payments to meet the Maintenance of Effort (MOE) for this program. CFS could decrease the amount of supplementals each year to meet the requirements effectively absorbing the cost of the increase.

The total costs absorbed by DHHS for this section of the bill would be \$133,452 which includes the CFS increase and NFOCUS.

**LB434:** The bill mandates that DHHS shall enroll long-term acute care hospitals in Nebraska as providers eligible to receive funding under the medical assistance program. (LB434, Sec. 55.)

No later than July 1, 2023, the department shall submit a State Plan Amendment (SPA) or waiver to the federal Centers for Medicare and Medicaid Services (CMS) to provide coverage under the medical assistance program for long-term acute care hospitals. To implement the requirements of this bill DHHS would be required to initiate a change request to the Medicaid Management Information System (MMIS), the contracted provider screening and enrollment (PSE) vendor, and the Department’s Health Inter Active (HIA) data warehouse and decision support system to allow for a new provider type of long-term acute care.

The MMIS change request would include adding the new provider type to the MMIS system and working with the PSE, and HIA system vendors and establishing the appropriate processing of the new provider type. The cost to change the MMIS, PSE and HIA systems would be approximately \$10,000 each. This cost will be absorbed by the Department.

**LB219:** DHHS shall provide for rebasing inpatient interim per diem rates for critical access hospitals. The department shall rebase the rates every two years, and the most recent audited Medicare cost report shall be used as the basis for the rebasing process within ninety days after receiving the cost report. Due to additional workload, an additional Fiscal Project Analyst would be required starting in October 2023 and paid for 50/50 with Federal Funds and General Funds in the amounts of \$64,362 (\$32,181 GF and \$32,181 FF) in FY24 and \$90,108 (\$45,054 GF and \$45,054 FF) in FY25. Additional costs to update rules would be absorbed within current resources,

Position(s)			First Fiscal Year						Second Fiscal Year						
Job Title	Hourly Rate	Hours per Year	Class	FTE	Modified FT	Pay	Benefits (35%)	Operating costs (26.7%)	Total	5% increase	FTE	Pay	Benefits (35%)	Operating costs (26.7%)	Total
K18850 - DHHS Fiscal Project Analyst	\$ 25,515	2,080	No	1.00	0.75	\$ 39,803	\$ 13,931	\$ 10,628	\$ 64,362	\$ 26,791	1.00	\$ 55,725	\$ 19,504	\$ 14,879	\$ 90,107
	\$ -	2,080				0.00	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
	\$ -	2,080				0.00	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
				1.00	0.75	\$ 39,803	\$ 13,931	\$ 10,628	\$ 64,362		1.00	\$ 55,725	\$ 19,504	\$ 14,879	\$ 90,107

**LB227 AM848:** DHHS shall provide Medicaid reimbursement to a hospital at one hundred percent of the statewide average nursing facility per diem rate for an individual when the individual meets certain criteria outlined in the bill. The bill as amended intends to appropriate **\$1,000,000** in state general funds for this purpose. It is unclear if the appropriation for the pilot program is for one year only and when the funds would be spent. The “Total Aid” amount for SFY 2024 assumes \$1M is appropriated and spent in SFY 2024.

**LB517:** During 2022 the Department of Public Health (DPH) implemented a COVID-19 emergency program that reimbursed hospitals to create capacity for patients that did not meet inpatient level of care but were unable to be discharged. The program was in response to the core issue identified in the bill – the lack of available nursing facility capacity for hospital discharge-eligible patients. This program’s cost was approximately \$14M at \$1,200 per patient-day or 11,666 patient-days.

If the same number of patient-days is needed and using 100% of the 2023 swing bed daily rate or \$264.13, the annual cost to DHHS would be \$3,081,341. For purposes of the estimate for this section of the fiscal note, a start date of October 1, 2023, is used. The bill includes specific dollar amounts for patient scenarios, but DHHS does not have patient-level data needed to project the impact. The bill also does not address where the funding will be obtained and there are no limits to total expenditures under the program, which makes projecting costs difficult.

DHHS shall implement a pilot program to facilitate transfer of patients with complex health needs from an eligible acute care hospital to an appropriate post-acute care setting including skilled nursing or long-term care. Funding under the pilot shall comply with all Medicaid and Medicare reimbursement policies for Swing Bed Nursing Facilities, Nursing Facilities, and swing-bed hospitals. Implementation of the pilot program will require 1x FTE Accountant I for a cost of \$38,002 in FY24 and \$53,202 in FY25.

**LB35:** The bill changes the provisions relating to childcare assistance. It extends the current threshold for childcare subsidy income eligibility of 185% of the Federal Poverty Level (FPL) and transitional or redetermination of childcare income eligibility of 200% of the FPL beyond the current sunset date of September 30, 2023, until October 1, 2026. The bill states the federal Child Care Block Grant would be used first to cover the cost of the increase; the Temporary Assistance for Needy Families grant would be the second source of funding. General funds are prohibited from being used to cover the expanded eligibility costs through September 30, 2026. There is an issue with this stipulation, described below, due to the administrative costs associated with the bill

With the passing of LB485 in 2021, the Department of Health and Human Services (DHHS) increased the gross income eligibility for the childcare subsidy program from 130% of the FPL to 185% of the FPL for initial subsidy eligibility and increased the FPL from 185% to 200% for subsidy redetermination. This was enacted on August 28, 2021, and currently has a sunset date of September 30, 2023.

DHHS indicates that the number of families who became eligible since the enactment of LB 485 was 1,923 families. The average number of families who have billed for childcare between June 2022 and August 2022 is 1,201. The average monthly cost between July 2021 and August 2022 was \$523.75. Using these figures, the monthly amount needed to fund this increase in eligibility is \$629,018 per month or \$7,548,216 annually.

