

PREPARED BY: Liz Hruska
 DATE PREPARED: February 16, 2021
 PHONE: 402-471-0053

LB 637

Revision: 00

FISCAL NOTE
LEGISLATIVE FISCAL ANALYST ESTIMATE

| ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates) | | | | |
|---|-------------------|---------|-------------------|---------|
| | FY 2021-22 | | FY 2022-23 | |
| | EXPENDITURES | REVENUE | EXPENDITURES | REVENUE |
| 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.

No fiscal impact.

| | | | | |
|---|----------------|--|--|--|
| ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE | | | | |
| LB: 637 | AM: | AGENCY/POLT. SUB: Nebraska Department of Health & Human Services | | |
| REVIEWED BY: Ann Linneman | DATE: 2-2-2021 | PHONE: (402) 471-4180 | | |
| COMMENTS: No basis to disagree with the Nebraska Department of Health & Human Services' assessment of no fiscal impact. | | | | |

ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION

State Agency or Political Subdivision Name:(2) Department of Health and Human Services

Prepared by: (3) Mike Michalski

Date Prepared 2-2-2021

Phone: (5) 471-6719

| | <u>FY 2021-2022</u> | | <u>FY 2022-2023</u> | |
|----------------------|---------------------|----------------|---------------------|----------------|
| | <u>EXPENDITURES</u> | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>REVENUE</u> |
| GENERAL FUNDS | | | | |
| CASH FUNDS | | | | |
| FEDERAL FUNDS | | | | |
| OTHER FUNDS | | | | |
| TOTAL FUNDS | | | | |
| | | \$0 | | \$0 |

Return by date specified or 72 hours prior to public hearing, whichever is earlier.

Explanation of Estimate:

There is no fiscal impact for the Department of Health and Human Services.

MAJOR OBJECTS OF EXPENDITURE

| PERSONAL SERVICES: | POSITION TITLE | NUMBER OF POSITIONS | | 2021-2022 EXPENDITURES | 2022-2023 EXPENDITURES |
|---------------------------|----------------|---------------------|-------|---------------------------|---------------------------|
| | | 21-22 | 22-23 | | |
| Benefits..... | | | | | |
| Operating..... | | | | | |
| Travel..... | | | | | |
| Capital Outlay..... | | | | | |
| Aid..... | | | | | |
| Capital Improvements..... | | | | | |
| TOTAL..... | | | | \$0 | \$0 |