

Multiple Agency Fiscal Note Summary

Bill Number: 1638 P S HB	Title: Hepatitis C
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Estimated Cash Receipts

Agency Name	2003-05		2005-07		2007-09	
	GF- State	Total	GF- State	Total	GF- State	Total
Department of Health	0	1,370,000	0	2,619,000	0	1,344,000
Total \$	0	1,370,000	0	2,619,000	0	1,344,000

Local Gov. Courts *						
Local Gov. Other **						
Local Gov. Total						

Estimated Expenditures

Agency Name	2003-05			2005-07			2007-09		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Human Rights Commission	.0	0	0	.0	0	0	.0	0	0
Department of Health	1.0	0	1,370,000	.6	0	2,619,000	.6	0	1,344,000
University of Washington	.0	0	0	.0	0	0	.0	0	0
Total	1.0	\$0	\$1,370,000	0.6	\$0	\$2,619,000	0.6	\$0	\$1,344,000

Local Gov. Courts *									
Local Gov. Other **	Non-zero but indeterminate cost. Please see discussion.								
Local Gov. Total									

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Prepared by: Elise Greef, OFM	Phone: 360-902-0539	Date Published: Final 3/11/2003
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* See Office of the Administrator for the Courts judicial fiscal note

** See local government fiscal note

Individual State Agency Fiscal Note

Bill Number: 1638 P S HB	Title: Hepatitis C	Agency: 120-Human Rights Commission
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Part I: Estimates

☒ 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:

- ☐ 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: 02/28/2003
Agency Preparation: Renee Knight	Phone: 360-753-6777	Date: 03/03/2003
Agency Approval: Sue Jordan	Phone: (360) 753-2558	Date: 03/03/2003
OFM Review: Tom Lineham	Phone: 360-902-0543	Date: 03/03/2003

Part II: Narrative Explanation

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.

Adding Hepatitis C to RCW 49.60.172 and 174 as a protected category under the Law Against Discrimination should not significantly add to the commission's budgetary requirements. Currently we investigate cases of unfair action because of someone's disability and Hepatitis C would be considered part of this provision. Adding a specific disease to the broader category of disability should not significantly increase the number of cases accepted for investigation.

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

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: 1638 P S HB	Title: Hepatitis C	Agency: 303-Department of Health
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

FUND	FY 2004	FY 2005	2003-05	2005-07	2007-09
General Fund-Federal 001-2	140,500	544,500	685,000	1,309,500	672,000
General Fund-Private/Local 001-7	140,500	544,500	685,000	1,309,500	672,000
Total \$	281,000	1,089,000	1,370,000	2,619,000	1,344,000

Estimated Expenditures from:

	FY 2004	FY 2005	2003-05	2005-07	2007-09
FTE Staff Years	1.3	0.6	1.0	0.6	0.6
Fund					
General Fund-Federal 001-2	140,500	544,500	685,000	1,309,500	672,000
General Fund-Private/Local 001-7	140,500	544,500	685,000	1,309,500	672,000
Total \$	281,000	1,089,000	1,370,000	2,619,000	1,344,000

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: 02/28/2003
Agency Preparation: Forrest Aschenbrenner	Phone: (360) 236-3928	Date: 03/04/2003
Agency Approval: Terry Davis	Phone: 360-236-4530	Date: 03/05/2003
OFM Review: Elise Greef	Phone: 360-902-0539	Date: 03/05/2003

Part II: Narrative Explanation

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.

Section 1

- 1) Develop a state hepatitis C prevention, education, and treatment plan by January 1, 2004 with input from specified community members/agencies.
- 2) Components of the plan must include implementation recommendations in the following areas:
 - 2a) HCV prevention and treatment strategies for groups at risk for hepatitis C with an emphasis towards those groups that are disproportionately affected by hepatitis C;
 - 2b) Educational programs to promote public awareness about bloodborne infections and knowledge about risk factors, the value of early detection, screening, services, and available treatment options for HCV;
 - 2c) Education curricula for appropriate health and health-related providers covered by the uniform disciplinary act;
 - 2d) Training courses for persons providing HCV counseling and testing, public health clinic staff, and any other appropriate provider;
 - 2e) Capacity for voluntary HCV testing programs to be performed at facilities providing voluntary HIV testing under chapter 70.24 RCW;
 - 2f) Comprehensive model for the prevention and management of HCV;
 - 2g) Sources and availability of funding to implement the plan.
- 3) Submit the completed state plan to the legislature by January 1, 2004. Update the plan biennially and submit progress reports on the implementation plan to the governor by December 1, 2004 and every two years thereafter.

