

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 5829 SB	<b>Title:</b> Congenital cytomegalovirus
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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	178,000	0	0	714,000	0	0	714,000
Department of Health	0	0	1,151,136	0	0	2,446,080	0	0	2,604,672
<b>Total \$</b>	<b>0</b>	<b>0</b>	<b>1,329,136</b>	<b>0</b>	<b>0</b>	<b>3,160,080</b>	<b>0</b>	<b>0</b>	<b>3,318,672</b>

## 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	151,000	151,000	329,000	.0	602,000	602,000	1,316,000	.0	602,000	602,000	1,316,000
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	2.8	300,000	300,000	1,451,000	5.2	88,000	88,000	2,534,000	5.7	0	0	2,605,000
<b>Total \$</b>	<b>2.8</b>	<b>451,000</b>	<b>451,000</b>	<b>1,780,000</b>	<b>5.2</b>	<b>690,000</b>	<b>690,000</b>	<b>3,850,000</b>	<b>5.7</b>	<b>602,000</b>	<b>602,000</b>	<b>3,921,000</b>

## 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
<b>Total \$</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>

## Estimated Capital Budget Breakout

**Prepared by:** Breann Boggs, OFM

**Phone:**  
(360) 485-5716

**Date Published:**  
Final 1/22/2024

# Individual State Agency Fiscal Note

Revised

<b>Bill Number:</b> 5829 SB	<b>Title:</b> Congenital cytomegalovirus	<b>Agency:</b> 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		178,000	178,000	714,000	714,000
<b>Total \$</b>		178,000	178,000	714,000	714,000

### Estimated Operating Expenditures from:

Account	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-State 001-1	0	151,000	151,000	602,000	602,000
General Fund-Federal 001-2	0	178,000	178,000	714,000	714,000
<b>Total \$</b>	0	329,000	329,000	1,316,000	1,316,000

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: Julie Tran	Phone: 360-786-7283	Date: 12/28/2023
Agency Preparation: Cari Tikka	Phone: 360-725-1181	Date: 01/19/2024
Agency Approval: Catrina Lucero	Phone: 360-725-7192	Date: 01/19/2024
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/19/2024

## 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	151,000	151,000	602,000	602,000
001-2	General Fund	Federal	0	178,000	178,000	714,000	714,000
<b>Total \$</b>			0	329,000	329,000	1,316,000	1,316,000

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					
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		329,000	329,000	1,316,000	1,316,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
<b>Total \$</b>	0	329,000	329,000	1,316,000	1,316,000

In addition to the estimates above, there are additional indeterminate costs 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)**

<b>Program</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>2023-25</b>	<b>2025-27</b>	<b>2027-29</b>
Medical Assistance (200)		329,000	329,000	1,316,000	1,316,000
<b>Total \$</b>		329,000	329,000	1,316,000	1,316,000

**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: **5829 SB REVISED**

HCA Request #: 24-020

Title: **Congenital Cytomegalovirus**

## 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-Medicaid 001-C	0393	-	178,000	357,000	357,000	357,000	357,000	178,000	714,000	714,000
<b>REVENUE - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 178,000</b>	<b>\$ 357,000</b>	<b>\$ 357,000</b>	<b>\$ 357,000</b>	<b>\$ 357,000</b>	<b>\$ 178,000</b>	<b>\$ 714,000</b>	<b>\$ 714,000</b>

### Estimated Operating 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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>ACCOUNT</b>									
General Fund-State 001-1	-	151,000	301,000	301,000	301,000	301,000	151,000	602,000	602,000
General Fund-Medicaid 001-C	-	178,000	357,000	357,000	357,000	357,000	178,000	714,000	714,000
<b>ACCOUNT - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 329,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 329,000</b>	<b>\$ 1,316,000</b>	<b>\$ 1,316,000</b>

### 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:

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- 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: **5829 SB REVISED**

HCA Request #: 24-020

Title: **Congenital Cytomegalovirus**

## 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 70.83 (newborn screening tests), adding that DOH “may” test dried blood spots (DBS) for CMV with caregiver/parent consent. This CMV testing would use the same DBS card, is considered optional, and may only occur after all required newborn screening tests are complete. The bill also directs the Department of Health (DOH) to develop written educational materials about congenital CMV (cCMV) for providers and caregivers/parents.

Section 1(3)(a) allows DOH to conduct testing for CMV on the collected sample, with parental consent, once all other tests are completed. The DOH also is mandated to design, prepare and make available educational materials for health care providers and parents about congenital CMV.

