

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 1508 E S HB	<b>Title:</b> Health care cost board
---------------------------------	--------------------------------------

## Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Department of Social and Health Services	Non-zero but indeterminate cost and/or savings. Please see discussion.								
<b>Total \$</b>	0	0	0	0	0	0	0	0	0

## Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	6.8	4,064,000	4,064,000	4,064,000	9.5	3,988,000	3,988,000	3,988,000	9.5	3,988,000	3,988,000	3,988,000
Department of Social and Health Services	Non-zero but indeterminate cost and/or savings. Please see discussion.											
<b>Total \$</b>	6.8	4,064,000	4,064,000	4,064,000	9.5	3,988,000	3,988,000	3,988,000	9.5	3,988,000	3,988,000	3,988,000

## Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Department of Social and Health Services	.0	0	0	.0	0	0	.0	0	0
<b>Total \$</b>	0.0	0	0	0.0	0	0	0.0	0	0

## Estimated Capital Budget Breakout

NONE

--

<b>Prepared by:</b> Jason Brown, OFM	<b>Phone:</b> (360) 742-7277	<b>Date Published:</b> Final 3/23/2023
--------------------------------------	---------------------------------	---

# Individual State Agency Fiscal Note

Revised

<b>Bill Number:</b> 1508 E S HB	<b>Title:</b> Health care cost board	<b>Agency:</b> 107-Washington State Health Care Authority
---------------------------------	--------------------------------------	---

## Part I: Estimates

**No Fiscal Impact**

### Estimated Cash Receipts to:

**Non-zero but indeterminate cost and/or savings. Please see discussion.**

### Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	4.0	9.5	6.8	9.5	9.5
<b>Account</b>					
General Fund-State 001-1	1,590,000	2,474,000	4,064,000	3,988,000	3,988,000
<b>Total \$</b>	1,590,000	2,474,000	4,064,000	3,988,000	3,988,000

### Estimated Capital Budget Impact:

NONE

*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: Greg Attanasio	Phone: 360-786-7410	Date: 03/06/2023
Agency Preparation: Alexa Price	Phone: 360-725-0000	Date: 03/20/2023
Agency Approval: Megan Atkinson	Phone: 360-725-1222	Date: 03/20/2023
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 03/23/2023

## Part II: Narrative Explanation

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

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

Please see attached narrative.

### II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Please see attached narrative.

### II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Please see attached narrative.

## Part III: Expenditure Detail

### III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	1,590,000	2,474,000	4,064,000	3,988,000	3,988,000
<b>Total \$</b>			1,590,000	2,474,000	4,064,000	3,988,000	3,988,000

### III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	4.0	9.5	6.8	9.5	9.5
A-Salaries and Wages	418,000	955,000	1,373,000	1,910,000	1,910,000
B-Employee Benefits	138,000	319,000	457,000	638,000	638,000
C-Professional Service Contracts	1,020,000	1,180,000	2,200,000	1,400,000	1,400,000
E-Goods and Other Services	14,000	20,000	34,000	40,000	40,000
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
<b>Total \$</b>	1,590,000	2,474,000	4,064,000	3,988,000	3,988,000

### III. C - Operating FTE 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 2024	FY 2025	2023-25	2025-27	2027-29
ACTUARIAL ANALYST 3	97,000		1.0	0.5	1.0	1.0
CONTRACTS SPECIALIST 3	81,000	0.5	0.5	0.5	0.5	0.5
MANAGEMENT ANALYST 5	92,000	1.5	5.0	3.3	5.0	5.0
WMS BAND 02	119,000	2.0	3.0	2.5	3.0	3.0
<b>Total FTEs</b>		4.0	9.5	6.8	9.5	9.5

**III. D - Expenditures By Program (optional)**

NONE

**Part IV: Capital Budget Impact**

**IV. A - Capital Budget Expenditures**

NONE

**IV. B - Expenditures by Object Or Purpose**

NONE

**IV. C - Capital Budget Breakout**

*Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.*

NONE

**IV. D - Capital FTE Detail:** *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

**Part V: New Rule Making Required**

*Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.*

# HCA Fiscal Note

Bill Number: 1508 ESHB

HCA Request #: 23-193

## Part II: Narrative Explanation

### II. A - Brief Description of What the Measure Does That Has Fiscal Impact

As compared to the substitute house bill, this engrossed substitute requires the authority and the board to adopt rules for the growth benchmark by July 1, 2024, encourages implementing progressive changes before assessing fines except for when there are egregious violations, and removes the pharmacy reporting requirements. This bill also states that applications will begin in 2026.