Section 2

Implementation of the plan in section 1 is subject to the availability of amounts appropriated for the specific purposes of section of this act. However, to the extent that funding is available from federal, local, private, and other nonstate sources, the department may implement the plan, giving priority to items described in section 1 (2) (b) through (d) of this act.

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.

We are not aware of any federal or private-local resources available at this time, however, we will work with federal agencies and search for private-local resources to do this work.

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.

Section 1

- 1.) Develop a state hepatitis C prevention, education, and treatment plan by January 1, 2004 with input from specified community members/agencies.

Plan development costs:

The cost of developing a state hepatitis C plan is dependent upon the scope of the plan. This cost estimate assumes a full-scale, comprehensive approach to plan development and includes costs needed to reimburse workgroup members for travel. The total cost may be reduced to \$45,000 or less by limiting the scope of the plan. In doing so, the following costs could be adjusted or eliminated:

- Eliminate the need for additional staff
- Reduce the need for a contracted facilitator to a technical writer. The technical writer would be needed to assist with

developing and writing a plan.

- Reduce the number of face-to-face meetings and rely on email, fax, and telephone.
- Reduce the amount of food needed due to fewer meetings.
- Eliminate travel reimbursement for workgroup members.

Full-scale plan development:

Costs: FY 04

1.0 FTE HSC 1 for one year

0.3 FTE Secretary Senior for one year

\$25,000 Contracted facilitator

Miscellaneous Costs:

- Facility = 12 meetings days
- Food for meetings = \$2,700
- Travel = \$19,200
- Copying and mailing = \$6,600

An additional 1.0 FTE Health Services Consultant 1 will be needed to assist for the first year with:

- Maintaining the chronic HBV/HCV surveillance database,
- Ongoing technical assistance to local health department staff related to hepatitis surveillance reporting,
- State HCV plan development and ongoing updates,
- Community HCV education and publication distribution,
- Provider education related to HCV reporting requirements,
- Collaboration building with HCV service organizations, and
- Soliciting funding to support future implementation of the state plan activities.

An additional 0.3 FTE of a Secretary Senior would be needed to assist with organizing planning meetings, writing and copying reports, minutes and meeting handouts, regular mailings to workgroup members, coordinating conference calls as necessary, coordinating workgroup member travel, etc.

A contracted facilitator would be needed to assist with the state HCV plan development for 1 year (12 meetings). The estimated cost of this is \$25,000 based on experiences from HIV Client Services and the one-year development of a cultural competency plan. Additionally, the Center for State and Territorial Epidemiologists recently awarded grants to eight states (\$20,000 each) to develop state HCV plans. Experiences with other states indicate that facilitation costs could be at least \$20,000.

Miscellaneous costs:

- a. Meeting facility – 12 meetings @ \$250 each = \$3,000
- b. Food for each planning meeting - \$15 per person per meeting (\$15 X 15 people X 12 meetings) = \$2,700
- c. Workgroup travel - \$100 per person per meeting (\$100 X 15 X 12) = \$18,000
- d. Staff travel - \$100 per meeting (\$100 X 12) = \$1,200
- e. Copying and mailing costs (\$300 X 12 = \$3,600) and printing and distribution of final plan (\$3,000) = \$6,600

2) Components of the plan must include implementation recommendations in the following areas:

Costs: FY 04

Costs for the development of recommendations for items a-g are included as part of the development of the state plan. Implementation costs for these items are included in section 2.

