

Multiple Agency Fiscal Note Summary

| | |
|-------------------------------|--|
| Bill Number: 2197 S HB | Title: Medical assist./prevention |
|-------------------------------|--|

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 | 145,000 | 0 | 0 | 574,000 | 0 | 0 | 460,000 |
| Washington State Health Care Authority | In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note. | | | | | | | | |
| Total \$ | 0 | 0 | 145,000 | 0 | 0 | 574,000 | 0 | 0 | 460,000 |

Estimated Operating Expenditures

| Agency Name | 2023-25 | | | | 2025-27 | | | | 2027-29 | | | |
|--|---|----------------|----------------|----------------|------------|------------------|------------------|------------------|------------|------------------|------------------|------------------|
| | FTEs | GF-State | NGF-Outlook | Total | FTEs | GF-State | NGF-Outlook | Total | FTEs | GF-State | NGF-Outlook | Total |
| Washington State Health Care Authority | .5 | 162,000 | 162,000 | 307,000 | 1.8 | 945,000 | 945,000 | 1,519,000 | 1.0 | 828,000 | 828,000 | 1,288,000 |
| Washington State Health Care Authority | In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note. | | | | | | | | | | | |
| Department of Health | 1.1 | 269,000 | 269,000 | 269,000 | 2.1 | 538,000 | 538,000 | 538,000 | 2.1 | 538,000 | 538,000 | 538,000 |
| Total \$ | 1.6 | 431,000 | 431,000 | 576,000 | 3.9 | 1,483,000 | 1,483,000 | 2,057,000 | 3.1 | 1,366,000 | 1,366,000 | 1,826,000 |

Estimated Capital Budget Expenditures

| Agency Name | 2023-25 | | | 2025-27 | | | 2027-29 | | |
|--|------------|----------|----------|------------|----------|----------|------------|----------|----------|
| | FTEs | Bonds | Total | FTEs | Bonds | Total | FTEs | Bonds | Total |
| Washington State Health Care Authority | .0 | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 |
| Department of Health | .0 | 0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 |
| Total \$ | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |

Estimated Capital Budget Breakout

| | | |
|--------------------------------------|---------------------------------|---|
| Prepared by: Jason Brown, OFM | Phone: (360) 742-7277 | Date Published: Final 2/14/2024 |
|--------------------------------------|---------------------------------|---|

Individual State Agency Fiscal Note

Revised

| | | |
|-------------------------------|--|---|
| Bill Number: 2197 S HB | Title: Medical assist./prevention | Agency: 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 | | 145,000 | 145,000 | 574,000 | 460,000 |
| Total \$ | | 145,000 | 145,000 | 574,000 | 460,000 |

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

Estimated Operating Expenditures from:

| | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|----------------------------|---------|---------|---------|-----------|-----------|
| FTE Staff Years | 0.0 | 1.0 | 0.5 | 1.8 | 1.0 |
| Account | | | | | |
| General Fund-State 001-1 | 0 | 162,000 | 162,000 | 945,000 | 828,000 |
| General Fund-Federal 001-2 | 0 | 145,000 | 145,000 | 574,000 | 460,000 |
| Total \$ | 0 | 307,000 | 307,000 | 1,519,000 | 1,288,000 |

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

Estimated Capital Budget Impact:

NONE

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

Check applicable boxes and follow corresponding instructions:

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

| | | |
|----------------------------------|-----------------------|------------------|
| Legislative Contact: Chris Blake | Phone: 360-786-7392 | Date: 01/31/2024 |
| Agency Preparation: Cari Tikka | Phone: 360-725-1181 | Date: 02/14/2024 |
| Agency Approval: SUMAN MAJUMDAR | Phone: 360-725-1319 | Date: 02/14/2024 |
| OFM Review: Jason Brown | Phone: (360) 742-7277 | Date: 02/14/2024 |

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 | 162,000 | 162,000 | 945,000 | 828,000 |
| 001-2 | General Fund | Federal | 0 | 145,000 | 145,000 | 574,000 | 460,000 |
| Total \$ | | | 0 | 307,000 | 307,000 | 1,519,000 | 1,288,000 |

