

# Multiple Agency Fiscal Note Summary

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>Bill Number:</b> 5942 SB | <b>Title:</b> Lead testing/Medicaid |
|-----------------------------|-------------------------------------|

## 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           | 192,000        | 0        | 0           | 192,000        | 0        | 0           | 0        |
| <b>Total \$</b>                        | <b>0</b> | <b>0</b>    | <b>192,000</b> | <b>0</b> | <b>0</b>    | <b>192,000</b> | <b>0</b> | <b>0</b>    | <b>0</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 | 1.0        | 138,000        | 138,000        | 330,000        | 1.0        | 138,000        | 138,000        | 330,000        | .0         | 0              | 0              | 0              |
| Department of Health                   | .8         | 202,000        | 202,000        | 202,000        | 1.5        | 532,000        | 532,000        | 532,000        | 1.4        | 516,000        | 516,000        | 516,000        |
| <b>Total \$</b>                        | <b>1.8</b> | <b>340,000</b> | <b>340,000</b> | <b>532,000</b> | <b>2.5</b> | <b>670,000</b> | <b>670,000</b> | <b>862,000</b> | <b>1.4</b> | <b>516,000</b> | <b>516,000</b> | <b>516,000</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

|                                       |                                 |   |
|---------------------------------------|---------------------------------|---|
| <b>Prepared by:</b> Breann Boggs, OFM | <b>Phone:</b><br>(360) 485-5716 | <b>Date Published:</b><br>Final 2/ 2/2024 |
|---------------------------------------|---------------------------------|---|

# Individual State Agency Fiscal Note

|                             |                                     |   |
|-----------------------------|-------------------------------------|---|
| <b>Bill Number:</b> 5942 SB | <b>Title:</b> Lead testing/Medicaid | <b>Agency:</b> 107-Washington State Health Care Authority |
|-----------------------------|-------------------------------------|---|

## 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 |         | 192,000 | 192,000 | 192,000 |         |
| <b>Total \$</b>            |         | 192,000 | 192,000 | 192,000 |         |

### Estimated Operating Expenditures from:

|                            | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|----------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years            | 0.0     | 2.0     | 1.0     | 1.0     | 0.0     |
| <b>Account</b>             |         |         |         |         |         |
| General Fund-State 001-1   | 0       | 138,000 | 138,000 | 138,000 | 0       |
| General Fund-Federal 001-2 | 0       | 192,000 | 192,000 | 192,000 | 0       |
| <b>Total \$</b>            | 0       | 330,000 | 330,000 | 330,000 | 0       |

### 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:               | Phone:                | Date: 01/24/2024 |
| Agency Preparation: Joseph Cushman | Phone: 360-725-5714   | Date: 01/30/2024 |
| Agency Approval: SUMAN MAJUMDAR    | Phone: 360-725-1319   | Date: 01/30/2024 |
| OFM Review: Jason Brown            | Phone: (360) 742-7277 | Date: 02/02/2024 |

## 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.

Please see attached.

### 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.

### 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.

## 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       | 138,000 | 138,000 | 138,000 | 0       |
| 001-2           | General Fund  | Federal | 0       | 192,000 | 192,000 | 192,000 | 0       |
| <b>Total \$</b> |               |         | 0       | 330,000 | 330,000 | 330,000 | 0       |

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

|                                      | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|--------------------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years                      |         | 2.0     | 1.0     | 1.0     |         |
| A-Salaries and Wages                 |         | 174,000 | 174,000 | 174,000 |         |
| B-Employee Benefits                  |         | 62,000  | 62,000  | 62,000  |         |
| C-Professional Service Contracts     |         |         |         |         |         |
| E-Goods and Other Services           |         | 20,000  | 20,000  | 20,000  |         |
| G-Travel                             |         | 4,000   | 4,000   | 4,000   |         |
| J-Capital Outlays                    |         |         |         |         |         |
| M-Inter Agency/Fund Transfers        |         |         |         |         |         |
| N-Grants, Benefits & Client Services |         |         |         |         |         |
| P-Debt Service                       |         |         |         |         |         |
| S-Interagency Reimbursements         |         |         |         |         |         |
| T-Intra-Agency Reimbursements        |         | 70,000  | 70,000  | 70,000  |         |
| 9-                                   |         |         |         |         |         |
| <b>Total \$</b>                      | 0       | 330,000 | 330,000 | 330,000 | 0       |

