Multiple Agency Fiscal Note Summary

Bill Number: 5127 E S SB AMH APP
H2706.1

Title: Brain injury fee increase

Estimated Cash Receipts

Agency Name	2019	0-21	2021-	-23	2023-	25
	GF- State	Total	GF- State	Total	GF- State	Total
Administrative Office of the Courts	0	3,573,414	0	3,898,270	0	3,898,270
Total \$	0	3,573,414	0	3,898,270	0	3,898,270
		-			•	
Local Gov. Courts						
Loc School dist-SPI						
Local Gov. Other	No fiscal impact					
Local Gov. Total						

Estimated Operating Expenditures

Agency Name		2019-21			2021-23			2023-25	
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Administrative Office of	.0	0	0	.0	0	0	.0	0	0
the Courts									
Department of Social and	.0	0	0	.0	0	0	.0	0	0
Health Services									
University of Washington	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Local Gov. Courts						
Loc School dist-SPI						
Local Gov. Other	No fisc	al impact				
Local Gov. Total						

Estimated Capital Budget Expenditures

Agency Name		2019-21			2021-23			2023-25	
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Administrative Office of	.0	0	0	.0	0	0	.0	0	0
the Courts									
Department of Social and Health Services	.0	0	0	.0	0	0	.0	0	0
University of Washington	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Estimated Capital Budget Breakout

NONE

Prepared by:	Ramona Nabors, OFM	Phone:	Date Published:
		(360) 902-0547	Final 4/16/2019

Judicial Impact Fiscal Note

County FTE Staff Years County FTE Staff Years Account Counties Local - Counties Counties Subtotal \$ CITY FY 2020 FY 2021 2019-21 2021-23 2023-25 City FTE Staff Years	Bill Number:	5127 E S SB AMH APP H2706.1	Title: Bra	Title: Brain injury fee increase				Adminis e Courts	trative Office
Sestimated Cash Receipts to: Account	Part I: Estin	nates				<u>, </u>			
Account Traumatic Brain Injury Account-State 1.624.279 1.949.135 3.573.414 3.898.270 3.989.27 1.949.135 3.573.414 3.898.270 3.989.27 3.99.27 3.999.27 3.999.27 3.999.27 3.999.27 3.999.27 3.999.27 3.999.	_								
Traumatic Brain Injury Account-State 1.824.279 1.949,135 3.573,414 3.898,270 3.898,27		Receipts to:							
Total S 1,824,279 1,949,356 3,573,414 3,898,270 3,988,27 Stimated Expenditures from: COUNTY FY 2020 FY 2021 2019-21 2021-23 2023-25 County FTE Staff Years Account Local - Counties City FTE Staff Years Account Local - Cities Cities Subtotal S City FTE Staff Years Account Local - Cities Cities Subtotal S Local Subtotal S Total Estimated Expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Agency Preparation: Sam Knutson Phone: Joaic 04/04/2019 Date: 04/04/2019 Date: 04/04/2019 Date: 04/04/2019 Date: 04/04/2019 Date: 04/04/2019									
Total \$ 1,624,279	12T-1	n Injury Account-Stat	te	1,624,279	1,949,13	3,573,	414	3,898,270	3,898,270
Total S 1.624.279 1.949.135 3.573,414 3.898.270 3.888.27 Satimated Expenditures from: COUNTY FY 2020 FY 2021 2019-21 2021-23 2023-25 County FTE Staff Years Counties Counties Subtotal S 2023-25 City FY 2020 FY 2021 2019-21 2021-23 2023-25 City FTE Staff Years Counties Counties Subtotal S 2023-25 City FTE Staff Years Counties Cities Subtotal S 2023-25 Cities Subtotal S 2023-25 Total Estimated Expenditure stimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019									
COUNTY FY 2020 FY 2021 2019-21 2021-23 2023-25 County FTE Staff Years Account Local - Counties Counties Subtotal \$	Cities		T 1.0	4 004 070	4.040.40	5 0.570.4	14.4		0.000.070
COUNTY County FTE Staff Years Account Local - Counties Counties Subtotal \$ CITY FY 2020 FY 2021 County FTE Staff Years Counties Subtotal \$ CITY FY 2020 FY 2021 County FTE Staff Years Account Local - Cities Cities Subtotal \$ Local - Cities Cities Subtotal \$ Total Estimated Expenditures \$ Total Estimated Expenditures \$ The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check to applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019			Total \$	1,624,279	1,949,13	3,5/3,4	114	3,898,270	3,898,270
County FTE Staff Years Account Local - Counties Counties Subtotal \$ CITY FY 2020 FY 2021 2019-21 2021-23 2023-25 City FTE Staff Years Account Local - Cities Cities Subtotal \$ Local Subtotal \$ Total Estimated Expenditures \$ Total Estimated Expenditures \$ The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019	Estimated Expe	nditures from:							
Account Counties Subtotal \$ Counties Subtotal	COUNTY			FY 2020	FY 2021	2019-21	2021-23		2023-25
Counties Counties Counties Subtotal \$ PY 2020 PY 2021 2019-21 2021-23 2023-25 City FTE Staff Years PY 2020 PY 2021 2019-21 2021-23 2023-25 City FTE Staff Years PY 2020 PY 2021 2019-21 2021-23 2023-25 Cities Subtotal \$ Decail Subtotal	County FTE Sta	aff Years							
Counties Subtotal \$ FY 2020 FY 2021 2019-21 2021-23 2023-25 City FTE Staff Years Account Local - Cities Cities Subtotal \$ Cottal Subtotal \$ Cottal Estimated Expenditures \$ Cottal Estimate	Account								
City FTE Staff Years Account Local - Cities Cities Subtotal \$ Local Subtotal \$ Total Estimated Expenditures \$ The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019	Local - Countie								
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The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019	City FTE Staff	Years							
Cities Subtotal \$ Local Subtotal \$ Total Estimated Expenditures \$ The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: Date: 04/04/2019	Account								
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The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019							4		
The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019									
Subject to the provisions of RCW 43.135.060. Check applicable boxes and follow corresponding instructions: If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V. If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I). Capital budget impact, complete Part IV. Contact Phone: Date: 04/04/2019 Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019		Total Estimated	Expenditures \$						
Agency Preparation: Sam Knutson Phone: 360-704-5528 Date: 04/04/2019	Subject to the process Check applical X If fiscal in form Parts If fiscal in	rovisions of RCW 43.13. ble boxes and follow mpact is greater than 5 s I-V. mpact is less than \$50	5.060. corresponding insi \$50,000 per fiscal 0,000 per fiscal year	tructions: year in the current bic	ennium or in subs	equent biennia, co	mplete entire fisc).
	Contact				P	hone:	Dat	e: 04/04	4/2019
	Agency Prenai	ration: Sam Knuts	on		P	hone: 360-704-55	528 Dat	e: 04/04	4/2019