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 | | 1.0 | 0.5 | 1.8 | 1.0 |
| A-Salaries and Wages | | 123,000 | 123,000 | 272,000 | 118,000 |
| B-Employee Benefits | | 37,000 | 37,000 | 102,000 | 52,000 |
| C-Professional Service Contracts | | 100,000 | 100,000 | 100,000 | |
| E-Goods and Other Services | | 10,000 | 10,000 | 60,000 | 40,000 |
| G-Travel | | 2,000 | 2,000 | 12,000 | 8,000 |
| J-Capital Outlays | | | | | |
| M-Inter Agency/Fund Transfers | | | | | |
| N-Grants, Benefits & Client Services | | | | 850,000 | 1,000,000 |
| P-Debt Service | | | | | |
| S-Interagency Reimbursements | | | | | |
| T-Intra-Agency Reimbursements | | 35,000 | 35,000 | 123,000 | 70,000 |
| 9- | | | | | |
| Total \$ | 0 | 307,000 | 307,000 | 1,519,000 | 1,288,000 |

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

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

| Job Classification | Salary | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|---------------------------------|---------|---------|---------|---------|---------|---------|
| Medical Assistance Specialist 3 | 59,000 | | | | 1.3 | 1.0 |
| WMS Band 02 | 123,000 | | 1.0 | 0.5 | 0.5 | |
| Total FTEs | | | 1.0 | 0.5 | 1.8 | 1.0 |

III. D - Expenditures By Program (optional)

| Program | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|--------------------------|---------|---------|---------|-----------|-----------|
| Medical Assistance (200) | | 307,000 | 307,000 | 1,519,000 | 1,288,000 |
| Total \$ | | 307,000 | 307,000 | 1,519,000 | 1,288,000 |

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

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

NONE

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

NONE

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: **2197 SHB**

HCA Request #: 24-119 Revised Title: Medical Assist/Prevention

Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

Estimated Cash Receipts to:

| ACCOUNT | REV SOURCE | FY-2024 | FY-2025 | FY-2026 | FY-2027 | FY-2028 | FY-2029 | 2023-25 | 2025-27 | 2027-29 |
|----------------------------|------------|---------|------------|------------|------------|------------|------------|------------|------------|------------|
| General Fund-Federal 001-2 | 0393 | - | 145,000 | 309,000 | 265,000 | 230,000 | 230,000 | 145,000 | 574,000 | 460,000 |
| REVENUE - TOTAL \$ | | \$ - | \$ 145,000 | \$ 309,000 | \$ 265,000 | \$ 230,000 | \$ 230,000 | \$ 145,000 | \$ 574,000 | \$ 460,000 |

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 | 1.0 | 2.0 | 1.5 | 1.0 | 1.0 | 0.5 | 1.8 | 1.0 |
| ACCOUNT | | | | | | | | | |
| General Fund-State 001-1 | - | 162,000 | 493,000 | 452,000 | 414,000 | 414,000 | 162,000 | 945,000 | 828,000 |
| General Fund-Federal 001-2 | - | 145,000 | 309,000 | 265,000 | 230,000 | 230,000 | 145,000 | 574,000 | 460,000 |
| ACCOUNT - TOTAL \$ | | \$ - | \$ 307,000 | \$ 802,000 | \$ 717,000 | \$ 644,000 | \$ 307,000 | \$ 1,519,000 | \$ 1,288,000 |

Estimated Capital Budget Impact:

NONE

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

Check applicable boxes and follow corresponding instructions:

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

HCA Fiscal Note

Bill Number: **2197 SHB**

HCA Request #: 24-119 Revised Title: Medical Assist/Prevention

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

This bill seeks to revise RCW 74.09 (medical care), adding that the Health Care Authority (HCA) “shall” seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to secure federal financial participation (FFP) in the costs of providing hospital-based community violence prevention services through timely interventions to any person enrolled in a medical assistance program. HCA must also adopt criteria for reimbursement of those services. The Department of Health (DOH) is required to establish training program standards for educational programs that train and certify individuals to provide hospital-based community violence prevention services.

