

Multiple Agency Fiscal Note Summary

Bill Number: 2197 HB	Title: Medical assist./prevention
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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	0	0	300,000	0	0	663,000	0	0	502,000
Total \$	0	0	300,000	0	0	663,000	0	0	502,000

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	1.5	395,000	395,000	695,000	4.3	961,000	961,000	1,624,000	3.5	742,000	742,000	1,244,000
Washington State Health Care Authority	In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Department of Health	1.1	269,000	269,000	269,000	2.1	538,000	538,000	538,000	2.1	538,000	538,000	538,000
Total \$	2.6	664,000	664,000	964,000	6.4	1,499,000	1,499,000	2,162,000	5.6	1,280,000	1,280,000	1,782,000

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 Health	.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

Prepared by: Jason Brown, OFM	Phone: (360) 742-7277	Date Published: Final 1/21/2024
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Individual State Agency Fiscal Note

Bill Number: 2197 HB	Title: Medical assist./prevention	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Federal 001-2		300,000	300,000	663,000	502,000
Total \$		300,000	300,000	663,000	502,000

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	3.0	1.5	4.3	3.5
Account					
General Fund-State 001-1	0	395,000	395,000	961,000	742,000
General Fund-Federal 001-2	0	300,000	300,000	663,000	502,000
Total \$	0	695,000	695,000	1,624,000	1,244,000

In addition to the estimates above, there are additional indeterminate costs 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: Chris Blake	Phone: 360-786-7392	Date: 01/10/2024
Agency Preparation: Cari Tikka	Phone: 360-725-1181	Date: 01/17/2024
Agency Approval: SUMAN MAJUMDAR	Phone: 360-725-1319	Date: 01/17/2024
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/21/2024

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.

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.

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.

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	0	395,000	395,000	961,000	742,000
001-2	General Fund	Federal	0	300,000	300,000	663,000	502,000
Total \$			0	695,000	695,000	1,624,000	1,244,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		3.0	1.5	4.3	3.5
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services		695,000	695,000	1,624,000	1,244,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	0	695,000	695,000	1,624,000	1,244,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

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
Management Analyst 4	88,000				0.5	0.5
Medical Assistance Program Specialist 3	87,000		1.0	0.5	1.0	1.0
Medical Assistance Specialist 3	60,000				1.3	1.0
Occupational Nurse Consultant	136,000		1.0	0.5	1.0	1.0
WMS Band 02	123,000		1.0	0.5	0.5	
Total FTEs			3.0	1.5	4.3	3.5

III. D - Expenditures By Program (optional)

Program	FY 2024	FY 2025	2023-25	2025-27	2027-29
Medical Assistance (200)		695,000	695,000	1,624,000	1,244,000
Total \$		695,000	695,000	1,624,000	1,244,000

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
 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: **2197 HB**

HCA Request #: 24-044

Title: Medical Assist/Prevention

Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

Estimated Cash Receipts to:

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Federal 001-2	0393	-	300,000	386,000	277,000	251,000	251,000	300,000	663,000	502,000
REVENUE - TOTAL \$		\$ -	\$ 300,000	\$ 386,000	\$ 277,000	\$ 251,000	\$ 251,000	\$ 300,000	\$ 663,000	\$ 502,000

Estimated Operating Expenditures from:

Estimated Expenditures from:

Estimated Expenditures from:									
	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FTE Staff Years	0.0	3.0	4.5	4.0	3.5	3.5	1.5	4.3	3.5
ACCOUNT									
General Fund-State 001-1	-	395,000	544,000	417,000	371,000	371,000	395,000	961,000	742,000
General Fund-Federal 001-2	-	300,000	386,000	277,000	251,000	251,000	300,000	663,000	502,000
ACCOUNT - TOTAL \$	\$ -	\$ 695,000	\$ 930,000	\$ 694,000	\$ 622,000	\$ 622,000	\$ 695,000	\$ 1,624,000	\$ 1,244,000

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.

HCA Fiscal Note

Bill Number: **2197 HB**

HCA Request #: 24-044

Title: Medical Assist/Prevention

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.

This bill seeks to revise RCW 74.09 (medical care), adding that the Health Care Authority (HCA) “shall” seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to secure federal financial participation (FFP) in the costs of providing prevention services. The bill directs HCA to adopt criteria to authorize any health care provider to provide prevention services. RCW 43.70 Department of Health (DOH) is revised to require DOH to establish training program standards for educational programs that train health care providers.