---

AN ACT Relating to improving consumer affordability through the health care cost transparency board and amending the RCW.

Sec. 2 The Washington Health Care Authority (HCA) is authorized to enforce the performance improvement plan including collecting payments and fines issued by the board.

Sec. 6 adds a new section to RCW 70.390 to include an annual analysis of an underinsurance survey.

Sec. 7 adds a new section to RCW 70.390 to conduct a one-time study of the costs to the state related to nonprofit healthcare providers and payers not already included in the calculation of total health care expenditures.

Sec. 8 states the board may impose a civil fine on a payer or health care provider that exceeds the health care costs benchmark without reasonable justification. This also gives the authority to use any of the fees to offset administrative costs related to this chapter.

### II. B - Cash Receipts Impact

Indeterminate. HCA assumes all payers and health care providers will follow the board's performance improvement plans. Section 8 directs that any fines be deposited into the State Health Care Affordability Account (Account 25M).

### II. C – Expenditures

The fiscal impact is greater than \$50,000. HCA requests \$4,064,000 (GF-S) and 6.8 Full Time Equivalent (FTE) staff in the 2023-2025 biennium. In subsequent biennium this bill will have a maintenance of \$3,988,000 (GF-S) and 9.5 FTE staff.

- 2.0 FTEs WMS2 Research Managers whose duties would include: support and perform additional cost driver analyses with the additional data elements and datasets required under the revised statute; provide technical assistance to contractor about how to implement the survey of underinsurance and recommend any improvements to the measure of underinsurance; interpretation and reporting associated with the additional survey, the above referenced study/analysis, and expanded cost driver analysis; support the board, advisory groups on meeting materials, annual report, and other products developed and released by the board; analyses and reports leading up to determination of requiring a performance improvement plan from any organization; assessment and analysis of data provided by organizations supporting their claims on the submitted performance improvement plans, and advise program leadership on technical aspects of the accompanying analyses; provide a health economist perspective on developing criteria for imposing a civil fine on a payer or health care

## HCA Fiscal Note

Bill Number: 1508 ESHB

HCA Request #: 23-193

provider and establishing the civil fine schedule; analysis of drug price transparency data (43.71C RCW) and prescription drug affordability board data (70.405 RCW) if the board decides to use these data. These positions have different anticipated start dates of July 1, 2023, and January 1, 2024.

- 1.0 FTE WMS 2 whose duties would include: managing the contract for the study due August 1, 2025, including planning and developing the project's scope of work, ensuring the project stays within scope and budget, identifies risks and risk mitigation strategies, disseminating the results of the study and developing related content for the Board's legislative report, and other work necessary to manage the contract; serve as liaison with other HCA divisions supporting the one-time study and any data collection; managing the ongoing contract for the underinsurance survey, including developing the scope of work, ensuring the project stays within scope and budget, identifies risks and risk mitigation strategies, disseminating the results of the study and developing related content for the Board's legislative report, and other work necessary to manage the contract. This position was anticipated to work on the underinsurance survey and report due July 2024, expected to start in January 1, 2024.
- 0.5 FTE Contracts Specialist to support work beginning July 1, 2023, for the Office of Contracts and Procurement.
- 1.0 FTE Management Analyst 5 for cross-divisional work with Medicaid Program Division (MPD) and Legal Services (DLS) for expertise in the development of performance improvement plans; cross-divisional work with MPD and DLS in the development of enforcement processes, standards, procedures, and regulations for performance improvement plans and their submissions; cross-divisional work with MPD contracts and compliance for review and enforcement of improvement plans submitted by Medicaid Managed Care Organizations (MCC); supporting the rule making process and serving as a liaison with other HCA divisions supporting HCA's adoption for rules applicable to payers and providers; providing support and expertise for anticipated public hearings required under Sec. 8. This position is anticipated to work on the rules due before July 2024 and performance improvements plans which the Board can require in July 2024. The anticipated start date is January 1, 2024.
- 1.0 FTE Management Analyst 5 Data Analyst to support cross-divisional data analysis and data verification per the technical assistance process created under Sec. 2(2) of ESHB 1508. Currently, there are multiple requests from stakeholders and a clear expectation from carriers and providers that a technical assistance process be maintained for engagement and support in the data analysis process and any data verification requests by submitters. Within current resources, there is no capacity to sustain or expand such a process. Implementing and sustaining a formal technical assistance process requires strong statistical expertise, significant engagement, and support. Expanding current capacity to manage a technical assistance process that meaningfully engages and involves stakeholders helps ensure that the Board's work can continue to be trusted by payers, providers, and the community, and becomes a critical process step if the Board is to enforce the benchmark. Additionally, Sec. 4(2)(c) authorizes the Board to establish a common risk adjustment methodology for use in any relevant analysis. Such a methodology is not yet developed, and this position will support coordination and review of this process with the Policy Division and the on-staff actuary, and support required consultation with the Committee on Data Issues, and the Health Care Stakeholder Advisory Committee. This position's anticipated start date is January 1, 2024.

