

Multiple Agency Fiscal Note Summary

Bill Number: 6127 SB	Title: HIV prophylaxis
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Estimated Cash Receipts

NONE

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	.0	0	0	0	.0	0	0	0	.0	0	0	0
Office of Insurance Commissioner	.0	0	0	12,131	.0	0	0	10,680	.0	0	0	10,680
Department of Health	1.0	309,000	309,000	319,000	2.0	618,000	618,000	638,000	2.0	618,000	618,000	638,000
Total \$	1.0	309,000	309,000	331,131	2.0	618,000	618,000	648,680	2.0	618,000	618,000	648,680

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
Office of Insurance Commissioner	.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: Breann Boggs, OFM	Phone: (360) 485-5716	Date Published: Final 1/22/2024
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Individual State Agency Fiscal Note

Bill Number: 6127 SB	Title: HIV prophylaxis	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: 01/12/2024
Agency Preparation: Molly Christie	Phone: 360-725-5138	Date: 01/19/2024
Agency Approval: Tanya Deuel	Phone: 360-725-0908	Date: 01/19/2024
OFM Review: Marcus Ehrlander	Phone: (360) 489-4327	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

NONE

III. B - Expenditures by Object Or Purpose

NONE

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.

HCA Fiscal Note

Bill Number: 6127 SB

HCA Request #: 24-056

Title: HIV Prophylaxis

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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: 6127 SB

HCA Request #: 24-056

Title: HIV Prophylaxis

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.

Effective December 31, 2024, SB 6127 would prohibit health plans from imposing enrollee cost-sharing or prior authorization for all human immunodeficiency virus (HIV) postexposure prophylaxis (PEP) drugs or therapies. The proposed legislation applies to health plans under chapter 48.43 RCW (Insurance Reform), and hospitals under chapter 70.41 RCW (Hospital Licensing and Regulation).

Section 4 – New section under Chapter 48.43 RCW

Prohibits health plans issued or renewed after December 31, 2024, from imposing prior authorization or cost-sharing for all HIV PEP drugs or therapies. Qualifying high deductible health plans (HDHPs) with a health savings account (HSA) must establish cost-sharing for HIV PEP drugs or therapies at the minimum level necessary preserve enrollees' ability to claim tax exempt HSA contributions and withdrawals per IRS laws and regulations.

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.

NONE

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.

Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) Program Impacts:

As drafted, the bill does not directly impact the self-insured Uniform Medical Plans (UMP) offered in the PEBB and SEBB programs, which are established and governed by Chapter 41.05 RCW. Under the programs' collective bargaining agreements, state costs for employee benefits are benchmarked from UMP Classic and UMP Achieve 2, respectively. As a result, there is no fiscal impact.

Section 4 mandates that fully insured health plans must cover all HIV PEP drugs and therapies without enrollee cost-sharing or prior authorization. Additionally, qualifying high deductible health plans with an HSA must set cost sharing for these prescriptions at the lowest amount necessary to retain IRS tax exemption for HSA contributions and withdrawals.

All PEBB and SEBB health plans cover HIV medications, which are used for both long-term treatment of HIV and for PEP. Without prior authorization, plans will not be able to differentiate prescriptions for HIV PEP from long-term HIV treatment. Additionally, plans will have no mechanism to direct members to preferred drugs, which may drive higher utilization of more costly brands. As a result, members of the fully insured PEBB and SEBB plans

HCA Fiscal Note

Bill Number: 6127 SB

HCA Request #: 24-056

Title: HIV Prophylaxis

could experience premium increases. Premera, which offers plans in the SEBB program, estimates that the changes could result in increased plan liability of \$500,000, which would be reflected in a 0.1% increase in bid rates.

Similarly, if these benefit changes were made to UMP it is expected that the plan would incur higher claims expenses. The precise impact is indeterminate and would be based on utilization and product shift. However, the overall increase is not anticipated to have a significant impact on the PEBB and SEBB funding rates.

Assumptions:

- HIV PEP drugs and therapies are the same antiretroviral medicines used to treat HIV infection.
- Member cost-sharing will be waived for all prescriptions for HIV medications, recommended by the CDC for the purposes of PEP, regardless of indication (i.e., treatment of chronic HIV infection or PEP).
- Plans cannot prefer certain HIV PEP products over others and direct members to the most cost-effective option via prior authorization and an exception process.
- HIV PEP drugs, which are not on the IRS list of preventive care services for HSA qualified HDHPs, must still be subject to the plan's deductible according to federal laws and regulations.