New Section 1(1) By July 1, 2025, requires HCA to seek approval from the CMS to secure federal financial participation (FFP) in the costs of providing prevention services through timely interventions, including community violence prevention services, to the extent permitted by federal law, to any person enrolled in a medical assistance program pursuant to this chapter. The prevention services must be evidence-informed, trauma-informed, supportive, and non-psychotherapeutic services for the purpose of promoting improved health outcomes, trauma recovery, and positive behavioral change.

New Section 1(2) requires HCA to adopt criteria to authorize any health care provider to provide prevention services under subsection (1) of this section if the health care provider:

- (a) Is a health care provider licensed by a disciplining authority under RCW 18.130.040 with an appropriate scope of practice to provide prevention services; and
- (b) Submits proof of successful completion of a prevention services training course provided by a program approved by DOH under section 2 of this act; and
- (c) Submits sufficient documentation as determined by HCA.

New Section 2 requires DOH to establish training program standards for educational programs that train health care providers licensed by a disciplining authority under RCW 18.130.040 with an appropriate scope of practice to provide prevention services identified under section 1 of this act.

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. Distinguish between one time and ongoing functions.

For this analysis, HCA assumed administrative staff costs would be eligible for federal matching and a rate of 47.35% was used. A federal matching rate of 58.11% was used for the clinical subject matter expert position. This is consistent with other Clinical Quality and Care Transformation (CQCT) Medical Assistance positions. Revenue in fiscal years 2025 and 2026 includes one-time costs for project management and actuarial consultants.

II. B – Estimated Cash Receipts to:

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Federal 001-2	0393	-	300,000	386,000	277,000	251,000	251,000	300,000	663,000	502,000
REVENUE - TOTAL \$		\$ -	\$ 300,000	\$ 386,000	\$ 277,000	\$ 251,000	\$ 251,000	\$ 300,000	\$ 663,000	\$ 502,000

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. Distinguish between one time and ongoing functions.

HCA Fiscal Note

Bill Number: **2197 HB**

HCA Request #: 24-044

Title: Medical Assist/Prevention

The fiscal impact is greater than \$50,000 but indeterminate to actual cost.

By July 1, 2025, HCA must seek CMS approval to obtain federal financial participation (FFP) for the cost of providing prevention services to persons enrolled in a medical assistance program, creating a new prevention benefit. In addition, HCA must adopt criteria to authorize any health care provider to provide prevention services.

Apple Health – Client Services (Medical, Dental, Behavioral Health):

Based on broad language encompassing prevention services for all Apple Health enrollees, this would be a large benefit implementation requiring partnership with DOH, new financial modeling, and partnership with community and providers.

The current bill, as written, relates to the set up and policy, procedural and approval structure needed prior to implementation. A secondary phase of implementation will have a significant impact on Apple Health providers and systems needing to add the full array of prevention services to their resource structure and offerings. HCA believes the fiscal impact will be significant in this regard.

Apple Health's client services' fiscal impact is greater than \$50,000 but indeterminate to actual cost. An analysis of the actual requirements and resulting fiscal impact will be dependent on variables not currently available. Some of these variables include how much CMS will approve and what transition and set-up costs will be required per provider. A study of the population utilizing and in need of prevention services and the level of services required to meet the need will be necessary and possible offsets to current prevention providers identified. HCA believes, while executing this bill, a fiscal impact can be provided.

HCA has estimated anticipated costs for staff to support the workload.

This bill requires HCA to apply to federal CMS to allow prevention services to be billed for under Medicare and Medicaid. Infrastructure will need to be established to bill prevention services to Medicare and Medicaid through provider enrollment amendment to state prevention plan, defining and creating codes and definitions, and quantifying the cost of services.

New Section 1 -

1.0 FTE / \$165,000 (\$103,000 GF-State) – Estimated hire date 7/1/2024.

Establish infrastructure to review and approve submitted trainings to license/authorize health care providers to provide prevention services. Code identification and identification of SMEs and stakeholders. Research prevention models and methods for implementing. Stakeholdering, provider and call-center education, webpages, communications, and WAC updates.

1.0 FTE Medical Assistance Program Specialist 3 / Program Manager at \$165,000/FTE – ongoing

1.0 FTE / \$223,000 (\$114,000 GF-State) – Estimated hire date 7/1/2024.

Establish criteria to authorize health care providers to provide prevention services, including DOH-approved training. Provide billing guidance.