## HCA Fiscal Note

Bill Number: 1508 ESHB

HCA Request #: 23-193

- 1.0 FTE Management Analyst 5 Policy Analyst to support cross-divisional data analysis and data verification per the technical assistance process created under Sec. 2(2) of ESHB 1508. Currently, there are multiple requests from stakeholders and a clear expectation from carriers and providers that a technical assistance process be maintained for engagement and support in the data analysis process and any data verification requests by submitters. Within current resources, there is limited capacity to sustain or expand such a process. Implementing and sustaining a formal technical assistance process requires policy expertise, significant external engagement, and support for translating data needs into formal Board policies, including the potential for rulemaking. Expanding current capacity to manage a technical assistance process that meaningfully engages and involves stakeholders helps ensure that the Board's work is trusted by payers, providers, and the community, and becomes a critical process step if the Board is to enforce the benchmark. Additionally, Sec. 4(2)(c) authorizes the Board to establish a common risk adjustment methodology for use in any relevant analysis. Such a methodology is not yet developed, and this position will support coordination and review of this process with CQCT and the on-staff actuary, and support required consultation with the Committee on Data Issues, and the Health Care Stakeholder Advisory Committee. The anticipated start date is July 1, 2024.
- 2.0 FTEs Management Analyst 5 Scour all data reported to any public entity (state, federal, other) that could be "same or similar" to any of the data elements of the HCCTB data call to payers and/or providers. Respond to all inquiries and contestations from payers and providers related to their interpretation of the "same or similar" nature of data reported to any "existing source". Support additional data sharing and administrative processes needed to acquire such "same or similar" data from any "existing sources" and update on a regular basis as needed with evolving state, federal, and other regulations. These two positions have different anticipated start dates of January 1, 2024, and July 1, 2024.
- 1.0 FTE Actuarial Analyst 3 to develop, implement, and sustain a risk adjustment methodology as required under Sec. 4(2)(c) to adjust for patient health status for calculations of total health care expenditures and cost growth for health care providers and payers. Because the carriers will need to submit risk-adjusted total health care expenditures data, the data collection will take more time and it will add significant burden on the data submitters. There are also multiple requests from stakeholders that the Board receive actuarial support for its work on these projects. This position's anticipated start date is July 1, 2024.
- \$300,000 for a one-time only contract to evaluate whether state tax preferences, tax deductions, tax-exempt capital financing, and other public reimbursement and funding streams available to nonprofit health care providers and nonprofit payers would affect the calculation of total health care expenditures. These funds would be distributed 40 percent in fiscal year 2024 and 60 percent fiscal year 2025.
- \$500,000 for a one-time contract to develop the Performance Improvement Plan process. These funds would be distributed 40 percent in fiscal year 2024 and 60 percent fiscal year 2025.
- \$500,000 annually to conduct the annual underinsurance survey.
- \$200,000 annually for stakeholders and managing the Health Care Stakeholder Committee (formerly the Committee of Health Care Providers and Carriers), including working with stakeholders and HCA staff to develop and prepare meeting agendas, meeting content, and/or



# HCA Fiscal Note

Bill Number: 1508 ESHB

HCA Request #: 23-193

other committee products, coordinating subject matter expertise for presentations at meetings, communications with committee members, members of the Board and/or the Board's other advisory committees, and any work necessary to support the Board's annual report and the associated public hearing under Sec. 8. The contractor may provide additional support to Health Care Stakeholder Committee members related to the provision of technical assistance required under Sec. 2(2).