2a) HCV prevention and treatment strategies for groups at risk for hepatitis C with an emphasis towards those groups that are disproportionately affected by hepatitis C;

2b) Educational programs to promote public awareness about bloodborne infections and knowledge about risk factors, the value of early detection, screening, services, and available treatment options for HCV;

2c) Education curricula for appropriate health and health-related providers covered by the uniform disciplinary act;

2d) Training courses for persons providing HCV counseling and testing, public health clinic staff, and any other

appropriate provider;

2e) Capacity for voluntary HCV testing programs to be performed at facilities providing voluntary HIV testing under chapter 70.24 RCW;

2f) Comprehensive model for the prevention and management of HCV;

2g) Sources and availability of funding to implement the plan.

3) Submit the completed state plan to the legislature by January 1, 2004. Update the plan biennially and submit progress reports on the implementation plan to the governor by December 1, 2004 and every two years thereafter.

Costs: FY 05 - 09:

Miscellaneous Costs:

- Facility = 2 meeting days per year
- Food for meetings = \$450 per year
- Travel = \$3,200 per year
- Copying and mailing = \$600 per year

Assume that the entire workgroup will convene 2 times per year after initial development to update the state plan and create implementation progress reports.

- Meeting facility – 2 meetings @ \$250 each = \$500
- Food for each planning meeting - \$15 per person per meeting ($\$15 \times 15 \times 2$) = \$450
- Workgroup travel - \$100 per person per meeting ($\$100 \times 15 \times 2$) = \$3,000
- Staff travel - \$100 per meeting (2) = \$200

- Copying and mailing costs ($\$300 \times 2$ meetings) = \$600

Section 2

Implementation of the plan in section 1 is subject to the availability of amounts appropriated for the specific purposes of section of this act. However, to the extent that funding is available from federal, local, private, and other nonstate sources, the department may implement the plan, giving priority to items described in section 1 (2) (b) through (d) of this act.

Costs: See individual implementation items below:

Section 1 (2a) - HCV prevention and treatment strategies for groups at risk for hepatitis C with an emphasis towards those groups that are disproportionately affected by hepatitis C, including persons infected with HIV, veterans, racial or ethnic minorities that suffer a higher incidence of hepatitis C, and person who engage in high-risk behavior, such as intravenous drug use.

Costs: FY 05 – 06

Prevention and treatment plan FY 05:

- Meeting facility – 10 meeting days
- Travel - \$7,000
- Food - \$1,050
- Copying and mailing - \$2,000

Implementation costs FY 06:

- \$400,000

Given the broad nature of this item, we assume a subgroup will be formed to develop a comprehensive document identifying groups at risk and prevention and treatment strategies for each group. Additionally, a detailed implementation budget will be developed.

- Meeting facility – 10 meeting days
- Workgroup travel – 7 workgroup members X \$100 X 10 meetings = \$7,000
- Food for workgroup - \$15 per person X 7 members X 10 meetings = \$1,050
- Copying and mailing - \$200 X 10 meetings = \$2,000

Once the prevention and treatment plan is developed, target groups will be prioritized and implementation costs are expected to be at least \$400,000 (\$100,000 X 4 targeted groups). The workgroup will determine specific implementation activities. Activities may include targeted education/prevention activities, brochures, counseling, flyers, posters, outreach, etc.

Section 1 (2b) - Educational programs to promote public awareness about bloodborne infections and knowledge about risk factors, the value of early detection, screening, services, and available treatment options for HCV.

Costs:

Billboards:

\$88,516 per year (contract) FY 05 & 07

Public Transit Signs:

\$50,000 per year (contract) FY 05 & 07

Posters:

\$32,625 total cost (contract) FY 06

Public Services Announcements:

\$470,000 total cost (contract) FY 06

1. Billboards – Billboards provide an effective way of reaching large groups of individuals throughout the state. The following estimates are derived from the DOH Tobacco Prevention Program advertising campaign:

- Production and posting costs per billboard (this is an average cost based on the Tobacco program – cost will vary depending on size, location, and quantity) = \$1,762 per billboard X 10 billboards X 5 geographic marketing areas = \$88,100
- Artwork development (develop and prepare artwork for use on billboards) - 8 hours X \$52 = \$416

2. Public Transit Signs – \$1,000 per sign X 10 buses X 5 geographic regions = \$50,000

3. Posters for public schools - \$3 per poster (includes production, printing, and mailing) X 5 posters X 2175 public schools = \$32,625

4. Public Service Announcements – Production and media cost for 3 ads = \$30,000. One year of radio announcements with 3 weeks on the air and 6 weeks off = \$440,000.