### 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                  | 87,000 |         | 1.0     | 0.5     | 0.5     |         |
| Medical Assistance Program Specialist | 87,000 |         | 1.0     | 0.5     | 0.5     |         |
| <b>Total FTEs</b>                     |        |         | 2.0     | 1.0     | 1.0     | 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.*

# HCA Fiscal Note

Bill Number: SB 5942

HCA Request #: 24-097

Title: Lead Testing Medicaid

## Part I: Estimates

No Fiscal Impact

### 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       | -           | 192,000           | 192,000           | -           | -           | -           | 192,000           | 192,000           | -           |
| <b>REVENUE - TOTAL \$</b>  |            | <b>\$ -</b> | <b>\$ 192,000</b> | <b>\$ 192,000</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 192,000</b> | <b>\$ 192,000</b> | <b>\$ -</b> |

### Estimated Operating 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     | 2.0         | 2.0               | 0.0               | 0.0         | 0.0         | 1.0               | 1.0               | 0.0         |
| <b>ACCOUNT</b>             |         |             |                   |                   |             |             |                   |                   |             |
| General Fund-State 001-1   | -       | 138,000     | 138,000           | -                 | -           | -           | 138,000           | 138,000           | -           |
| General Fund-Federal 001-2 | -       | 192,000     | 192,000           | -                 | -           | -           | 192,000           | 192,000           | -           |
| <b>ACCOUNT - TOTAL \$</b>  |         | <b>\$ -</b> | <b>\$ 330,000</b> | <b>\$ 330,000</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 330,000</b> | <b>\$ 330,000</b> | <b>\$ -</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:

- 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: SB 5942

HCA Request #: 24-097

Title: Lead Testing Medicaid

## 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.*

Sec 1(2) directs the Department of Health (DOH) to finalize and execute a data-sharing agreement with the Health Care Authority (HCA) by July 1, 2024, in order to conduct an analysis to determine the extent to which children enrolled in Medicaid are receiving required lead tests.

Sec 2(1)(a) directs HCA to establish, by January 31, 2025, performance measures and data collection criteria to monitor whether all children enrolled in Medicaid are receiving required blood tests.

Sec 2(1)(b) states that HCA shall, in collaboration with DOH, create a communication plan to ensure health care providers understand, and are able to implement testing requirements.

Sec 2(3) directs HCA to provide guidance and information to Medicaid providers on blood lead testing requirements.

Sec 2(4) directs HCA, in consultation with DOH to submit a preliminary report to the governor and the appropriate committees no later than December 1, 2024, and a final report no later than June 30, 2025. This report shall include a summary of the work conducted.

### 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.*

| 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       | -           | 192,000           | 192,000           | -           | -           | -           | 192,000           | 192,000           | -           |
| <b>REVENUE - TOTAL \$</b>  |            | <b>\$ -</b> | <b>\$ 192,000</b> | <b>\$ 192,000</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 192,000</b> | <b>\$ 192,000</b> | <b>\$ -</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.*

| 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   | -           | 138,000           | 138,000           | -           | -           | -           | 138,000           | 138,000           | -           |
| 001-2                     | General Fund  | Federal | -           | 192,000           | 192,000           | -           | -           | -           | 192,000           | 192,000           | -           |
| <b>ACCOUNT - TOTAL \$</b> |               |         | <b>\$ -</b> | <b>\$ 330,000</b> | <b>\$ 330,000</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 330,000</b> | <b>\$ 330,000</b> | <b>\$ -</b> |

## Part III: Expenditure Detail

### III. A - Operating Budget Expenditure

# HCA Fiscal Note

Bill Number: SB 5942

HCA Request #: 24-097

Title: Lead Testing Medicaid

HCA requests the following staff to accommodate the requirements of this bill through the expiration of Section 2 on June 30, 2026:

- 1.0 FTE Management Analyst 4
  - To oversee the technical and analytical deliverables for implementing a monitoring process to identify Medicaid children who have not received a blood lead test.
- 1.0 FTE Medical Assistance Program Specialist
  - To oversee lead policy and procedure for programs with statewide impact.