**II. C - Operating Budget Expenditures**

Account	Account Title	Type	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
001-1	General Fund	State	1,590,000	2,474,000	1,994,000	1,994,000	1,994,000	1,994,000	4,064,000	3,988,000	3,988,000
<b>Totals</b>			<b>\$ 1,590,000</b>	<b>\$ 2,474,000</b>	<b>\$ 1,994,000</b>	<b>\$ 1,994,000</b>	<b>\$ 1,994,000</b>	<b>\$ 1,994,000</b>	<b>\$ 4,064,000</b>	<b>\$ 3,988,000</b>	<b>\$ 3,988,000</b>

**II. C - Expenditures by Object Or Purpose**

	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29	
<b>FTE</b>	4.0	9.5	9.5	9.5	9.5	9.5	6.8	9.5	9.5	
A Salaries and Wages	418,000	955,000	955,000	955,000	955,000	955,000	1,373,000	1,910,000	1,910,000	
B Employee Benefits	138,000	319,000	319,000	319,000	319,000	319,000	457,000	638,000	638,000	
C Professional Service Contracts	1,020,000	1,180,000	700,000	700,000	700,000	700,000	2,200,000	1,400,000	1,400,000	
E Goods and Other Services	14,000	20,000	20,000	20,000	20,000	20,000	34,000	40,000	40,000	
<b>Totals</b>			<b>\$ 1,590,000</b>	<b>\$ 2,474,000</b>	<b>\$ 1,994,000</b>	<b>\$ 1,994,000</b>	<b>\$ 1,994,000</b>	<b>\$ 4,064,000</b>	<b>\$ 3,988,000</b>	<b>\$ 3,988,000</b>

**II. C - Operating FTE Detail:** List FTEs by classification and corresponding annual compensation.

Job title	Salary	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
ACTUARIAL ANALYST 3	97,000	0.0	1.0	1.0	1.0	1.0	1.0	0.5	1.0	1.0
CONTRACTS SPECIALIST 3	81,000	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
MANAGEMENT ANALYST 5	92,000	1.5	5.0	5.0	5.0	5.0	5.0	3.3	5.0	5.0
WMS BAND 02	119,000	2.0	3.0	3.0	3.0	3.0	3.0	2.5	3.0	3.0
<b>Totals</b>		<b>4.0</b>	<b>9.5</b>	<b>9.5</b>	<b>9.5</b>	<b>9.5</b>	<b>9.5</b>	<b>6.8</b>	<b>9.5</b>	<b>9.5</b>

## Part IV: Capital Budget Impact

None.

## Part V: New Rule Making Require

New rules will need to be adopted/amended related to the submission, content, and enforcement of the performance improvement plans that the Board may require payers or health care providers to submit.

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1508 E S HB	<b>Title:</b> Health care cost board	<b>Agency:</b> 300-Department of Social and Health Services
---------------------------------	--------------------------------------	---

## Part I: Estimates

**No Fiscal Impact**

**Estimated Cash Receipts to:**

**Non-zero but indeterminate cost and/or savings. Please see discussion.**

**Estimated Operating Expenditures from:**

**Non-zero but indeterminate cost and/or savings. Please see discussion.**

**Estimated Capital Budget Impact:**

NONE

*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: Greg Attanasio	Phone: 360-786-7410	Date: 03/06/2023
Agency Preparation: Sara Corbin	Phone: 360-902-8194	Date: 03/17/2023
Agency Approval: Dan Winkley	Phone: 360-902-8236	Date: 03/17/2023
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 03/23/2023

## Part II: Narrative Explanation

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

*Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.*

Amended Section 2(2) Health Care Authority (HCA) is authorized to conduct activities related to data collection and analysis, the enforcement of the performance improvement plan submissions, and the payment of fees and fines issued by the State the Health Care Cost Transparency Board.