Section 1 (2c) - Education curricula for appropriate health and health-related providers covered by the uniform disciplinary act.

Costs: \$250,000 total cost (contract) FY 05 - 07

- Development of training videos (Estimate is for 5 videos given the range of providers covered under Chapter 18.130 RCW) = \$20,000 X 5 = \$100,000
- Course materials = \$5,000 X 5 = \$25,000
- Per training costs (includes staff time, travel, conference room fees, etc.) = \$5,000 X 25 trainings = \$125,000
- There would be additional costs incurred in implementing this if providers must be compensated for their time away from their respective jobs.

Section 1 (2d) - Training courses for persons providing HCV counseling and testing, public health clinic staff, and any other appropriate provider, which shall focus on disease prevention, early detection, and intervention.

Costs: \$100,000 total cost (contract) FY 05 – 06

HCV Counselor and Public Health Clinic Staff Training -

In 2000, approximately 300 HIV counselors provided HIV counseling and testing. An attrition rate of 20% per year is assumed. In addition to initial training, counselors will require periodic updates and technical assistance in dealing with difficult clients and interpreting results.

- Development of training video = \$20,000 X 2 videos = \$40,000

- Course materials = \$5,000 X 2 = \$10,000
- Per training costs (includes staff time, travel, conference room fees, etc.) = \$5,000 X 10 (5 public health & 5 HCV counselor) trainings = \$50,000

Section 1 (2e) - Capacity for voluntary HCV testing programs to be performed at facilities providing voluntary HIV testing under chapter 70.24 RCW.

Costs: \$622,072 per year (contract) FY 05 – 09

Staffing costs per year – 0.25 FTE Epidemiologist 2

0.25 FTE Data Compiler 2

In 2000, 29,313 HIV tests were reported from HIV counseling and testing sites. Of these, 6,393 were in injection drug users (IDUs). Of the remainder, about 22,000 reported multiple sex partners or other risks. It is assumed all IDUs would be eligible for and volunteer for HCV testing, and 25% of other persons (5,500) would be eligible for or request a test for HCV. Because the state health laboratory does not do HCV testing, a second specimen would be necessary.

- 11,893 tests per year with \$5 handling cost and \$18 for screening test = \$273,539
- Assume 60% of the 6,393 tests in IDUs are positive (3,836) and 5% of the tests in other persons are positive (275) requiring repeat screen test at \$18= \$73,998
- Assume 10% of the repeat positives in IDUs (384) and 50% of the repeat positives in other persons (138) require confirmatory testing by RIBA at \$150 = \$78,300
- Total laboratory costs = \$425,837
- Pre and post-test counseling and management of referrals for HCV positive persons is estimated at 20 minutes per person. At an estimated \$50 per hour (\$50/hour X .33 hours X 11,893) = \$196,235

Section 1 (2f) - Comprehensive model for the prevention and management of HCV.

Cost: \$250,000 total cost (contract) FY 04 - 05

This would require extensive research to determine if it is possible to develop general clinical protocols. Once this is determined, the general protocols could be developed and eventually translated into disease-specific protocols.

Development of a manual and training curriculum would follow. University of Washington estimates the cost of this process to be \$250,000 and would require discussions to determine targeted diseases for future applications. Estimated costs:

- Research = \$175,000
- Manual development = \$50,000
- Training curriculum = \$25,000

Section 1 (2g) - Sources and availability of funding to implement the plan.