### 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          | -           | 174,000           | 174,000           | -           | -           | -           | 174,000           | 174,000           | -           |
| B                        | Employee Benefits           | -           | 62,000            | 62,000            | -           | -           | -           | 62,000            | 62,000            | -           |
| E                        | Goods and Other Services    | -           | 20,000            | 20,000            | -           | -           | -           | 20,000            | 20,000            | -           |
| G                        | Travel                      | -           | 4,000             | 4,000             | -           | -           | -           | 4,000             | 4,000             | -           |
| T                        | Intra-Agency Reimbursements | -           | 70,000            | 70,000            | -           | -           | -           | 70,000            | 70,000            | -           |
| <b>OBJECT - TOTAL \$</b> |                             | <b>\$ -</b> | <b>\$ 330,000</b> | <b>\$ 330,000</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 330,000</b> | <b>\$ 330,000</b> | <b>\$ -</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.

| 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        | 1.0        | 1.0        | 0.0        | 0.0        | 0.0        | 0.5        | 0.5        | 0.0        |
| MEDICAL ASSISTANCE PROGRAM SPECIALIST 3 | 87,000            | 0.0        | 1.0        | 1.0        | 0.0        | 0.0        | 0.0        | 0.5        | 0.5        | 0.0        |
| <b>ANNUAL SALARY &amp; FTE - TOTAL</b>  | <b>\$ 174,000</b> | <b>0.0</b> | <b>2.0</b> | <b>2.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>1.0</b> | <b>1.0</b> | <b>0.0</b> |

### 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

## HCA Fiscal Note

Bill Number: SB 5942

HCA Request #: 24-097

Title: Lead Testing Medicaid

### **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> 5942 SB | <b>Title:</b> Lead testing/Medicaid | <b>Agency:</b> 303-Department of Health |
|-----------------------------|-------------------------------------|---|

## 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     | 1.5     | 0.8     | 1.5     | 1.4     |
| <b>Account</b>                |         |         |         |         |         |
| General Fund-State      001-1 | 0       | 202,000 | 202,000 | 532,000 | 516,000 |
| <b>Total \$</b>               | 0       | 202,000 | 202,000 | 532,000 | 516,000 |

### 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:                      | Phone:                | Date: 01/24/2024 |
| Agency Preparation:    Katie Osete        | Phone: 3602363000     | Date: 01/26/2024 |
| Agency Approval:        Kristin Bettridge | Phone: 3607911657     | Date: 01/26/2024 |
| OFM Review:                Breann Boggs   | Phone: (360) 485-5716 | Date: 01/29/2024 |

## 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 Department of Health (DOH) to:

Create a plan to identify and annually assess communities most at risk for lead exposure.

Execute a Data Sharing Agreement with Health Care Authority (HCA) by July 1, 2024, to conduct analysis to determine: the extent to which children enrolled in Medicaid are receiving required lead tests and whether children at highest risk are receiving required testing.

Implement the testing plan by December 1, 2024, and update annually.

Section 2- Requires the HCA to:

Collaborate with DOH around provider guidance and a communication plan and submit a preliminary report to the governor and legislature by December 1, 2024, and a final report by June 30, 2025.

### 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.*

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. Distinguished between one time and ongoing functions.*

Section 1:

DOH Epidemiology staff will plan and conduct an annual community-level risk assessment. DOH Program staff will implement the testing plan and update annually.