Request # 5127 ESSB-1

Date: 04/04/2019

OFM Review:

Phone: (360) 902-0547

Ramona Nabors

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact on the Courts

Please see attached Judicial Impact Note (JIN).

II. B - Cash Receipts Impact

II. C - Expenditures

Part III: Expenditure Detail

III. A - Expenditure By Object or Purpose (State)

<u>State</u>	FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE Staff Years					
Total \$					

III. B - Expenditure By Object or Purpose (County)

<u>County</u>	FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE Staff Years					
Total \$					

III. C - Expenditure By Object or Purpose (City)

<u>City</u>	FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE Staff Years					
Total \$					

Part IV: Capital Budget Impact

This bill would increase the Traumatic Brain Injury (TBI) Fee from \$2.00 to \$5.00 per traffic infraction. The bill would provide that the TBI fee may not be reduced or waived.

This bill amendment would add language that would require the Department of Social and Health Services (DSHS) to disburse the incremental revenue from the fee increase in a diverse manner to include rural areas of the state.

Part II.A – Brief Description of what the Measure does that has fiscal impact on the Courts

Section 1(7)(c) – Would increase the TBI fee from \$2.00 to \$5.00 per traffic infraction. Would provide that under no circumstances shall this fee be reduced or waived.

Section 2 – Would direct the deposit of the TBI fee to the Traumatic Brain Injury Account. Would provide that the Department of Social and Health Services (DSHS) must make every effort to disburse the incremental revenue that is the result of this fee increase in a diverse manner to include rural areas of the state.

II.B - Cash Receipt Impact

This bill would increase the TBI fee from \$2.00 to \$5.00 per infraction, and would make the TBI fee non-waivable and non-reducible.

To provide an estimate of TBI revenue that would result from this increase, five years of actual TBI revenue was reviewed. Table I, below, displays actual TBI revenue during the period 2014 through 2018.

Fiscal Year	TBI Revenue
2014	1,368,756
2015	1,398,418
2016	1,331,537
2017	1,157,851
2018	1,240,554

Table I - TBI Revenue

The following assumptions were used to provide an estimate of the increased revenue that would result from this bill.

- The current TBI fee is \$2.00 per infraction. This bill would raise this to \$5.00, a 250 percent increase.
- This bill would provide that the fee is both non-waivable and non-reducible.
- Based on the data in Table I, the average annual revenue during this five-year period was \$1,299,423.
- Thus, it is estimated that the increased fee will result in an average additional \$1,949,135 per fiscal year.

This bill does not include an effective date, so it is assumed the bill will be effective July 1, 2019. For purposes of this analysis, it is assumed that the revenue impacts would begin in September 2019. Thus, the first year of estimated revenue has been adjusted.