Costs: Costs associated with developing this information will be included in the plan development process.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2004	FY 2005	2003-05	2005-07	2007-09
FTE Staff Years	1.3	0.6	1.0	0.6	0.6
A-Salaries & Wages	48,000	22,000	70,000	44,000	44,000
B-Employee Benefits	11,000	5,000	16,000	10,000	10,000
C-Personal Serv Contr	150,000	1,019,000	1,169,000	2,503,000	1,244,000
E-Goods and Services	51,000	32,000	83,000	54,000	38,000
G-Travel	19,000	10,000	29,000	6,000	6,000
J-Capital Outlays					
M-Inter Agency Fund Transfers					
N-Grants, Benefits Services					
P-Debt Service					
S-Interagency Reimbursement					
T-Intra-Agency Reimbursement	2,000	1,000	3,000	2,000	2,000
Total:	\$281,000	\$1,089,000	\$1,370,000	\$2,619,000	\$1,344,000

III. B - Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2004	FY 2005	2003-05	2005-07	2007-09
Data Compiler 2	31,032		0.3	0.2	0.3	0.3
Epidemiologist 2	58,656		0.3	0.2	0.3	0.3
HSC 1	38,580	1.0		0.5		
Secretary Senior	31,032	0.3		0.2		
Total FTE's		1.3	0.6	1.1	0.6	0.6

Part IV: Capital Budget Impact

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: 1638 P S HB	Title: Hepatitis C	Agency: 360-University of Washington
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Part I: Estimates

☒ 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:

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- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 02/28/2003
Agency Preparation: Dave Asher	Phone: 206-685-9962	Date: 02/28/2003
Agency Approval: Linda Barrett	Phone: 206-616-2431	Date: 03/03/2003
OFM Review: Theo Yu	Phone: 360-902-0548	Date: 03/03/2003

LOCAL GOVERNMENT FISCAL NOTE

Department of Community, Trade and Economic Development

Bill Number: 1638 P S HB	Title: Hepatitis C
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Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- ☒ Cities:
- ☒ Counties:
- ☐ Special Districts:
- ☐ Specific jurisdictions only:
- ☐ Variance occurs due to:

Part II: Estimates

- ☐ No fiscal impacts.
- ☐ Expenditures represent one-time costs:
- ☐ Legislation provides local option:
- ☒ Key variables cannot be estimated with certainty at this time: Implementation costs can not be estimated at this time, since these costs depend upon a plan yet to be developed by DOH

Estimated revenue impacts to:

Jurisdiction	FY 2004	FY 2005	2003-05	2005-07	2007-09
City					
County					
Special District					
TOTAL \$					
GRAND TOTAL \$					

Estimated expenditure impacts to:

Non-zero but indeterminate cost. Please see discussion.

Part III: Preparation and Approval

Fiscal Note Analyst: Sofia Aragon	Phone: (360) 725-5030	Date: 03/10/2003
Leg. Committee Contact:	Phone:	Date: 02/28/2003
Agency Approval: Louise Deng Davis	Phone: (360) 725-5034	Date: 03/10/2003
OFM Review: Elise Greef	Phone: 360-902-0539	Date: 03/11/2003

Part IV: Analysis
A. SUMMARY OF BILL

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

Sec 1(1) With the input of local entities, the Department of Health (DOH) is to design a state plan for the prevention, education, and treatment of Hepatitis C by July 1, 2004. Local entities to participate in forulating the plan under Sec 1(1) relevant to a local government fiscal note analysis include:

- Sec 1(1)(d): Local health departments
- Sec 1(1)(3): public health and clinical laboratories
- Sec 1(1)(f): providers of services to persons with hepatitis C

Sec 1(2) the DOH's plan is to include implementation recommendations in the area of
(a) hepatitis C virus prevention and treatment strategies for groups at risk for hepatitis C with an emphasis towards those groups that are disproportionately affected by hepatitis C, including persons infected with HIV, veterans, racial or ethic minorities that suffer a higher incidence of hepatitis C, and persons who engage in high-risk behavior, such as intravenous drug use
(c) Educational curricula for appropriate health and health-related providers covered by the uniform disciplinary act under RCW 18.130
(d) training courses for persons providing hepatitis C counseling, public health clinic staff, and other appropriate provider, which shall focus on disease prevention, early detection, and intervention

Section 1(4) states that funding to develop a state plan under Sec 1 would only be available from federal and private sources

Sec 2 states that to the extent that funding is available from local (as well as federal, private, and other non-state sources), DOH may implement the plan, giving priority to items described in Sec 1(2)(b)-(d)

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.