The funding would be, first, the Child Care Block Grant and then the Temporary Assistance for Needy Families Grant. DHHS indicates current federal fund appropriations and grant awards are sufficient to cover the \$7.5 million increase in state aid, therefore no additional expenditures are required for the direct aid. DHHS notes that if federal grant funding changes, general funds may be needed to cover a portion or the totality of this aid cost.

Administratively, DHHS indicates that the agency is already maximizing their administrative limit for the Child Care Block Grant. This means that the administrative costs would need to be general funds. Costs to update systems would be absorbed by DHHS. LB 485 used an annual admin cost of \$483,467 for FY23. Using this as the base, adjusting for the start date of LB 35 of October 1, 2023, and adjusting 5% annually for cost-of-living increases, the cost for FY24 is **\$380,730** and the cost for FY25 is **\$533,022**. (LB35)

**LB402 AM392:** The bill changes the definition of a home health agency. There is no fiscal impact from this section of the bill. (LB402)

**LB611 AM310:** The bill makes changes to the Health Care Facility Licensure Act. There is no fiscal impact from this section of the bill. (LB611)

**LB765:** The bill repeals Nebraska §81-8252 which specifies the duties and powers of the Regional Trauma Advisory Boards. DHHS will see a cost savings by dissolving the Regional Trauma Advisory Boards. There are a total of 10 members which regularly meet 8 times per year. Based on the average expenses of \$200 per member per meeting, DHHS will accumulate a cost savings of \$16,000 per year. DHHS will be required to develop injury prevention strategies with advice from the Statewide Trauma Advisory Board. The estimated cost for each Statewide Trauma Advisory Board meeting is \$2,250. This cost includes board member expense reimbursements. It is anticipated that a minimum of 3 additional board meetings would be necessary. Therefore, the estimated cost associated with development of injury prevention strategies and subsequent incorporation into the existing rules and regulations would be as follows:

FY2024 1-time cost to develop injury prevention strategies (**absorbed**)

Title	Hour(s)	Hourly Cost	Cost
Director	1	76	\$ 76
Deputy Director	1	55	\$ 55
Administrator I	1	31	\$ 31
Program Specialist	2	23	\$ 46
Program Analyst	4	23	\$ 92
Attorney III	10	35	\$ 350
<b>Total Personnel Costs</b>	<b>19</b>		<b>\$ 650</b>

FY2024 1-time cost for board meetings from Statewide Trauma Advisory Board

Average Board Meeting Cost \$1,600  
 Total Cost Per Meeting \$2,250  
 Estimate for 3 meetings = **\$6,750**

The costs associated with the bill would be expended from Program 033 – Public Health Administration Cash Funds. This fiscal note assumes all cost would be incurred during Fiscal Year 2023-2024 (LB765)

**MAJOR OBJECTS OF EXPENDITURE**

PERSONAL SERVICES:  POSITION TITLE	NUMBER OF POSITIONS		2023-2024	2024-2025
	23-24	24-25	EXPENDITURES	EXPENDITURES
G78792 DHHS Program Manager II	.38	.5	\$22,810	\$30,414
X01740 Health Licensing Coordinator	.38	.5	\$15,757	\$21,009
V01013 Administrative Technician	.38	5	\$13,381	\$17,841
V07081 IT Business Systems Analyst	.04	0	\$2,016	\$0
K19850 - DHHS Fiscal Project Analyst	.75	1	\$39,803	\$55,725
V78791 DHHS Program Manager I	.75	1	\$42,438	\$59,414
V19011 Accountant I	.75	1	\$23,501	\$32,902
Benefits.....			\$52,710	\$71,964
Operating.....			\$359,292	\$490,751
Travel.....				
Capital Outlay.....				
Aid.....			\$4,221,022	\$4,416,302
Capital Improvements.....				
<b>TOTAL.....</b>			<b>\$4,792,730</b>	<b>\$5,196,322</b>



Please complete ALL (5) blanks in the first three lines.

2023

LB<sup>(1)</sup> 227, AM1332

FISCAL NOTE

State Agency OR Political Subdivision Name: <sup>(2)</sup> Nebraska State Patrol

Prepared by: <sup>(3)</sup> Carol Aversman Date Prepared: <sup>(4)</sup> 04-20-2023 Phone: <sup>(5)</sup> 402-471-4545

ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION

	<u>FY 2023-24</u>		<u>FY 2024-25</u>	
	<u>EXPENDITURES</u>	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>REVENUE</u>
GENERAL FUNDS	_____	_____	_____	_____
CASH FUNDS	_____	_____	_____	_____
FEDERAL FUNDS	_____	_____	_____	_____
OTHER FUNDS	_____	_____	_____	_____
TOTAL FUNDS	=====	=====	=====	=====

Explanation of Estimate:

**NO FISCAL IMPACT.**

BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE

Personal Services:

<u>POSITION TITLE</u>	<u>NUMBER OF POSITIONS</u>		<u>2023-24</u>	<u>2024-25</u>
	<u>23-24</u>	<u>24-25</u>	<u>EXPENDITURES</u>	<u>EXPENDITURES</u>
Benefits.....	_____	_____	_____	_____
Operating.....	_____	_____	_____	_____
Travel.....	_____	_____	_____	_____
Capital outlay.....	_____	_____	_____	_____
Aid.....	_____	_____	_____	_____
Capital improvements.....	_____	_____	_____	_____
TOTAL.....	_____	_____	_____	_____