II.C – Expenditures

The fee increase would require update to all relevant infraction law table entries, including all local law tables. This would be managed within existing resources.

The online penalty calculator would need to be modified. This would be managed within existing resources.

Modifications would be required to judicial information systems for the accounting changes that would be required. This would be managed within existing resources.

Judicial education would be required regarding the non-waivable and non-reducible status of the TBI fee. This would be managed within existing resources.

Individual State Agency Fiscal Note

Bill Number: 5127 E S SB AMH APP H2706.1	Title:	Brain injury fee increase	Agency:	300-Department of Social and Health Services
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Part I: Estimates

	ı		
Х	No	Fiscal	Impact

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

check applicable boxes and follow corresponding instructions.
If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
Capital budget impact, complete Part IV.
Requires new rule making, complete Part V.

Legislative Contact:		Phone:	Date: 04/04/2019
Agency Preparation:	Mickie Coates	Phone: 360-902-8077	Date: 04/05/2019
Agency Approval:	Molli Ragsdale	Phone: 360-664-5731	Date: 04/05/2019
OFM Review:	Bryce Andersen	Phone: (360) 902-0580	Date: 04/08/2019

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

The fees collected RCW 46.63.110(7)(c) and deposited into the Traumatic Brain Injury Account have been less than the current Department of Social and Health Services (DSHS) appropriation from this account. Due to insufficient funding to support the appropriation level, DSHS spending on the activities specified in RCW 74.31.060 have been below the current appropriation for such activities. It is assumed that under passage of this legislation, deposits to the Traumatic Brain Injury Account will increase but the DSHS appropriation from this account will not change.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Part III: Expenditure Detail

Part IV: Capital Budget Impact

NONE

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

Individual State Agency Fiscal Note

Bill Number: 5127 E S SB AMH APP H2706.1 Title: Brain injury fee increase	Agency:	360-University of Washington
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Part I: Estimates

_	1	
Х	No Fiscal Im	pact

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

Capital budget impact, complete Part IV.

Requires new rule making, complete Part V.

Legislative Contact:		Phone:	Date: 04/04/2019
Agency Preparation:	Jessie Friedmann	Phone: 206-685-8868	Date: 04/08/2019
Agency Approval:	Kelsey Rote	Phone: 2065437466	Date: 04/08/2019
OFM Review:	Breann Boggs	Phone: (360) 902-0659	Date: 04/14/2019

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

5127 ES SB AMH APP H2706.1 pertains to the use of state revenue collected through the Traumatic Brain Injury (TBI) Account fee.

The Proposed Substitute makes the following changes from the previous version of the bill:

- Removes language that allows the incremental revenue from the Traumatic Brain Injury (TBI) Account fee increase to be used for additional activities.
- Adds language that requires the DSHS to disburse the incremental revenue from the fee increase in a diverse manner to include rural areas of the state.
- Modifies the composition of the Washington TBI Strategic Partnership Advisory Council.

These changes remove the requirement for UW to develop and maintain a repository of information on concussion impacts and treatment. Thus, this version of the bill would have no fiscal impact on UW.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Part III: Expenditure Detail

Part IV: Capital Budget Impact

NONE

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number:	5127 E S SB AMH APP H2706.1	Title: Brain injury fee increase
Part I: Juris	sdiction-Location,	type or status of political subdivision defines range of fiscal impacts.
Legislation I	mpacts:	
X Cities: Pl	ease see the fiscal note of	of the Administrative Office of the Courts for a discussion of court impacts.
X Counties:	Same as above.	
Special Distr	ricts:	
Specific juris	sdictions only:	
Variance occ	eurs due to:	
Part II: Est	timates	
X No fiscal im	pacts.	
Expenditure	es represent one-time cos	sts:
Legislation	provides local option:	
Key variable	es cannot be estimated w	with certainty at this time:

Part III: Preparation and Approval

Fiscal Note Analyst: Alice Zillah	Phone: 360-725-5035	Date: 04/11/2019
Leg. Committee Contact:	Phone:	Date: 04/04/2019
Agency Approval: Allan Johnson	Phone: 360-725-5033	Date: 04/11/2019
OFM Review: Ramona Nabors	Phone: (360) 902-0547	Date: 04/16/2019

Page 1 of 2 Bill Number: 5127 E S SB AMH APP H2706.1

Part IV: Analysis

A. SUMMARY OF BILL

Provide a clear, succinct description of the bill with an emphasis on how it impacts local government.

CHANGES FROM PRIOR BILL VERSION:

The amended version of the bill removes language that allows the incremental revenue from the Traumatic Brain Injury (TBI) Account fee increase to be used for additional activities. It further adds language that requires the Department of Social and Health Services (DSHS) to disburse the incremental revenue from the fee increase in a diverse manner to include rural areas of the state.

