

Multiple Agency Fiscal Note Summary

Bill Number: 5829 S SB	Title: Congenital cytomegalovirus
-------------------------------	--

Estimated Cash Receipts

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

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	Non-zero but indeterminate cost and/or savings. Please see discussion.											
Department of Health	Fiscal note not available											
Total \$	0.0	0	0	0	0.0	0	0	0	0.0	0	0	0

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	Fiscal note not available								
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: Preliminary 2/ 2/2024
---------------------------------------	---------------------------------	---

Individual State Agency Fiscal Note

Revised

Bill Number: 5829 S SB	Title: Congenital cytomegalovirus	Agency: 107-Washington State Health Care Authority
-------------------------------	--	---

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

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

Estimated Operating Expenditures from:

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

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Julie Tran	Phone: 360-786-7283	Date: 01/26/2024
Agency Preparation: Cari Tikka	Phone: 360-725-1181	Date: 01/30/2024
Agency Approval: Cliff Hicks	Phone: 360-725-0875	Date: 01/30/2024
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/30/2024

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

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

III. B - Expenditures by Object Or Purpose

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

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

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

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

NONE

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

NONE

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 S SB**

HCA Request #: 24-106 Revised Title: **Congenital Cytomegalovirus**

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

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

Estimated Operating Expenditures from:

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

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

HCA Fiscal Note

Bill Number: **5829 S SB**

HCA Request #: 24-106 Revised

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 directs the State Board of Health to consider adding Congenital Cytomegalovirus (CMV) screening to the mandatory screening panel and submit a report with the findings and recommendations by December 31, 2025. The bill also directs the Department of Health (DOH) to develop written educational materials about congenital CMV (cCMV) for pregnant individuals about the nature and consequences of in-utero exposure to CMV and strategies to reduce CMV transmission.

As compared to the previous version of this bill:

- Directs the State Board of Health to consider adding Congenital Cytomegalovirus screening to the mandatory screening panel and submit a report with the findings and recommendations by December 31, 2025.
- Removes the opt-in screening option for cCMV and the provisions related to the opt-in screening.
- Requires DOH to provide educational materials and outreach for providers about the strategies to reduce CMV transmission.
- Directs DOH to develop and make available educational resources for pregnant individuals about the nature and consequences of in-utero exposure to CMV and strategies to reduce CMV transmission and specifies what type of educational resources may be included. Removes the provision directing DOH to 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 cCMV.

New Section 1 requires the State Board of Health to consider adding Congenital Cytomegalovirus screening to the mandatory screening panel and submit a report with the findings and recommendations by December 31, 2025.

New Section 2 is added to RCW 43.70 (Department of Health (DOH)) requiring DOH design, prepare and make available educational resources for pregnant individuals about the nature and consequences of in utero exposure to CMV and strategies to reduce the CMV transmission.

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.

Indeterminate fiscal impact

Depending on the findings and recommendations from the report that is submitted to the Governor and legislator, HCA may have a fiscal impact if cCMV screenings are added to the newborn screening panel tests. Unknown if any of the funding would affect cash receipts at this time.

HCA Fiscal Note

Bill Number: **5829 S SB**

HCA Request #: 24-106 Revised Title: **Congenital Cytomegalovirus**

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.

Indeterminate fiscal impact

As written, the substitute bill removes the opt-in screening option for cCMV and the provisions related to the opt-in screening 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. Removing the screening option for cCMV in the substitute bill essentially has removed any estimated costs for HCA.

However, the State Board of Health is required to consider adding Congenital Cytomegalovirus screening to the mandatory screening panel and submit a report with the findings and recommendations by December 31, 2025.

Depending on the State Board of Health's findings and recommendations, and should those findings and recommendations support cCMV screenings, 35,564 infants would be impacted based on HCA's 2021 First Steps Database. The cost of each test is \$18.50, and a new fee will require time for rate development for it to be included in managed care rates.

HCA will need to submit a decision package to cover the additional cost for cCMV screenings in newborns if cCMV screenings are added to the newborn screening panel tests. However, the current bill does not name HCA, or assign any actions to HCA, and therefore, has no fiscal or operational impact.

Employee and Retiree Benefits:

Depending on the State Board of Health's findings and recommendations and should those findings and recommendations support adding cCMV screenings there could be a fiscal impact to the PEBB and SEBB rates.

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

III. D - Expenditures By Program (optional)

NONE

HCA Fiscal Note

Bill Number: **5829 S SB**

HCA Request #: 24-106 Revised Title: **Congenital Cytomegalovirus**

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.

NONE