1.0 FTE Occupational Nurse Consultant / Clinical SME at \$223,000/FTE – ongoing

1.0 FTE / \$131,000 (\$86,000 GF-State) – Estimated hire date 1/1/2026.

Provider training validations requirements. HCA assumes easy access to DOH's provider training records for validation requirements. If DOH's HB 2197 provider training records are not available on a public website, HCA will need more staff resources to meet the requirements of this bill.

1.0 FTE Medical Assistance Specialist 3 / Training Validation at \$131,000/FTE – ongoing

HCA Fiscal Note

Bill Number: **2197 HB**

HCA Request #: 24-044

Title: Medical Assist/Prevention

1.0 FTE / \$131,000 (\$86,000 GF-State) – Estimated hire date 1/1/2026 – 12/31/2026.

Provider training validations requirements. HCA assumes easy access to DOH's provider training records for validation requirements. If DOH's HB 2197 provider training records are not available on a public website, HCA will need more staff resources to meet the requirements of this bill.

1.0 FTE Medical Assistance Specialist 3 / Implementation at \$131,000/FTE – Project

1.0 FTE / \$207,000 (\$126,000 GF-State) – Estimated hire date 7/1/2024.

Project management

1.0 FTE WMS02 / Project Manager at \$207,000/FTE – 2 years

0.5 FTE / \$90,000 (\$56,000 GF-State) – Estimated hire date 1/1/2026.

Data governance activities associated with data collection, metadata management, and data use.

0.5 FTE Management Analyst 4 / Data Governance at \$90,000/FTE – ongoing

Actuarial / Analytic Consultant \$100,000 (\$53,000 GF-State) – In FY2025/FY2026 only

HCA's ProviderOne unit assumes the requirements of this bill can be managed through configuration with P10 staff.

HCA's Division of Legal Services, Office of Rules and Publications, would provide State Plan Amendment support within existing resources.

HCA's Financial Services Division assumes data and fiscal analysis, State Plan Amendment, rate development and fee schedule can be managed within existing resources.

Goods and services, travel, and equipment are calculated on actual program averages per FTE.

Administrative costs are calculated at \$35,000 per 1.0 FTE. This cost is included in Object T based on HCA's federally approved cost allocation plan.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

III. A - 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	-	395,000	544,000	417,000	371,000	371,000	395,000	961,000	742,000
001-2	General Fund	Federal	-	300,000	386,000	277,000	251,000	251,000	300,000	663,000	502,000
ACCOUNT - TOTAL \$			\$ -	\$ 695,000	\$ 930,000	\$ 694,000	\$ 622,000	\$ 622,000	\$ 695,000	\$ 1,624,000	\$ 1,244,000

III. B - Expenditures by Object Or Purpose

III. B - Expenditures by Object Or Purpose

OBJECT	OBJECT TITLE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
A	Salaries and Wages	-	346,000	450,000	356,000	326,000	326,000	346,000	806,000	652,000
B	Employee Benefits	-	108,000	150,000	126,000	113,000	113,000	108,000	276,000	226,000
C	Professional Service Contracts	-	100,000	100,000	-	-	-	100,000	100,000	-
E	Goods and Other Services	-	30,000	60,000	60,000	50,000	50,000	30,000	120,000	100,000
G	Travel	-	6,000	12,000	12,000	10,000	10,000	6,000	24,000	20,000
T	Intra-Agency Reimbursements	-	105,000	158,000	140,000	123,000	123,000	105,000	298,000	246,000
OBJECT - TOTAL \$		\$ -	\$ 695,000	\$ 930,000	\$ 694,000	\$ 622,000	\$ 622,000	\$ 695,000	\$ 1,624,000	\$ 1,244,000

HCA Fiscal Note

Bill Number: **2197 HB**

HCA Request #: 24-044

Title: Medical Assist/Prevention

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

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

FTE JOB TITLE	SALARY	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
MANAGEMENT ANALYST 4	87,000	0.0	0.0	0.5	0.5	0.5	0.5	0.0	0.5	0.5
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	87,000	0.0	1.0	1.0	1.0	1.0	1.0	0.5	1.0	1.0
MEDICAL ASSISTANCE SPECIALIST 3	59,000	0.0	0.0	1.0	1.5	1.0	1.0	0.0	1.3	1.0
OCCUPATIONAL NURSE CONSULTANT	136,000	0.0	1.0	1.0	1.0	1.0	1.0	0.5	1.0	1.0
WMS BAND 02	123,000	0.0	1.0	1.0	0.0	0.0	0.0	0.5	0.5	0.0
ANNUAL SALARY & FTE - TOTAL	\$ 492,000	0.0	3.0	4.5	4.0	3.5	3.5	1.5	4.3	3.5

