

**FISCAL NOTE**  
 LEGISLATIVE FISCAL ANALYST ESTIMATE

<b>ESTIMATE OF FISCAL IMPACT – STATE AGENCIES</b> (See narrative for political subdivision estimates)				
	<b>FY 2019-20</b>		<b>FY 2020-21</b>	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS	\$900,000 - \$1,000,000		\$900,000 - \$1,000,000	
CASH FUNDS				
FEDERAL FUNDS				
OTHER FUNDS				
TOTAL FUNDS	\$900,000 - \$1,000,000		\$900,000 - \$1,000,000	

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

This bill would change medical services payment provisions relating to jails.

The Nebraska State Patrol (NSP) states that in 2018, they arrested 2,473 persons. If the jail facilities required medical clearance for three to four percent of those persons without insurance, NSP estimates costs could be \$900,000 to \$1,000,000. See NSP's response attached for additional details not included in this fiscal note.

The City of Imperial estimates costs of \$8,500 in FY20 and \$10,200 in FY21.

The City of Lincoln estimates costs of \$100,000 in both FY20 and FY21.

Lancaster County Department of Corrections estimates annual costs of \$23,000.

The City of Omaha estimates no fiscal impact from this bill.

<b>ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY &amp; POLT. SUB. RESPONSE</b>			
<b>LB: 455</b>	<b>AM:</b>	<b>AGENCY/POLT. SUB: Nebraska State Patrol (064)</b>	
REVIEWED BY: Joe Wilcox	DATE: 02/05/2019	PHONE: (402) 471-4178	
COMMENTS: No basis to dispute the Nebraska State Patrol estimated range of potential fiscal impact to the Agency from LB 455.			

<b>ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY &amp; POLT. SUB. RESPONSE</b>			
<b>LB: 455</b>	<b>AM:</b>	<b>AGENCY/POLT. SUB: City of Imperial</b>	
REVIEWED BY: Joe Wilcox	DATE: 01/24/2019	PHONE: (402) 471-4178	
COMMENTS: No basis to dispute the City of Imperial estimate of potential Fiscal Impact to the City from LB 455.			

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE		
<b>LB: 455</b>	<b>AM:</b>	AGENCY/POLT. SUB: <b>City of Lincoln</b>
REVIEWED BY: Joe Wilcox	DATE: 01/30/2019	PHONE: (402) 471-4178
COMMENTS: No basis to dispute the City of Lincoln estimate of potential Fiscal Impact to the City from LB 455.		

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE		
<b>LB: 455</b>	<b>AM:</b>	AGENCY/POLT. SUB: <b>Lancaster County Department of Corrections</b>
REVIEWED BY: Joe Wilcox	DATE: 01/25/2019	PHONE: (402) 471-4178
COMMENTS: No basis to dispute the Lancaster County Department of Corrections estimate of potential Fiscal Impact to the Department from LB 455.		

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE		
<b>LB: 455</b>	<b>AM:</b>	AGENCY/POLT. SUB: <b>City of Omaha</b>
REVIEWED BY: Joe Wilcox	DATE: 01/29/2019	PHONE: (402) 471-4178
COMMENTS: No basis to dispute the City of Omaha estimate of No Fiscal Impact to the City from LB 455.		

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

2019

LB<sup>(1)</sup> 455

FISCAL NOTE

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

Prepared by: <sup>(3)</sup> Carol Aversman Date Prepared: <sup>(4)</sup> 2-4-2019 Phone: <sup>(5)</sup> 402-471-4545

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	Up to <u>\$1,000,000</u>	<u>                    </u>	Up to <u>\$1,000,000</u>	<u>                    </u>
CASH FUNDS	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
FEDERAL FUNDS	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
OTHER FUNDS	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
TOTAL FUNDS	Up to <u>\$1,000,000</u>	<u>                    </u>	Up to <u>\$1,000,000</u>	<u>                    </u>

Explanation of Estimate:

As proposed, this bill requires that the arresting agency assume tertiary liability for all medical costs associated with jail/correctional institution booking requirements, rather than the governmental entity responsible for running the jail/correctional institution. An arresting agency would be responsible for all medical bills relating to jail required medical clearance, despite not causing any injury to the arrestee. For example, one recent NSP arrestee who required medical clearance for booking incurred costs of approximately \$12,000 related to tests run at the hospital. Only a few hundred dollars of that amount was in relation to injuries sustained during apprehension. The balance is attributable to pre-existing conditions that would, under this bill, now be the responsibility of the NSP. Under the bill as proposed, the NSP may assume liability for medical services for any NSP arrestee for whom the jail/correctional facility mandates medical clearance before accepting them for booking. This could include medical clearance relating to common conditions such as pregnancy, cancer, pre-existing injuries, diabetes, or heart problems. The costs will be in line with the current market rates for treatment for any such condition or generic tests used to determine fitness for confinement as dictated by the jail/correctional facility. In 2018, the NSP conducted 2,473 custodial arrests. If the jails/correctional facilities required medical clearance for even three to four percent of those persons for whom there was not insurance coverage, costs could be as high as an estimated \$900,000 to \$1,000,000. It is important to note that these are rough estimates, and firm numbers are impossible to ascertain because the jails/correctional facilities alone will determine which arrestees they require medical clearance for before booking.

BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE

Personal Services:

<u>POSITION TITLE</u>	<u>NUMBER OF POSITIONS</u>		<u>2019-20</u>	<u>2020-21</u>
	<u>19-20</u>	<u>20-21</u>	<u>EXPENDITURES</u>	<u>EXPENDITURES</u>
Benefits.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Operating.....	<u>                    </u>	<u>                    </u>	Up to <u>\$1,000,000</u>	Up to <u>\$1,000,000</u>
Travel.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Capital outlay.....	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

Aid.....  
Capital improvements.....  
TOTAL.....

_____	_____
_____	_____
Up to \$1,000,000	Up to \$1,000,000

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

**2019**

**LB<sup>(1)</sup> 455**

**FISCAL NOTE**

State Agency OR Political Subdivision Name: <sup>(2)</sup> City of Imperial

Prepared by: <sup>(3)</sup> Jo Leyland Date Prepared: <sup>(4)</sup> 01/24/2019 Phone: <sup>(5)</sup> 308-882-4368

**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	<u>8,500.00</u>		<u>10,200.00</u>	
CASH FUNDS				
FEDERAL FUNDS				
OTHER FUNDS				
<b>TOTAL FUNDS</b>	<u><b>8,500.00</b></u>		<u><b>10,200.00</b></u>	

**Explanation of Estimate:**

The county sheriff will require medical clearance for every prisoner. This is an estimate of what those costs will be for the city to bear.

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

**Personal Services:**

<u>POSITION TITLE</u>	<u>NUMBER OF POSITIONS</u>		<u>2019-20 EXPENDITURES</u>	<u>2020-21 EXPENDITURES</u>
	<u>19-20</u>	<u>20-21</u>		
Benefits.....			<u>8,500.00</u>	<u>10,200.00</u>
Operating.....				
Travel.....				
Capital outlay.....				
Aid.....				
Capital improvements.....				
<b>TOTAL.....</b>			<u><b>8,500.00</b></u>	<u><b>10,200.00</b></u>

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

**2019**

**LB<sup>(1)</sup> 455**

**FISCAL NOTE**

State Agency OR Political Subdivision Name: <sup>(2)</sup> City of Lincoln

Prepared by: <sup>(3)</sup> James Van Bruggen Date Prepared: <sup>(4)</sup> 1/29/19 Phone: <sup>(5)</sup> 441-8301

**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	100,000	_____	100,000	_____
<b>TOTAL FUNDS</b>	=====	=====	=====	=====

**Explanation of Estimate:**

The estimated cost for the City of Lincoln to provide a medical examination would be about \$100,000 annually.

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

**Personal Services:**

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

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

2019

LB<sup>(1)</sup> 455

FISCAL NOTE

State Agency OR Political Subdivision Name: <sup>(2)</sup> Lancaster County Department of Corrections

Prepared by: <sup>(3)</sup> LT Will McGlothlin Date Prepared: <sup>(4)</sup> 1/23/2019 Phone: <sup>(5)</sup> 402-441-1919

ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION

	FY 2019-20		FY 2020-21	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS	\$23,000		\$23,000	
CASH FUNDS				
FEDERAL FUNDS				
OTHER FUNDS				
<b>TOTAL FUNDS</b>	<b>\$23,000</b>		<b>\$23,000</b>	

Explanation of Estimate:

Based on fitness for confinement incidents and billing information provided by the Lincoln Police Department, in FY16-17 this department would have spent at least \$27,610 had we been responsible for the services provided by the hospital. In FY 17-18 that cost would have been at least \$18,245.

BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE

Personal Services:

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

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

**2019**

**LB<sup>(1)</sup> 455**

**FISCAL NOTE**

State Agency OR Political Subdivision Name: <sup>(2)</sup> CITY OF OMAHA

Prepared by: <sup>(3)</sup> TYLER LEIMER Date Prepared: <sup>(4)</sup> 1/28/2019 Phone: <sup>(5)</sup> 402-444-4514

**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>	<b>=====</b>	<b>=====</b>	<b>=====</b>	<b>=====</b>

Explanation of Estimate: No fiscal impact

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

Personal Services:

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