Amended Section 4 states the Health Care Cost Transparency Board will determine and require collection from healthcare providers of the types and sources of data necessary for annual calculations. Information will be used to analyze the impact of cost drivers on healthcare spending. Sets levy civil fines on health care providers that violate the board's data submission requirements.

### II. B - Cash receipts Impact

*Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.*

Federal: A portion of the costs incurred to implement this legislation will be funded with federal Title XIX.

### II. C - Expenditures

*Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.*

1508 ESHB will have an indeterminate fiscal impact to the Department of Social and Health Services (DSHS) as the department assumes it is considered a health care provider that may be required to submit data from various data sources, as DSHS is not exempted as a part of this legislation.

The definition of a "health care provider" in RCW 70.390.010(7) is "a person or entity that is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession." DSHS assumes that the Aging and Long-Term Services Administration (AL TSA) contracted providers and long-term care facilities it licenses, Behavioral Health Administration (BHA) operated state hospitals and Residential Treatment Facilities (RTF), and the Developmental Disabilities Administration (DDA) operated Residential Habilitation Centers (RHC) would fall under this definition, thus making DSHS and DSHS contracted and licensed entities subject to the provisions of the bill, as facilities that provide "health care" as defined by RCW 70.390.010(3). Health care includes any of the following types of services: medical, behavioral, substance use disorder, mental health, surgical, optometric, dental, podiatric, chiropractic, psychiatric, pharmaceutical, therapeutic, preventive, rehabilitative, supportive, geriatric, and long-term care.

AL TSA does not operate any facilities, but it does have multiple contracted providers. In addition, AL TSA licenses and regulates all long-term care facilities. Although this bill does not directly impact AL TSA with the broad definition of "health care provider" and "health care" that includes long-term care explicitly, this bill does apply to all the licensed and regulated long-term care facilities and to the AL TSA contracted providers and the entities AL TSA regulates. BHA and DDA assumes the state hospitals, RTF's, and RHC's fall under the definition of "health care provider" with any direct impact to DSHS from this bill related to health care data reporting that might be required.

As a result, we believe that DSHS would be subject to whatever data collection requirements are implemented by the Board as a result of the bill. As well as included in any penalties the bill gives the Board the authority to impose for violating data submission requirements.

BHA assumes no additional data will be submitted by the state hospitals to the Health Care Cost Transparency Board than

currently shared with no fiscal impact. ALTSA and DDA do not currently share data with the Health Care Cost Transparency Board and assume no data will be shared with no fiscal impact.

DSHS assumes that the intent of this bill is directed at private health care providers and is not intended to encompass DSHS for benchmarks and levying civil fines. If this legislation is intended to include DSHS, an unknown fiscal impact may result from potential performance improvement plans and the levy of potential fines.

Further, if DSHS is included in the data collection efforts included in this bill an indeterminate fiscal impact will result from section 2. and section 4. as the Information Technology (IT) impacts in the data collection outlined in these sections are vague; therefore, it is unknown if or what systems would need to be modified or created for data collection and reporting. Thus, resulting in an unknown workload impact for data collection.

BHA assumes the state hospitals would need to update any existing policy/procedure to align with data collection and submission. For the purpose of this fiscal note, the department estimates the non-IT staff costs to be minimal. The staff-time to perform duties will be accomplished by existing staff within their existing workload, therefore, no fiscal impact for this workload.

### **Part III: Expenditure Detail**

#### **III. A - Operating Budget Expenditures**

Non-zero but indeterminate cost and/or savings. Please see discussion.

#### **III. B - Expenditures by Object Or Purpose**

Non-zero but indeterminate cost and/or savings. Please see discussion.

**III. C - Operating FTE Detail:** *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.*

NONE

#### **III. D - Expenditures By Program (optional)**

NONE

### **Part IV: Capital Budget Impact**

#### **IV. A - Capital Budget Expenditures**

NONE

#### **IV. B - Expenditures by Object Or Purpose**

NONE

#### **IV. C - Capital Budget Breakout**

*Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.*

NONE

**IV. D - Capital FTE Detail:** *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

**Part V: New Rule Making Required**

*Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.*