DOH annual community-level risk assessment and testing plan will require the following:

1.0 FTE Epidemiologist 2 for FY25 and ongoing. Coordinate with Washington Tracking Network (WTN) and program epidemiology team to create a plan and annually assess communities most at risk for lead exposure. They will conduct research around risks to include, identify methods for and conduct analysis and provide reports for providers. This position will match HCA data and DOH data to measure the extent to which children enrolled in Medicaid are getting tested and are facing other lead exposure risk factors. The results of the matching and analysis will result in data needed for performance measures.

0.10 FTE Epidemiologist 2 for FY25 and ongoing. WTN staff time to provide consultation, technical assistance to lead program as we work to display updated risk data, make changes, and build out new risk maps.

0.20 FTE Health Services Consultant 4 for FY25 and ongoing. Coordinate and lead DOH required work and provide leadership to ensure that DOH is meeting requirements. This will include collaboration with the Epidemiologist 2, WTN, the Lead Advisory Committee, HCA and other internal and external partners to determine new data resources and other considerations for annually updating the Testing plan.

DOH annual community-level risk assessment and testing plan costs:

Fiscal Year (FY) 2025: \$171,000 and .9 FTE

Fiscal Year (FY) 2026: \$243,000 and 1.3 FTE Ongoing

Section 2:

DOH program staff will collaborate for provider guidance and education as well as to consult with HCA for reports to the governor and legislature.

Provider guidance, education, and consultation for reporting will require:

0.10 FTE Health Services Consultant 3 for FY25 and ongoing: Will draft the DOH components of the required reports to the governor and legislature and serve as main contact to HCA to collaborate with the development and distribution of consistent provider guidance and communication.

0.10 FTE Health Services Consultant 4 for FY25 through FY26: Will oversee and lead coordination with Health Care Authority for provider guidance and communication and as well as the required preliminary report to the governor and legislature by December 1, 2024, and a final report by June 30, 2025.

DOH provider guidance, education, and consulting costs:

Fiscal Year (FY) 2025 - 2026: \$31,000 and 0.2 FTE

Fiscal Year (FY) 2026: \$15,000 and 0.1 FTE Ongoing

Total costs for this fiscal note:

Fiscal Year (FY) 2025: \$202,000 and 1.5 FTE

Fiscal Year (FY) 2026: \$274,000 and 1.5 FTE

Fiscal Year (FY) 2027: \$258,000 and 1.4 FTE Ongoing

(Total costs 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       | 202,000 | 202,000 | 532,000 | 516,000 |
| <b>Total \$</b> |               |       | 0       | 202,000 | 202,000 | 532,000 | 516,000 |

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

|                               | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|-------------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years               |         | 1.5     | 0.8     | 1.5     | 1.4     |
| A-Salaries and Wages          |         | 109,000 | 109,000 | 293,000 | 284,000 |
| B-Employee Benefits           |         | 37,000  | 37,000  | 99,000  | 96,000  |
| E-Goods and Other Services    |         | 42,000  | 42,000  | 113,000 | 110,000 |
| J-Capital Outlays             |         | 4,000   | 4,000   |         |         |
| T-Intra-Agency Reimbursements |         | 10,000  | 10,000  | 27,000  | 26,000  |
| <b>Total \$</b>               | 0       | 202,000 | 202,000 | 532,000 | 516,000 |

**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 |
|--------------------------------|---------|---------|---------|---------|---------|---------|
| EPIDEMIOLOGIST 2 (NON-MEDICAL) | 102,540 |         | 1.1     | 0.6     | 1.1     | 1.1     |
| HEALTH SERVICES CONSULTAN 3    | 78,120  |         | 0.1     | 0.1     | 0.1     | 0.1     |
| HEALTH SERVICES CONSULTAN 4    | 86,208  |         | 0.3     | 0.2     | 0.3     | 0.2     |
| <b>Total FTEs</b>              |         |         | 1.5     | 0.8     | 1.5     | 1.4     |

**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

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.*