

**FISCAL NOTE**  
**LEGISLATIVE FISCAL ANALYST ESTIMATE**

| <b>ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)</b> |                     |                |                     |                |
|---|---------------------|----------------|---------------------|----------------|
|   | <b>FY 2019-20</b>   |                | <b>FY 2020-21</b>   |                |
|   | <b>EXPENDITURES</b> | <b>REVENUE</b> | <b>EXPENDITURES</b> | <b>REVENUE</b> |
| GENERAL FUNDS   |                     |                |                     |                |
| CASH FUNDS  |                     |                |                     |                |
| FEDERAL FUNDS   |                     |                |                     |                |
| OTHER FUNDS   |                     |                |                     |                |
| TOTAL FUNDS   |                     |                |                     |                |

**Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.**

LB 488 requires each school district to incorporate age-appropriate mental health education into the school program beginning in FY2020-21. The bill also requires school districts to incorporate age-appropriate comprehensive drug awareness and prevention education into the school program for students in each grade. The bill prescribes the components of the education program.

The bill repeals provisions in current law which require schools to instruct pupils in a comprehensive health education program which includes instruction on the aspects of drug use, misuse and abuse and avoidance of the consumption of drugs.

LB 488 has no fiscal impact for any state agency. It may have a fiscal impact or increase the workload for school districts depending upon whether the health education programs currently provided to students need to be revised or updated to comply with the requirements of the bill. No fiscal impact can be determined.

Please complete ALL (5) blanks in the first three lines.

**2019**

**LB<sup>(1)</sup> 488**

**FISCAL NOTE**

State Agency OR Political Subdivision Name: <sup>(2)</sup> Education

Prepared by: <sup>(3)</sup> Cory Epler Date Prepared: <sup>(4)</sup> 1/23/2019 Phone: <sup>(5)</sup> 1-3240

**ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION**

|                    | <u>FY 2019-20</u>   |                | <u>FY 2020-21</u>   |                |
|--------------------|---------------------|----------------|---------------------|----------------|
|                    | <u>EXPENDITURES</u> | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>REVENUE</u> |
| GENERAL FUNDS      | _____               | _____          | _____               | _____          |
| CASH FUNDS         | _____               | _____          | _____               | _____          |
| FEDERAL FUNDS      | _____               | _____          | _____               | _____          |
| OTHER FUNDS        | _____               | _____          | _____               | _____          |
| <b>TOTAL FUNDS</b> | <u>\$0</u>          | <u>\$0</u>     | <u>\$0</u>          | <u>\$0</u>     |

**Explanation of Estimate:**

None to NDE; fiscal impact is left with local school district (e.g. professional learning, instructional materials/curriculum, etc.).

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

**Personal Services:**

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2019-20<br/>EXPENDITURES</u> | <u>2020-21<br/>EXPENDITURES</u> |
|---------------------------|----------------------------|--------------|---------------------------------|---------------------------------|
|                           | <u>19-20</u>               | <u>20-21</u> |                                 |                                 |
| _____                     | _____                      | _____        | _____                           | _____                           |
| _____                     | _____                      | _____        | _____                           | _____                           |
| Benefits.....             | _____                      | _____        | _____                           | _____                           |
| Operating.....            | _____                      | _____        | _____                           | _____                           |
| Travel.....               | _____                      | _____        | _____                           | _____                           |
| Capital outlay.....       | _____                      | _____        | _____                           | _____                           |
| Aid.....                  | _____                      | _____        | _____                           | _____                           |
| Capital improvements..... | _____                      | _____        | _____                           | _____                           |
| <b>TOTAL.....</b>         | _____                      | _____        | _____                           | _____                           |