

Individual State Agency Fiscal Note

Revised

Bill Number: 5629 E SB	Title: Hepatitis B and C	Agency: 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	2.0	1.0	0.0	0.0
Account					
General Fund-State 001-1	0	1,007,000	1,007,000	0	0
Total \$	0	1,007,000	1,007,000	0	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.

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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 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 Design

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

1.0 FTE HSC3 for fiscal year 2025.

This position will act as a SME and support outreach for the campaign on infectious diseases. This position will support the department's campaign development for the public and for providers.

1.0 FTE HSC3 fiscal year 2025. 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 development 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. Fiscal year 25 secures a contractor and costs to develop the campaign. The campaign development 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.

Total costs to implement this bill:

FY2025: 2.0 FTE with a cost of \$1,007,000 (GF-S)

Total costs can include staff, associated expenses (including goods and services, travel, intra-agency, and indirect/overhead costs)

This bill does not discuss any implementation of the campaign, so those costs are not included in the totals of this fiscal note. If the department were asked to implement the campaign, it would require the following resources:

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.

1.0FTE HSC3 for fiscal year 2026 - December 31, 2027.

This position will act as the SME and support outreach for infectious diseases 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 2026 - 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)

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.

Total FY 25: \$ 2,075,000

General population: \$750,000

Priority population (TBD): \$1,325,000

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 the campaign:

FY2025 additional costs: 2.0 FTE with a cost of \$2,253,000 (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	1,007,000	1,007,000	0	0
Total \$			0	1,007,000	1,007,000	0	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		
A-Salaries and Wages		160,000	160,000		
B-Employee Benefits		60,000	60,000		
C-Professional Service Contracts		704,000	704,000		
E-Goods and Other Services		62,000	62,000		
J-Capital Outlays		3,000	3,000		
T-Intra-Agency Reimbursements		18,000	18,000		
9-					
Total \$	0	1,007,000	1,007,000	0	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
HEALTH SERVICES CONSULTAN 3	78,120		2.0	1.0		
Total FTEs			2.0	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.