### 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.*

Fiscal impacts associated with this bill would be eligible for Federal Financial Participation (FFP). HCA estimates an average FFP of 54.23 percent.

#### 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-Medicaid 001-C	0393	-	178,000	357,000	357,000	357,000	357,000	178,000	714,000	714,000
<b>REVENUE - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 178,000</b>	<b>\$ 357,000</b>	<b>\$ 357,000</b>	<b>\$ 357,000</b>	<b>\$ 357,000</b>	<b>\$ 178,000</b>	<b>\$ 714,000</b>	<b>\$ 714,000</b>

### 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.*

This bill provides the opportunity to screen all babies for cCMV as a part of the existing newborn screening panel tests if DOH has obtained informed consent from the newborn infant's parents or guardians for this optional testing. The new fee will require time for rate development for it to be included in managed care rates. HCA assumes an implementation date of January 1, 2025.

#### Apple Health Managed Care:

The administration of this new service would be done by DOH, so the MCOs would not see an increase in work for their side, either through policy or operational. Newborn testing is paid through the MCO, as part of the overall fee for the NBS.

The fiscal impact for the MCOs is linked to the cost of testing.

Statistics from 2021 (HCA First Steps Database) show there were 35,564 infants born to Medicaid clients. The report does not delineate between MCO and FFS births, so the fiscal impact determined is a compilation of both MCO and FFS births. (33,430 vs. 2,134)

Based on the total number of enrolled children, MCOs cover approximately 94 percent of the Medicaid enrolled children. The cost of each test is \$18.50.

Estimated Cost: 33,430 X 18.50 = \$618,455 (\$283,039 GF-State)

# HCA Fiscal Note

Bill Number: **5829 SB REVISED**

HCA Request #: 24-020

Title: **Congenital Cytomegalovirus**

**Apple Health Fee-for-Service:**

The fiscal impact for FFS is linked to the cost of testing.

Statistics from 2021 (HCA First Steps Database) show there were 35,564 infants born to Medicaid clients. The report does not delineate between MCO and FFS births, so the fiscal impact determined is a compilation of both MCO and FFS births. (33,430 vs. 2,134)

Based on the total number of enrolled children, FFS covers approximately 6 percent of the Medicaid enrolled children. The cost of each test is \$18.50.

Estimated Cost: 2,134 X 18.50 = \$39,479 (\$18,068 GF-State)

**Employee and Retiree Benefits:**

This fiscal note was not reviewed by PEBB and SEBB.

## 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	-	151,000	301,000	301,000	301,000	301,000	151,000	602,000	602,000
001-C	General Fund	Medicaid	-	178,000	357,000	357,000	357,000	357,000	178,000	714,000	714,000
<b>ACCOUNT - TOTAL \$</b>			<b>\$ -</b>	<b>\$ 329,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 329,000</b>	<b>\$ 1,316,000</b>	<b>\$ 1,316,000</b>

### 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
N	Grants, Benefits & Client Services	-	329,000	658,000	658,000	658,000	658,000	329,000	1,316,000	1,316,000
<b>OBJECT - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 329,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 329,000</b>	<b>\$ 1,316,000</b>	<b>\$ 1,316,000</b>

**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)

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	Medical Assistance	-	329,000	658,000	658,000	658,000	658,000	329,000	1,316,000	1,316,000
<b>PROGRAM - TOTAL \$</b>		<b>\$ -</b>	<b>\$ 329,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 658,000</b>	<b>\$ 329,000</b>	<b>\$ 1,316,000</b>	<b>\$ 1,316,000</b>

## 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**

## HCA Fiscal Note

Bill Number: **5829 SB REVISED**

HCA Request #: 24-020

Title: **Congenital Cytomegalovirus**

**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

<b>Bill Number:</b> 5829 SB	<b>Title:</b> Congenital cytomegalovirus	<b>Agency:</b> 303-Department of Health
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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-Private/Local 001-7		1,151,136	1,151,136	2,446,080	2,604,672
<b>Total \$</b>		1,151,136	1,151,136	2,446,080	2,604,672

### Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	5.5	2.8	5.2	5.7
<b>Account</b>					
General Fund-State 001-1	0	300,000	300,000	88,000	0
General Fund-Private/Local 001-7	0	1,151,000	1,151,000	2,446,000	2,605,000
<b>Total \$</b>	0	1,451,000	1,451,000	2,534,000	2,605,000

### 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: Julie Tran	Phone: 360-786-7283	Date: 12/28/2023
Agency Preparation: Sheri Spezze	Phone: (360) 236-4557	Date: 01/10/2024
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 01/10/2024
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 01/15/2024

## 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 (3)(a) states that the department of health may conduct screening tests for congenital cytomegalovirus if the department has obtained informed consent from the parents or guardians of the newborn infant for this optional testing. This testing may only occur after all tests required by rule for Newborn Screening are complete.