As compared to the previous version of this bill, the substitute bill limits the prevention services to only hospital-based community violence prevention services. The specific criteria that a health care provider of hospital-based community violence prevention services must meet are removed. The requirement that the persons receiving the training approved by DOH be licensed health care providers is removed. The programs must both train and certify individuals in hospital-based community violence prevention services.

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

New Section 1(2) requires HCA to adopt criteria for reimbursement of hospital-based community violence prevention services under subsection (1) of this section.

New Section 2 requires DOH to establish training program standards for educational programs that train and certify individuals to provide hospital-based community violence prevention services.

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

For this analysis, HCA assumed administrative staff costs would be eligible for federal matching and a rate of 47.35 percent was used. This is consistent with other Clinical Quality and Care Transformation (CQCT) Medical Assistance positions. Revenue in fiscal years 2025 and 2026 includes one-time costs for project management and actuarial consultants. A federal financial participation (FFP) rate of 64.64 percent is assumed in the costs of providing Medicaid eligible clients hospital-based community violence prevention services, however, fiscal impact on cash receipts for client services is indeterminate until the criteria for reimbursement is developed.

II. B - Estimated Cash Receipts to:

| ACCOUNT | REV SOURCE | FY-2024 | FY-2025 | FY-2026 | FY-2027 | FY-2028 | FY-2029 | 2023-25 | 2025-27 | 2027-29 |
|----------------------------|------------|---------|------------|------------|------------|------------|------------|------------|------------|------------|
| General Fund-Federal 001-2 | 0393 | - | 145,000 | 309,000 | 265,000 | 230,000 | 230,000 | 145,000 | 574,000 | 460,000 |
| REVENUE - TOTAL \$ | | \$ - | \$ 145,000 | \$ 309,000 | \$ 265,000 | \$ 230,000 | \$ 230,000 | \$ 145,000 | \$ 574,000 | \$ 460,000 |

HCA Fiscal Note

Bill Number: **2197 SHB**

HCA Request #: 24-119 Revised Title: Medical Assist/Prevention

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.

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

By July 1, 2025, HCA must seek CMS approval to obtain federal financial participation (FFP) for the cost of providing *hospital-based community violence prevention services* through timely interventions to any person enrolled in a medical assistance program. In addition, HCA must adopt criteria for reimbursement of those services. The programs must both train and certify individuals in hospital-based community violence prevention services. A secondary phase of implementation will have fiscal impact on Apple Health hospital providers and systems.

Apple Health – Hospital-based community violence prevention services (Medical, Dental, Behavioral Health):

Apple Health's client services' fiscal impact is greater than \$50,000 but is currently indeterminate to actual cost. An analysis of the actual requirements and resulting fiscal impact will be dependent on variables not currently available. Some of these variables include how much CMS will approve and what set-up and training costs will be required per hospital provider. Once the criteria for reimbursement of services is developed, cost variables and a fiscal impact can be projected. A study of the population utilizing and in need of hospital prevention services and the level of services required to meet the need will be necessary. Current applications and studies show possible offsets to facilitate implementing such programs that will be considered in the impact analysis.

RAND Corporation, a non-profit institution that helps improve policy and decision-making through research and analysis, reports six firearm injury hospitalizations per 100,000 residents per year during 2000–2016 in Washington state on average which is approximately 462 individuals. This analysis assumes 50 percent of those individuals would be Medicaid eligible. Weekly contact over an average of 9 months would cost \$500,000 (\$338,000 GF-State) annually if 15 minutes is reimbursed at \$30 (based on other states' rates). HCA estimates the first six months of services would likely be mostly state funded start up due to the need to stand up a new program, build a workforce and uptake of this service. Services starting in January 2026 are expected to be fully implemented. Of the Medicaid client utilization, federal match is estimated at 64.64 percent. This analysis assumes \$350,000 (\$255,000 GF-State) in fiscal year 2026 for the first year of the program and \$500,000 (\$338,000 GF-State) in fiscal year 2027 and ongoing.