III. D - Expenditures By Program (optional)

III. D - Expenditures By Program (optional)

PROGRAM	PROGRAM TITLE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
200	Medicaid Assistance	-	695,000	930,000	694,000	622,000	622,000	695,000	1,624,000	1,244,000
PROGRAM - TOTAL \$		\$ -	\$ 695,000	\$ 930,000	\$ 694,000	\$ 622,000	\$ 622,000	\$ 695,000	\$ 1,624,000	\$ 1,244,000

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 will likely need to update or create a new rule/WAC to detail elements of this benefit.

Individual State Agency Fiscal Note

Bill Number: 2197 HB	Title: Medical assist./prevention	Agency: 303-Department of Health
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Part I: Estimates

☐

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	2.1	1.1	2.1	2.1
Account					
General Fund-State 001-1	0	269,000	269,000	538,000	538,000
Total \$	0	269,000	269,000	538,000	538,000

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: Chris Blake	Phone: 360-786-7392	Date: 01/10/2024
Agency Preparation: Damian Howard	Phone: 3602363000	Date: 01/19/2024
Agency Approval: Amy Burkel	Phone: 3602363000	Date: 01/19/2024
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 01/21/2024

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.

Section 1 requires the Health Care Authority (HCA) to seek approval from the Centers for Medicare and Medicaid Services (CMS) to provide prevention services, including community violence prevention services, to anyone enrolled in a medical assistance program.

Section 2 requires the Department of Health (DOH) to establish training program standards for health care provider educational programs to provide prevention services outlined in Section 1. DOH's training standards must include instruction in trauma-informed care, community-based prevention, case management, referral practices, and more. DOH may adopt rules to establish training program standards.

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.

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.

Yearly FTE costs in Fiscal Year 2025, ongoing: \$296,000

Section 2 directs DOH to establish training program standards for health care provider educational programs to provide prevention services. This will require the following staff and resources:

1.0 FTE Health Services Consultant 3, Program Manager:

- This position will create training standards for the gun violence prevention program and evaluate current and new training, to verify that it complies to the new standards for gun violence prevention training.

0.5 FTE Management Analyst 5, Equity and Social Justice Strategist:

- This position will actively collaborate with and advise program on how best to integrate and implement Equity and Social Justice principles for gun violence prevention into programmatic work. This position will serve as the subject matter expert on equity and social justice, provide consultation, support implementation, and coordinate alignment with the Department's commitment and approach on these issues. It is important to have an Equity and Social Justice Strategist imbedded in program development, implementation, and community engagement when addressing gun violence prevention.

0.2 FTE Health Service Consultants 4:

- This position will write standards for training programs, establish the Department's approval process for training, and implement tracking metrics to ensure standards are met.

Total costs to implement this bill:

FY25 – ongoing: 2.1 FTE and \$269,000 (GF-S)

(Total FY costs and FTE can include staff and associated expenses, including goods and services, travel, intra-agency, and indirect/overhead personnel/costs).

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	0	269,000	269,000	538,000	538,000
Total \$			0	269,000	269,000	538,000	538,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		2.1	1.1	2.1	2.1
A-Salaries and Wages		168,000	168,000	336,000	336,000
B-Employee Benefits		62,000	62,000	124,000	124,000
E-Goods and Other Services		23,000	23,000	46,000	46,000
T-Intra-Agency Reimbursements		16,000	16,000	32,000	32,000
9-					
Total \$	0	269,000	269,000	538,000	538,000

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
Fiscal Analyst 2	53,000		0.3	0.2	0.3	0.3
HEALTH SERVICES CONSULTANT 3	78,120		1.0	0.5	1.0	1.0
HEALTH SERVICES CONSULTANT 4	86,208		0.2	0.1	0.2	0.2
Health Svcs Conslt 1	53,000		0.1	0.1	0.1	0.1
MANAGEMENT ANALYST 5	95,184		0.5	0.3	0.5	0.5
Total FTEs			2.1	1.1	2.1	2.1

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.