Medicaid:

No impacts on the Medicaid lines of business because the health plan requirements fall under Chapter 48.43 RCW.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

NONE

III. B - Expenditures by Object or Purpose

NONE

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

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

Prepared by: Molly Christie

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HCA Fiscal Note

Bill Number: 6127 SB

HCA Request #: 24-056

Title: HIV Prophylaxis

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.

NONE

Individual State Agency Fiscal Note

Bill Number: 6127 SB	Title: HIV prophylaxis	Agency: 160-Office of Insurance Commissioner
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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	0.1	0.1	0.0	0.0
Account					
Insurance Commissioners Regulatory Account-State 138-1	0	12,131	12,131	10,680	10,680
Total \$	0	12,131	12,131	10,680	10,680

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: 01/12/2024
Agency Preparation: Sydney Rogalla	Phone: 360-725-7042	Date: 01/18/2024
Agency Approval: Bryon Welch	Phone: 360-725-7037	Date: 01/18/2024
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/18/2024

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 4 prohibits health carriers, for health plans issued or renewed after December 31,2024, from imposing cost sharing or requiring prior authorization for all HIV postexposure prophylaxis drugs or therapies.

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.

Section 4 prohibits health carriers, for health plans issued or renewed after December 31,2024, from imposing cost sharing or requiring prior authorization for all HIV postexposure prophylaxis drugs or therapies.

The Office of Insurance Commissioner (OIC) expects the change in coverage requirements will generate additional consumer inquiries, calls, and complaints. In 2023, the OIC received 28 complaints and 21 inquiries from consumers related to HIV exposure and PEP. As a result of this bill, consumer complaints related to HIV exposure and PEP are expected to increase by 10% and provider contacts are expected to increase by 9 phone calls and 4 inquiries each year. Informational cases generally take 10 minutes per case and complaint cases generally take between one and 3.25 hours per case. For purposes of this fiscal note, it is assumed that informational cases will take 10 minutes per case and complaint cases will take 3.25 hours per case requiring 11.75 hours (13 info cases x 10 minutes + 3 complaint cases x 3.25 hours) of a Functional Program Analyst 3 each year beginning in FY2025.

Section 4 will require additional review of health plan form filings to ensure plans have updated the changes to coverage for HIV postexposure prophylaxis drugs or therapies without cost sharing or prior authorization requirements. The Office of Insurance Commissioner (OIC) will require one-time costs, in FY2025, of 19 hours of a Functional Program Analyst 4 to update filing review standards and speed-to-market tools, update checklist documents and filing instructions and train health forms analysts. The OIC receives approximately 502 health plan form filings each year and assumes the new review standards will result in an additional 15 minutes of review per form filing in FY2025 and an additional 5 minutes of review per form filing in FY2026 and thereafter requiring 125.5 hours (502 form filings x 15 minutes) in FY 2025 and 42 hours (502 form filings x 5 minutes) in FY2026 and thereafter of a Functional Program Analyst 3.

Ongoing Costs:

Salary, benefits and associated costs for .04 FTE Functional Program Analyst 3.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
138-1	Insurance Commissioners Regulatory Account	State	0	12,131	12,131	10,680	10,680
Total \$			0	12,131	12,131	10,680	10,680

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		0.1	0.1	0.0	0.0
A-Salaries and Wages		7,144	7,144	6,278	6,278
B-Employee Benefits		2,561	2,561	2,266	2,266
C-Professional Service Contracts					
E-Goods and Other Services		2,426	2,426	2,136	2,136
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-					
Total \$	0	12,131	12,131	10,680	10,680

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
Functional Program Analyst 3	78,468		0.1	0.0	0.0	0.0
Functional Program Analyst 4	86,712		0.0	0.0		
Total FTEs			0.1	0.1	0.0	0.0

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.