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

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

New Section 1 –

1.0 FTE WMS02 / \$207,000 (\$126,000 GF-State) – Estimated hire date 7/1/2024 – 6/30/2026.

Project management for implementation - Infrastructure will need to be established to bill prevention services to Medicare and Medicaid through provider enrollment amendment to state prevention plan, defining and creating codes and definitions, and quantifying the cost of services.

1.0 FTE WMS02 / Project Manager at \$207,000/FTE – 2-year project management

HCA Fiscal Note

Bill Number: **2197 SHB**

HCA Request #: 24-119 Revised Title: Medical Assist/Prevention

1.0 FTE Medical Assistance Specialist 3 / \$131,000 (\$86,000 GF-State) – Est hire date 1/1/2026.

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

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

1.0 FTE Medical Assistance specialist 3 / \$131,000 (\$86,000 GF-State) – Est hire date 1/1/2026 – 12/31/2026.

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

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

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

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

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

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

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

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

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

III. A - Operating Budget Expenditures

| ACCOUNT | ACCOUNT TITLE | TYPE | FY-2024 | FY-2025 | FY-2026 | FY-2027 | FY-2028 | FY-2029 | 2023-25 | 2025-27 | 2027-29 |
|--------------------|---------------|---------|---------|------------|------------|------------|------------|------------|------------|--------------|--------------|
| 001-1 | General Fund | State | - | 162,000 | 493,000 | 452,000 | 414,000 | 414,000 | 162,000 | 945,000 | 828,000 |
| 001-2 | General Fund | Federal | - | 145,000 | 309,000 | 265,000 | 230,000 | 230,000 | 145,000 | 574,000 | 460,000 |
| ACCOUNT - TOTAL \$ | | | \$ - | \$ 307,000 | \$ 802,000 | \$ 717,000 | \$ 644,000 | \$ 644,000 | \$ 307,000 | \$ 1,519,000 | \$ 1,288,000 |

III. B - Expenditures by Object Or Purpose

III. B - Expenditures by Object Or Purpose

| OBJECT | OBJECT TITLE | FY-2024 | FY-2025 | FY-2026 | FY-2027 | FY-2028 | FY-2029 | 2023-25 | 2025-27 | 2027-29 |
|-------------------|------------------------------------|---------|------------|------------|------------|------------|------------|------------|--------------|--------------|
| A | Salaries and Wages | - | 123,000 | 183,000 | 89,000 | 59,000 | 59,000 | 123,000 | 272,000 | 118,000 |
| B | Employee Benefits | - | 37,000 | 63,000 | 39,000 | 26,000 | 26,000 | 37,000 | 102,000 | 52,000 |
| C | Professional Service Contracts | - | 100,000 | 100,000 | - | - | - | 100,000 | 100,000 | - |
| E | Goods and Other Services | - | 10,000 | 30,000 | 30,000 | 20,000 | 20,000 | 10,000 | 60,000 | 40,000 |
| G | Travel | - | 2,000 | 6,000 | 6,000 | 4,000 | 4,000 | 2,000 | 12,000 | 8,000 |
| N | Grants, Benefits & Client Services | - | - | 350,000 | 500,000 | 500,000 | 500,000 | - | 850,000 | 1,000,000 |
| T | Intra-Agency Reimbursements | - | 35,000 | 70,000 | 53,000 | 35,000 | 35,000 | 35,000 | 123,000 | 70,000 |
| OBJECT - TOTAL \$ | | \$ - | \$ 307,000 | \$ 802,000 | \$ 717,000 | \$ 644,000 | \$ 644,000 | \$ 307,000 | \$ 1,519,000 | \$ 1,288,000 |

HCA Fiscal Note

Bill Number: **2197 SHB**

HCA Request #: 24-119 Revised Title: Medical Assist/Prevention

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

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

| FTE JOB TITLE | SALARY | FY-2024 | FY-2025 | FY-2026 | FY-2027 | FY-2028 | FY-2029 | 2023-25 | 2025-27 | 2027-29 |
|---------------------------------|------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| MEDICAL ASSISTANCE SPECIALIST 3 | 59,000 | 0.0 | 0.0 | 1.0 | 1.5 | 1.0 | 1.0 | 0.0 | 1.3 | 1.0 |
| WMS BAND 02 | 123,000 | 0.0 | 1.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.5 | 0.0 |
| ANNUAL SALARY & FTE - TOTAL | \$ 182,000 | 0.0 | 1.0 | 2.0 | 1.5 | 1.0 | 1.0 | 0.5 | 1.8 | 1.0 |

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 | - | 307,000 | 802,000 | 717,000 | 644,000 | 644,000 | 307,000 | 1,519,000 | 1,288,000 |
| PROGRAM - TOTAL \$ | | \$ - | \$ 307,000 | \$ 802,000 | \$ 717,000 | \$ 644,000 | \$ 644,000 | \$ 307,000 | \$ 1,519,000 | \$ 1,288,000 |

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout: Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

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

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

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

Individual State Agency Fiscal Note

| | | |
|-------------------------------|--|---|
| Bill Number: 2197 S HB | Title: Medical assist./prevention | Agency: 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 | 2.1 | 1.1 | 2.1 | 2.1 |
| Account | | | | | |
| General Fund-State 001-1 | 0 | 269,000 | 269,000 | 538,000 | 538,000 |
| Total \$ | 0 | 269,000 | 269,000 | 538,000 | 538,000 |

Estimated Capital Budget Impact:

NONE

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

Check applicable boxes and follow corresponding instructions:

☒

If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

☐

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

☐

Capital budget impact, complete Part IV.

☐

Requires new rule making, complete Part V.

| | | |
|-----------------------------------|-----------------------|------------------|
| Legislative Contact: Chris Blake | Phone: 360-786-7392 | Date: 01/31/2024 |
| Agency Preparation: Damian Howard | Phone: 3602363000 | Date: 02/06/2024 |
| Agency Approval: Amy Burkel | Phone: 3602363000 | Date: 02/06/2024 |
| OFM Review: Breann Boggs | Phone: (360) 485-5716 | Date: 02/07/2024 |

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.

This substitute bill changes the language in section 2, however there is no change in fiscal impact from the previous fiscal note.

The previous bill directed the department to establish training programs for educational program standards that train “health care providers licensed by a disciplining authority under RCW 18.130.040”. The updated version directs the department to establish training programs for educational program standards and “certify individuals to provide hospital-based community violence prevention services”. The Department of Health assumes certifying individuals will not change its fiscal impact.

Section 2 details DOH's training standards that must include instruction in trauma-informed care, community-based prevention, case management, referral practices, and more. DOH may adopt rules to establish training program standards.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

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

1.0 FTE Health Services Consultant 3, Program Manager:

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

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

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

0.2 FTE Health Service Consultants 4:

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

Total costs to implement this bill:

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

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

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

| Account | Account Title | Type | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|----------|---------------|-------|---------|---------|---------|---------|---------|
| 001-1 | General Fund | State | 0 | 269,000 | 269,000 | 538,000 | 538,000 |
| Total \$ | | | 0 | 269,000 | 269,000 | 538,000 | 538,000 |

III. B - Expenditures by Object Or Purpose

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

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

| Job Classification | Salary | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|------------------------------|--------|---------|---------|---------|---------|---------|
| Fiscal Analyst 2 | 53,000 | | 0.3 | 0.2 | 0.3 | 0.3 |
| HEALTH SERVICES CONSULTANT 3 | 78,120 | | 1.0 | 0.5 | 1.0 | 1.0 |
| HEALTH SERVICES CONSULTANT 4 | 86,208 | | 0.2 | 0.1 | 0.2 | 0.2 |
| Health Svcs Conslt 1 | 53,000 | | 0.1 | 0.1 | 0.1 | 0.1 |
| MANAGEMENT ANALYST 5 | 95,184 | | 0.5 | 0.3 | 0.5 | 0.5 |
| Total FTEs | | | 2.1 | 1.1 | 2.1 | 2.1 |

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

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

NONE

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

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.