PREPARED BY: DATE PREPARED: PHONE: Mikayla Findlay February 03, 2023 402-471-0062

LB 430

Revision: 01

FISCAL NOTE

Revised due to additional information submitted by an agency

TE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)					
	FY 202	3-24	FY 20	24-25	
	EXPENDITURES REVENUE		EXPENDITURES REVENUE EXPENDITURES RE		REVENUE
GENERAL FUNDS					
CASH FUNDS					
FEDERAL FUNDS					
OTHER FUNDS					
TOTAL FUNDS	See below		See below		

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

This bill excludes physical therapy, occupational therapy, and speech-language pathology services from the multiple procedure payment reduction policy under Medicaid or by a private insurer. No fiscal impact to the Department of Health and Human Services.

The Department of Administrative Services (DAS) indicates that State of Nebraska Medical Plans follow the industry standard of paying the first claim at 100% and subsequent claims for the same visit at 50%. This bill would require the subsequent claims to be paid at 100% thus increasing service costs. There is an indeterminable fiscal impact to DAS.

	ADMINISTE	RATIVE SERVICES S	TATE BUDGET DIVISION	I: REVIEW OF AG	ENCY & POLT. SUB. RESPONSE
LB:	430	AM:	AGENCY/POLT. SUE	3: Nebraska Depar	tment of Health & Human Services
REVI	EWED BY:	Ann Linneman	DATE:	1-30-2023	PHONE: (402) 471-4180
COMMENTS: Concur with the Nebraska Department of Health and Human Services' estimate of no fiscal impact.					

LB₍₁₎ 430 FISCAL NOTE 2023

	ESTIMATE PROVID	DED BY STATE AGENCY OR PO	DLITICAL SU	IBDIVISION	
State Agency or Political S	Subdivision Name:(2) Depa	artment of Health and Human	Services		
Prepared by: (3) John Meals	Date Prepa	red: 1-30-2023		Phone:	(5) 471-6719
	FY 2023	-2024		FY 2024-202	<u>5</u>
	EXPENDITURES	REVENUE	EXPENI	DITURES	REVENUE
GENERAL FUNDS					
CASH FUNDS					_
FEDERAL FUNDS					
OTHER FUNDS					
TOTAL FUNDS	\$0	\$0		\$0	\$0
Return by date specified or 72	hours prior to public bearing	whichever is earlier			
Explanation of Estima		willchever is earlier.			
There is no fiscal imp	act to the Department	of Health and Human S	ervices (F)HHS)	
		AJOR OBJECTS OF EXPENDITUR	`	711110y.	
PERSONAL SERVICES:			RE	2023-2024	2024-2025
		AJOR OBJECTS OF EXPENDITUE NUMBER OF PO	RE	,	2024-2025 EXPENDITURES
	М.	AJOR OBJECTS OF EXPENDITUE NUMBER OF PO	RE	2023-2024	
	М.	AJOR OBJECTS OF EXPENDITUE NUMBER OF PO	RE	2023-2024	
	М.	AJOR OBJECTS OF EXPENDITUE NUMBER OF PO	RE	2023-2024	
	М.	AJOR OBJECTS OF EXPENDITUE NUMBER OF PO	RE	2023-2024	
	М.	AJOR OBJECTS OF EXPENDITUR NUMBER OF PC 23-24	RE	2023-2024	
Benefits	POSITION TITLE	AJOR OBJECTS OF EXPENDITUE NUMBER OF PC 23-24	RE	2023-2024	
Benefits Operating	POSITION TITLE	AJOR OBJECTS OF EXPENDITUR NUMBER OF PC 23-24	RE	2023-2024	
Benefits Operating Travel	POSITION TITLE	NUMBER OF PC 23-24	RE	2023-2024	
Benefits Operating Travel Capital Outlay	POSITION TITLE	AJOR OBJECTS OF EXPENDITUR NUMBER OF PC 23-24	RE	2023-2024	
Benefits Operating Travel Capital Outlay Aid	POSITION TITLE	AJOR OBJECTS OF EXPENDITUR NUMBER OF PC 23-24	RE	2023-2024	

LB ⁽¹⁾ 430				FISCAL NOTE
State Agency OR Politic	cal Subdivision Name: (2)	Department of Adı - Employee Wellne	ministrative Services ess & Benefits	(DAS)
Prepared by: (3) Je	nnifer Norris	Date Prepared: (4)	1/19/2023 Ph	none: (5) 402/480-9728
	ESTIMATE PROVI	DED BY STATE AGEN	ICY OR POLITICAL SU	BDIVISION
	<u>FY 9</u> EXPENDITURES	2023-24 REVENUE	<u>F</u> EXPENDITURES	<u>Y 2024-25</u> S REVENUE
GENERAL FUNDS CASH FUNDS				- <u></u>
FEDERAL FUNDS REVOLVING FUNDS				
TOTAL FUNDS				=

Explanation of Estimate:

LB 430 proposes to prohibit a private insurer from applying a multiple procedure payment reduction policy to physical therapy, occupational therapy, or speech-language pathology services.

The State of Nebraska Medical plans currently follow the industry standard of paying the first claim at 100 percent and subsequent claims at 50 percent if multiple visits occur during the same visit for the patient. LB 430 requires all visits to be paid at 100 percent.

For the past benefit year, the total cost to the State of Nebraska medical plans for physical therapy, occupational therapy or speech therapy was approximately \$2.8M. If LB 430 had been enacted for the past plan year there would have been an estimated increase in claims of \$175,000. Any increase in service costs would impact the cost of claims paid by the State's Health Plans, requiring increases in premiums.

LB 430 has fiscal impact on the State of Nebraska medical plans, but that the Department of Administrative Services is unable to determine that impact.

The medical plans for the State of Nebraska are self-insured. The medical plan premiums are paid by the State of Nebraska (79%) and employees (21%).

The State's health plans utilize trust funds; thus, no additional appropriation is being requested.

The State's contribution would increase the costs of each agency by an unknown amount that would need to be reconciled in a subsequent A bill.

The table below summarizes the estimated impact by fund type of any premium increase. The allocation by fund type is based on a four (4) year [2019 -2022] average of health insurance premium expenditures.

Fund Type	Percentage by Fund Type
General Fund	50%
Cash Fund	25%
Federal Fund	20%
Revolving Fund	5%
Total	100%

BREAKD	OWN BY MAJ	OR OBJECTS O	F EXPENDITURE	
Personal Services:				
POSITION TITLE	NUMBER OF <u>23-24</u>	POSITIONS <u>24-25</u>	2023-24 EXPENDITURES	2024-25 EXPENDITURES
Benefits				
Operating				
Гravel				
Capital outlay				
Aid				
Capital improvements				
TOTAL				