These changes do not create fiscal impacts for local governments.

SUMMARY OF CURRENT BILL VERSION:

Section 1 amends RCW 46.63.110 to increase a fee for traffic infractions by \$3, which is directed to the Traumatic Brain Injury Account. Under no circumstances shall this fee be reduced or waived.

Section 2 directs DSHS to make every effort to disburse the incremental revenue that is the result of the fee increase in a diverse manner to include rural areas of the state.

B. SUMMARY OF EXPENDITURE IMPACTS

Briefly describe and quantify the expenditure impacts of the legislation on local governments, identifying the expenditure provisions by section number, and when appropriate, the detail of expenditures. Delineate between city, county and special district impacts.

The legislation would have no expenditure impacts for local governments. Pease note that court impacts, including judicial costs, clerk costs, and court fees, are described in fiscal notes prepared by the Administrative Office of the Courts (AOC). Local government fiscal notes include city and county expenditures for law enforcement investigations and arrests, indigent defenders, prosecutors, and jail costs.

C. SUMMARY OF REVENUE IMPACTS

Briefly describe and quantify the revenue impacts of the legislation on local governments, identifying the revenue provisions by section number, and when appropriate, the detail of revenue sources. Delineate between city, county and special district impacts.

The legislation would have no revenue impact for local government.

SOURCES:

Administrative Office of the Courts

Page 2 of 2 Bill Number: 5127 E S SB AMH APP H2706.1



Multiple Agency Ten-Year Analysis Summary

Bill Number	Title
5127 E S SB AMH APP H2706.1	Brain injury fee increase

This ten-year analysis is limited to the estimated cash receipts associated with the proposed tax or fee increases.

Estimated Cash Receipts

	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028	Fiscal Year 2029	2020-29 TOTAL
Administrative Office of the Courts	1,624,279	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	19,166,494
Department of Social and Health Services	0	0	0	0	0	0	0	0	0	0	0
University of Washington	0	0	0	0	0	0	0	0	0	0	0
Total	1,624,279	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	19,166,494



Ten-Year Analysis

Bill Number	Title	Title						Agency				
5127 E S SB AMH APP H2706.1	Brain injury fe	rain injury fee increase 055 Administrative Office of the								rts		
This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management en-year projection can be found at http://www.ofm.wa.gov/tax/default.asp.												
Estimates												
No Cash Receipts Partially Indeterminate Cash Receipts Indeterminate Cash Receipts												
Estimated Cash Receipts												
Name of Tax or Fee	Acct Fiscal	Fiscal 20 Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028	Fiscal Year 2029	2020-29 TOTAL	
TBI Fee	12T 1,624	,279 1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	19,166,49	
Total	1,624	,279 1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	1,949,135	19,166,49	
Biennial Totals		3,573,414	3,89	98,270	3,898	8,270	3,89	8,270	3,898	8,270	19,166,49	

Narrative Explanation (Required for Indeterminate Cash Receipts)

Increases the existing \$2 per infraction fee to \$5 per infraction. Fee cannot be waived or reduced.

Agency Preparation: Sam Knutson	Phone: 360-704-5528	Date: 4/4/2019 2:02:47 pm
Agency Approval: Ramsey Radwan	Phone: 360-357-2406	Date: 4/4/2019 2:02:47 pm
OFM Review:	Phone:	Date:



Ten-Year Analysis

Bill Number	Title		Agency	Agency					
5127 E S SB AMH APP H2706.1	Brain injury fee increase		300 Departi	300 Department of Social and Health Services					
his ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management en-year projection can be found at http://www.ofm.wa.gov/tax/default.asp.									
Estimates									
X No Cash Receipts	Partially I	ndeterminate Cash R		Indetermii	nate Cash	Receipts			
Name of Tax or Fee	Acct Code							_	

Agency Preparation: Mickie Coates	Phone: 360-902-8077	Date: 4/5/2019 12:13:27 pm
Agency Approval: Molli Ragsdale	Phone: 360-664-5731	Date: 4/5/2019 12:13:27 pm
OFM Review:	Phone:	Date:



Ten-Year Analysis

Bill Number	Title			Agency						
5127 E S SB AMH APP H2706.1	Brain injury fee increase				360 University of Washington					
This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management en-year projection can be found at http://www.ofm.wa.gov/tax/default.asp.										
X No Cash Receipts	Partially Indeterminate Cash Receipts				Indeterminate Cash Receipts					
Name of Tax or Fee	Acct Code									

Agency Preparation: Jessie Friedmann	Phone: 206-685-8868	Date: 4/8/2019 9:50:21 am
Agency Approval: Kelsey Rote	Phone: 2065437466	Date: 4/8/2019 9:50:21 am
OFM Review:	Phone:	Date: