

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 5629 E SB	<b>Title:</b> Hepatitis B and C	<b>Agency:</b> 303-Department of Health
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## Part I: Estimates

No Fiscal Impact

### Estimated Cash Receipts to:

NONE

### Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	4.0	2.0	3.9	0.9
<b>Account</b>					
General Fund-State 001-1	0	3,261,000	3,261,000	4,890,000	1,445,000
<b>Total \$</b>	0	3,261,000	3,261,000	4,890,000	1,445,000

### 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.

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## 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 2 adds a new section to chapter 43.70 RCW to direct the Department of Health (DOH) to design and implement a hepatitis B and hepatitis C awareness campaign for the public and primary care providers by September 1, 2025. The campaign must focus on increasing awareness of the prevalence of hepatitis B and hepatitis C and aim to reduce the stigmas surrounding hepatitis B and hepatitis C.

DOH shall collaborate with health care providers and community-based organizations that serve high risk patients and patient groups that historically have lacked health care coverage or access to consistent primary care 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. 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

##### Provider Education and Awareness Campaign

Section 2 directs DOH to implement a hepatitis B and hepatitis C awareness campaign for the public and primary care providers. Requires provider education for Hepatitis B and Hepatitis C.

0.5 FTE Health Service Consultant 3 (HSC3) for fiscal year 2025 through fiscal year 2027.

This position will act as a liaison for the department and support the Subject Matter Experts (SMEs) and the contract manager. This position will support provider education and develop and implement Hepatitis B and Hepatitis C awareness campaign for primary care providers. This position will coordinate communication and education to providers about Hepatitis B and Hepatitis C, support connection of providers to clinical resources, facilitate appropriate education opportunities, and facilitate connections to lead provider education.

1.0 FTE HSC3 for fiscal year 2025 - December 31, 2027.

This position will act as the SME and support outreach for the campaign. This position will educate healthcare providers about Hepatitis B and C screening recommendations, testing algorithms, linkage to care services, and support the department's campaigns for the public and for providers.

0.5 FTE HSC3 for fiscal year 2025 - December 31, 2027.

This position will work as a liaison within the department's existing vaccine promotion division to ensure continuity. This position will work on engagement with the community and healthcare providers, education around the vaccine, and the campaign promotion.

1.0 FTE HSC3 fiscal year 2025 - December 31, 2027.

This position will manage the campaign contract and serve as the SME for communications to reach the intended audiences. Based on previous campaign experience; this level of support is needed to coordinate with contractor and liaison with subject matter experts within the department.

##### Campaign expenses (Contract)

The department will establish contract(s) for a statewide campaign work targeting the public and primary care providers;

the public campaign would include priority audiences based on research, possibly including those most at risk for hepatitis B or C or those identified to reduce stigma. The first fiscal year includes additional money to secure a contractor and develop the campaign, as well as initial placement and monitoring. Developing the campaign includes audience research and concept testing, developing effective messaging and branding for each branch, and designing the ads and content. The additional first-year money would also cover the bulk of the transcreation/translation of the campaign messages and graphics into other languages. Subsequent years are for continuation of the campaign, including placement and monitoring, adjustment of messages as needed, and additional transcreation or translation as needed. A final evaluation after the campaign wraps will allow us to see the effectiveness of the campaign strategy and how it changed behavior and health in Washington and allow us to report the successes to the Legislature. Contractor account management is for contractor staff time and other costs they incur in executing the campaign. The amounts listed per audience are for the media buy costs. These budget amounts were chosen as they are at the minimum level to have an effective campaign, and the budget is in alignment with other statewide behavior change campaigns we manage.

Note: Messaging for these diseases is especially important to groups who speak certain languages, so the budget lines below include translation and transcreation funds to ensure we are covering the correct priority populations.

Total FY 25: \$ 2,779,000  
 General population: \$750,000  
 Priority population (TBD): \$1,325,000  
 Contractor account management: \$379,000  
 Audience research: \$325,000

Total FY 26: \$1,979,000  
 General population: \$750,000  
 Priority population (TBD): \$850,000  
 Contractor account management: \$379,000

Total FY 27: \$1,979,000  
 General population: \$750,000  
 Priority population (TBD): \$850,000  
 Contractor account management: \$379,000

Total FY 28: \$1,239,500  
 General population: \$375,000  
 Priority population (TBD): \$425,000  
 Contractor account management: \$189,500  
 Evaluation: \$250,000

Total yearly costs to implement this bill:  
 FY2025: 4.0 FTE with a cost of \$3,261,000 (GF-S)  
 FY2026: 3.9 FTE with a cost of \$2,445,000 (GF-S)  
 FY2027: 3.9 FTE with a cost of \$2,445,000 (GF-S)  
 FY2028: 1.7 FTE with a cost of \$1,445,000 (GF-S)  
 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	3,261,000	3,261,000	4,890,000	1,445,000
<b>Total \$</b>			0	3,261,000	3,261,000	4,890,000	1,445,000

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

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		4.0	2.0	3.9	0.9
A-Salaries and Wages		294,000	294,000	578,000	125,000
B-Employee Benefits		114,000	114,000	224,000	48,000
C-Professional Service Contracts		2,779,000	2,779,000	3,958,000	1,240,000
E-Goods and Other Services		43,000	43,000	74,000	20,000
J-Capital Outlays		3,000	3,000		
T-Intra-Agency Reimbursements		28,000	28,000	56,000	12,000
9-					
<b>Total \$</b>	0	3,261,000	3,261,000	4,890,000	1,445,000

**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		1.0	0.5	0.9	0.2
HEALTH SERVICES CONSULTANT 3	78,120		3.0	1.5	3.0	0.7
<b>Total FTEs</b>			4.0	2.0	3.9	0.9

**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.*