Individual State Agency Fiscal Note

Bill Number: 6127 SB	Title: HIV prophylaxis	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	2.0	1.0	2.0	2.0
Account					
General Fund-State 001-1	0	309,000	309,000	618,000	618,000
General Fund-Private/Local 001 -7	0	10,000	10,000	20,000	20,000
Total \$	0	319,000	319,000	638,000	638,000

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: 01/12/2024
Agency Preparation: Amy Burkel	Phone: 3602363000	Date: 01/22/2024
Agency Approval: Amy Burkel	Phone: 3602363000	Date: 01/22/2024
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 01/22/2024

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: A hospital must adopt a policy and have procedures in place that conform with the guidelines issued by the centers for disease control and prevention, for the dispensing of HIV prophylaxis drugs or therapies. This policy must ensure that hospital staff dispense to a patient, with a patient's informed consent, at least a five-day supply of HIV postexposure prophylaxis drugs or therapies following the patient's possible exposure to HIV, unless medically contraindicated.

Section 3: Once each calendar year, the department shall provide to each hospital designated as a critical access hospital (CAH), at no cost to the hospital, one 30-day supply HIV PEP.

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.

Inspection & Investigation

Section 1 directs hospitals to create new policies for dispensing of HIV prophylaxis drugs or therapies. The Department is required to review policies of all acute care hospitals, this bill will require additional time to complete routine inspection of policy reviews and may result in additional complaints. The department estimates one additional hour of policy review time for each of the approximately 30 acute care hospital inspections per year.

The department estimates there will be two additional complaint investigations per year at an average of 30 hours per investigation. Since the department has begun the regulation of acute care hospitals, the department has learned that the investigations of these facilities can easily become complicated with many safety risks. The investigations need to be conscientious to the safety of patients, facility staff, and the department's staff conducting the investigation.

FY2025 and ongoing, 0.1 FTE of a Nursing Consultant, Institutional to conduct complaint investigations.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the facility complained about, and help assess whether an investigation is needed. The investigator obtains information about the complaint and the respondent, then prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general, and other staff work to develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order. Also, the Office of the Attorney General will represent the department at hearings and may provide advice throughout the enforcement process.

CAH Distribution Costs

Performing duties outlined in Section 1 will require additional staff time:

0.1 FTE of a Health Services Consultant 4 (HSC4): Infectious Disease Prevention Coordinator to support development and implementation of policy and procedures for HIV PEP access.

0.1 FTE of a HCS4: Business Development Coordinator to support provider education and systems level coordination.

Section 1 Costs Summary:

FY2025 and ongoing, .3 FTE and \$31,000 (GF-S) and \$10,000 (GF-L)

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

Section 3 requires the department once a year to supply designated CAH's with one 30- day supply of HIV PEP free of charge. This will require the following staff and medication costs:

1.0 FTE of a HSC3: to coordinate distribution of HIV PEP medication to all CAH's; assure procurement of medication for other hospitals; develop the Department's policies and procedures for procuring and distributing PEP medication; ensure coordination between state and local agencies; analyze medication inventory, stock, and needs; operationalize process for stock management of medication; and conduct quality assurance and improvement.

0.1 FTE of a HCS4: Eligibility & Claims Supervisor to support coordination of medication distribution with pharmacy benefits manager, purchasing, and 340B (Federal Drug Pricing Program) oversight.

0.2 FTE of a HCS3: Quality Assurance and Performance Management Coordinator to support medication procurement, monitoring, and quality assurance.

Medication Costs

See attached table 1.1 Medication Costs

Section 3 Costs

FY2025 costs and ongoing, will be 1.3 FTE and \$278,000 (GF-S)

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

Total Costs

FY 2025 costs and ongoing will be 2.0 FTE and \$309,000 (GF-S) and \$10,000 (GF-L). This assumes averaged cost of preferred regimen with generic medication at \$78.805 for 39 CAHs.

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	309,000	309,000	618,000	618,000
001-7	General Fund	Private/Local	0	10,000	10,000	20,000	20,000
Total \$			0	319,000	319,000	638,000	638,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		2.0	1.0	2.0	2.0
A-Salaries and Wages		150,000	150,000	300,000	300,000
B-Employee Benefits		57,000	57,000	114,000	114,000
E-Goods and Other Services		98,000	98,000	196,000	196,000
T-Intra-Agency Reimbursements		14,000	14,000	28,000	28,000
9-					
Total \$	0	319,000	319,000	638,000	638,000

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		1.2	0.6	1.2	1.2
HEALTH SERVICES CONSULTANT 4	86,208		0.3	0.2	0.3	0.3
Health Svcs Conslt 1	53,000		0.1	0.1	0.1	0.1
NURSING CONSULTANT, INSTITUTIONAL	111,156		0.1	0.1	0.1	0.1
Total FTEs			2.0	1.0	2.0	2.0

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.