There is no expeniture impact to local goverment related to plan development under Sec 1. Upon implementation of a plan under Section 2, there would be local government expenditures, the extent of which would depend on the requirements of the plan and the availability of local funding.

DISCUSSION

Plan development under Sec 1 will not have no expenditure impact to local government because under Sec 1(4), funding for development is limited to federal and private sources.

Upon implementation of a hepatitis C plan under Section 2, the Department of Health (DOH) would seek the input of various groups. According to the DOH, a workgroup is to meet 8 hours per month for 12 months for the first fiscal year. Preparation prior to workgroup involvement will require 8-16 hours to effectively research the issue. Local entities would have to compensate participants for their time i DOH is unable to do so (DOH has indicated however that travel expenses would be reimbursed). But because it is unknown at this time which individuals will be asked to participate and the availability of local funding, local government expenditures are indeterminate in the implementation of the DOH's plan.

The following is a listing of experts likely to participate and corresponding hourly rates.

Cost of experts: Health care administrative professionals, providing input required under Sec 1(d)-(f), Sec 1(i), Sec 1(2)(a), Sec 1(2)(c)-(d)
-assuming each professional works 2000 hours a year (e.g. 40 hours per week for 50 weeks a year = 2000 hrs per year)
-based on median salaries for the Seattle area

- Medical Director: \$179, 267/year or \$90/hour to provide input under Sec 1(1)(f) and provide recommendations under Sec 1(2)(c)-(d)
- Nursing Services Supervisor (local health department): \$59,196/year or \$30/hour to provide input under Sec 1(1)(f) and provide recommendations under Sec 1(2)(c)-(d)
- Counselor: \$29,802/year or \$15/hour to provide input under Sec 1(1)(f) and provide recommendations under Sec 1(2)(c)-(d)
- Laboratory services director: \$80,885/year or \$40/hour to provide input under Sec 1(1)(e) and provide recommendations under Sec 1(2)(d)
- Pharmacy Director \$110,224/year or \$55/hour to provide input under Sec 1(1)(i) and provide recommendations under Sec 1(2)(d)
- Substance Abuse Center Director: \$81,258/year or \$41/hour to provide input under Sec 1(1)(f) and provide recommendations under Sec 1(2)(a)
- Case Manager: \$55,349/year or \$28/hour to provide input under Sec 1(1)(f) and provide recommendations under Sec 1(2)(c)-(d)

According to Health Care Delivery Systems, a health care contractor for 10 counties in Washington and the Pierce County Correctional facility jail clinic, the jail population there is possibly a high incidence of hepatitis C infection. Thus, the following jail health professionals should be consulted both under Sec 1(1)(f) as service providers to persons with hepatitis C. Moreover, this group should provide recommendations under Sec 1(2)(a), to recommend hepatitis C prevention and treatment strategies since the jail population is at high risk for and disproportionately affected by hepatitis C.

Jail Administrator: \$62,784/year or \$31/hour (based on administrator salaries across Washington Counties)

Physician (internal medicine): \$154,971/year or \$77/hour

Jail health registered nurse: \$47, 957/year or \$24/hour

ASSUMPTIONS:

The Department of Health will incur the cost of integrating information produced by the workgroup into

-a public education program

-practice standards for health and health-related providers covered by the uniform disciplinary act RCW 18.130

Office of the Superintendent of Public Instruction will provide input regarding public school education

SOURCES:

Washington State Department of Health

Spokane Regional Health District

Pierce County Jail Clinic

Health Care Delivery Systems (jail health service contractor for 10 counties—see local access.com)

Tacoma-Pierce County Health Department

Association of Washington Counties

Monster.com

Washington City and County Employee 2002 Salary and Benefit Survey

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.

There is no revenue impact as a result of this bill.