Section 3(b) The department will design, prepare, and make available written material to inform health care providers and parents or guardians of newborn infants about the nature and consequences of congenital cytomegalovirus.

### 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.*

Based on information obtained from Massachusetts where this testing is conducted, the department is assuming 80% of parents or guardians will opt in for this testing.

Assumption: 84,000 births per year x 80% opt-in = 67,200 opt-in for the test

67,200 opt-in x \$17.13 testing fee = \$1,151,136 in fees for FY2025

67,200 opt in x \$17.90 testing fee = \$1,202,880 in fees for FY2026

67,200 opt in x \$18.50 testing fee = \$1,243,200 in fees for FY2027

67,200 opt in x \$19.09 testing fee = \$1,282,848 in fees for FY2028

67,200 opt in x \$19.67 testing fee = \$1,321,824 in fees for FY2029

Assuming an average fee request of \$18.46 per test

### 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 (a) Establishing an opt-in blood spot screening program will have laboratory, personnel, and startup costs.

There is an expected 80% participation rate in screening of congenital cytomegalovirus (cCMV). Parents/guardians are informed at the time of collection through a brochure (translated into eight languages) and verbally about the mandatory and pilot tests available. There will be a check box in the upper corner of the filter paper collection form to opt-in. Six months of lead time will be needed to incorporate this opt in screening program.

Startup costs are assumed to be general fund state. Staffing

Chemist 3; 0.5 FTE

To receive instruments, be trained on the assay, perform validation/verification of the tests and instruments, and train staff in the assay.

Health Services Consultant 2; 0.2 FTE

To design an education/outreach campaign to teach medical staff and midwives at hospitals and birth centers about the optional screening program; also, to design and distribute new filter paper collection cards with the opt-in check box.

Epidemiologist 2; 0.1 FTE

To program the laboratory information management system for cutoffs, result mnemonics, actions mapping, mailer notes, etc.

Equipment:

QuantStudio 7 real-time PCR instruments; 2 units – Cost: \$87,670 per unit  
84,000 babies born each year in WA x 80% participate rate = 67,200 specimens tested per year  
67,200 specimens tested per year / 12 months = 5,600 specimens tested per month  
5,600 specimens tested per month / 30 days on average per month = 187 specimens per day  
Assuming at least 10% will need to be retested due to human and/or mechanical error:  
187 specimens per day + 10% retesting (19 retests per day) = 206 specimen tested per day  
This will need a yearly service contract costing 15% of the value of the equipment: \$26,300/year starting in FY 26.

Zephyr liquid handler – Cost: \$71,874  
This will need a yearly service contract costing 15% of the value of the equipment: \$10,780/year starting in FY 26.

Eppendorf Thermomixer – Cost: \$4,510  
This combines excellent mixing performance with excellent temperature control to ensure complete, dependable, and reproducible test results. Improve your assay results by mixing and incubating samples at the same time. The Eppendorf Thermomixer C convinces users with its quick and easy-to-exchange SmartBlocks for all common lab vessels, new and improved program functions, and high level of stability for every mixing frequency.

Filter paper collection cards  
42,000 \* \$0.98/card = \$41,160.  
FY2025 costs 0.9 FTEs, and with a total of \$299,000. (GF-S)  
FY2026 costs 0.0 FTEs, and with a total of \$88,000. (GF-S)  
Total costs can include staff, associated expenses (including goods and services, travel, intra-agency, and indirect/overhead costs).

On-going testing costs to be covered by fees.

#### Staffing:

Chemist 2; 1.2 FTE (one chemist, M-Sa)

To receive samples, prepare for testing, perform testing, and perform routine maintenance for equipment.

Chemist 3; 0.5 FTE

To review test results, perform quality control checks, release final results, and troubleshoot instrument challenges.

Health Services Consultant 3; 0.3 FTE

To perform case management for estimated 198 babies needing diagnostic testing each year, including communicating with primary care providers and coordinating referrals with audiologists. This is similar case work to what the early hearing loss staff perform for babies who fail their newborn hearing screen.

Epidemiologist 2; 0.5 FTE during year 1 and ramping up to 1.0 FTE by year 6

To develop a long-term follow-up system during year 1 and perform follow-up to assure that babies with asymptomatic cCMV infection receive serial hearing loss evaluations according to the recommendations of the American Academy of Audiology. This entails diagnostic hearing evaluation every three months during the first three years of life and every six months during the next three years of life. This epidemiologist would be responsible for coordinating the diagnostic evaluations and tracking results for 198 babies during the first year, then 396 children during year two of the screening program, 594 during year three and so on. Ultimately, the epidemiologist would be tracking approximately 1,188 children impacted by cCMV each year (~3,500 evaluations per year).

#### Supplies and Materials:

Reagents/Consumables (Revvity kit)

\$7/specimen tested \* 73,920 tests performed (includes a 10% retest rate) = \$518,000/year.

The retest rate is primarily to confirm positive initial results, but also includes any instrument failure or human error needing repeat testing. We apply a 3% cost increase per year for inflation.

FY2025 costs 4.6 FTEs, and with a total of \$1,151,000. (Local)  
FY2026 costs 5.1 FTEs, and with a total of \$1,203,000. (Local)  
FY2027 costs 5.2 FTEs, and with a total of \$1,243,000. (Local)  
FY2028 costs 5.3 FTEs, and with a total of \$1,283,000. (Local)  
FY2029 costs 5.5 FTEs, and with a total of \$1,322,000. (Local)

Section 3(b)

Translations for written materials:

Assumptions: A maximum of 600 words will need to be translated. Materials will be translated into the top 7 spoken languages in Washington State. The rates were based on the department's current translation contract. The cost of translation will not rise over the next year.

Languages:

Spanish at \$0.16 per word  
Vietnamese at \$0.21 per word  
Russian at \$0.21 per word  
Marshallese at \$0.21 per word  
Ukrainian at \$0.21 per word  
Mandarin at \$0.21 per word  
Cantonese at \$0.21 per word

Cost breakdown by state fiscal year:

2025  
Spanish  
\$0.16 x 600 words = \$96.00  
Vietnamese  
\$0.21 x 600 words = \$126.00  
Russian  
\$0.21 x 600 words = \$126.00  
Marshallese  
\$0.21 x 600 words = \$126.00  
Ukrainian  
\$0.21 x 600 words = \$126.00  
Mandarin  
\$0.21 x 600 words = \$126.00  
Cantonese  
\$0.21 x 600 words = \$126.00  
Total translation costs for 2025  
\$852.00

GF-S:

FY2025 costs will be 0.0 FTEs, and with a total of \$1,000. (GF-S)

Total Costs by Fund:

Start up costs

FY2025 costs will be 0.9 FTEs, and with a total of \$300,000. (GF-S)

FY2026 costs will be 0.0 FTEs, and with a total of \$88,000. (GF-S)

Ongoing testing costs:

FY2025 costs will be 4.6 FTEs, and with a total of \$1,151,000. (Private-Local)

FY2026 costs will be 5.1 FTEs, and with a total of \$1,203,000. (Private-Local)

FY2027 costs will be 5.2 FTEs, and with a total of \$1,243,000. (Local)

FY2028 costs will be 5.3 FTEs, and with a total of \$1,283,000. (Local)

FY2029 costs will be 5.5 FTEs, and with a total of \$1,322,000. (Local)

Total costs can include staff, associated expenses (including goods and services, travel, intra-agency, and indirect/overhead 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	300,000	300,000	88,000	0
001-7	General Fund	Private/Local	0	1,151,000	1,151,000	2,446,000	2,605,000
<b>Total \$</b>			0	1,451,000	1,451,000	2,534,000	2,605,000

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

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		5.5	2.8	5.2	5.7
A-Salaries and Wages		415,000	415,000	759,000	809,000
B-Employee Benefits		159,000	159,000	296,000	312,000
E-Goods and Other Services		631,000	631,000	1,240,000	1,329,000
J-Capital Outlays		166,000	166,000	88,000	
N-Grants, Benefits & Client Services		50,000	50,000	100,000	100,000
T-Intra-Agency Reimbursements		30,000	30,000	51,000	55,000
9-					
<b>Total \$</b>	0	1,451,000	1,451,000	2,534,000	2,605,000

**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
CHEMIST 2	74,376		1.6	0.8	1.3	1.3
CHEMIST 3	86,208		0.6	0.3	0.6	0.6
EPIDEMIOLOGIST 2 (NON-MEDICAL)	102,540		0.6	0.3	0.7	0.9
Fiscal Analyst 2	53,000		1.5	0.8	1.5	1.6
HEALTH SERVICES CONSULTANT 3	78,120		0.5	0.3	0.5	0.5
Health Svcs Conslt 1	53,000		0.7	0.4	0.7	0.8
<b>Total FTEs</b>			5.5	2.8	5.2	5.7

**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.*