

PREPARED BY: Liz Hruska  
 DATE PREPARED: February 18, 2013  
 PHONE: 471-0053

**LB 458**

Revision: 00

**FISCAL NOTE**  
 LEGISLATIVE FISCAL ANALYST ESTIMATE

| <b>ESTIMATE OF FISCAL IMPACT – STATE AGENCIES</b> (See narrative for political subdivision estimates) |                   |         |                   |         |
|---|-------------------|---------|-------------------|---------|
|   | <b>FY 2013-14</b> |         | <b>FY 2014-15</b> |         |
|   | 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. RESPONSES |     |                        |                 |
| LB: 458  | AM: | AGENCY/POLT. SUB: DHHS |                 |
| REVIEWED BY: Elton Larson  |     | DATE: 2/19/2013        | PHONE: 471-4173 |
| COMMENTS: No fiscal impact to DHHS.  |     |                        |                 |

|  |     |                      |                 |
|--|-----|----------------------|-----------------|
| ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSES |     |                      |                 |
| LB: 458  | AM: | AGENCY/POLT. SUB: NU |                 |
| REVIEWED BY: Elton Larson  |     | DATE: 2/12/2013      | PHONE: 471-4173 |
| COMMENTS: NFI to NU.   |     |                      |                 |

|  |     |  |                 |
|--|-----|--|-----------------|
| ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSES |     |  |                 |
| LB: 458  | AM: | AGENCY/POLT. SUB: State College System |                 |
| REVIEWED BY: Elton Larson  |     | DATE: 1/29/13                          | PHONE: 471-4173 |
| COMMENTS: Concur – NFI to state college system.  |     |  |                 |

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

**2013**

**LB<sup>(1)</sup> 458 FISCAL NOTE**

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

Prepared by: <sup>(3)</sup> Michael Justus Date Prepared: <sup>(4)</sup> February 7, 2013 Phone: <sup>(5)</sup> 402-472-2191

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

|                    | <u>FY 2013-14</u>   |                | <u>FY 2014-15</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>_____</u>        | <u>_____</u>   | <u>_____</u>        | <u>_____</u>   |

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

Explanation of Estimate:

This immunization is already in place for UNMC and the NMC, so there is no fiscal impact.

**MAJOR OBJECTS OF EXPENDITURE**

Personal Services:

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2013-14</u>      | <u>2014-15</u>      |
|---------------------------|----------------------------|--------------|---------------------|---------------------|
|                           | <u>13-14</u>               | <u>14-15</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.

**2013**

**LB<sup>(1)</sup> 458 FISCAL NOTE**

State Agency OR Political Subdivision Name: <sup>(2)</sup> Nebraska State College System (NSCS)

Prepared by: <sup>(3)</sup> Carolyn Murphy Date Prepared: <sup>(4)</sup> 01/29/2013 Phone: <sup>(5)</sup> 402-471-2505

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

|               | <u>FY 2013-14</u>   |                  | <u>FY 2014-15</u>   |                  |
|---------------|---------------------|------------------|---------------------|------------------|
|               | <u>EXPENDITURES</u> | <u>REVENUE</u>   | <u>EXPENDITURES</u> | <u>REVENUE</u>   |
| GENERAL FUNDS | _____               | _____            | _____               | _____            |
| CASH FUNDS    | _____               | _____            | _____               | _____            |
| FEDERAL FUNDS | _____               | _____            | _____               | _____            |
| OTHER FUNDS   | _____               | _____            | _____               | _____            |
| TOTAL FUNDS   | <u>No Impact</u>    | <u>No Impact</u> | <u>No Impact</u>    | <u>No Impact</u> |

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

Explanation of Estimate:

LB568 would require acute hospitals to offer certain vaccinations. It does not appear this legislation would have any impact on the NSCS.

**MAJOR OBJECTS OF EXPENDITURE**

Personal Services:

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2013-14<br/>EXPENDITURES</u> | <u>2014-15<br/>EXPENDITURES</u> |
|---------------------------|----------------------------|--------------|---------------------------------|---------------------------------|
|                           | <u>13-14</u>               | <u>14-15</u> |                                 |                                 |
| _____                     | _____                      | _____        | _____                           | _____                           |
| _____                     | _____                      | _____        | _____                           | _____                           |
| Benefits.....             | _____                      | _____        | _____                           | _____                           |
| Operating.....            | _____                      | _____        | _____                           | _____                           |
| Travel.....               | _____                      | _____        | _____                           | _____                           |
| Capital outlay.....       | _____                      | _____        | _____                           | _____                           |
| Aid.....                  | _____                      | _____        | _____                           | _____                           |
| Capital improvements..... | _____                      | _____        | _____                           | _____                           |
| TOTAL.....                | _____                      | _____        | _____                           | _____                           |

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

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

Prepared by: (3) Willard Bouwens

Date Prepared:(4) 2-15-13

Phone: (5) 471-8072

|                      | <u>FY 2013-2014</u> |         | <u>FY 2014-2015</u> |         |
|----------------------|---------------------|---------|---------------------|---------|
|                      | EXPENDITURES        | REVENUE | EXPENDITURES        | REVENUE |
| <b>GENERAL FUNDS</b> |                     |         |                     |         |
| <b>CASH FUNDS</b>    |                     |         |                     |         |
| <b>FEDERAL FUNDS</b> |                     |         |                     |         |
| <b>OTHER FUNDS</b>   |                     |         |                     |         |
| <b>TOTAL FUNDS</b>   | \$0                 | \$0     | \$0                 | \$0     |

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

**Explanation of Estimate:**

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

**MAJOR OBJECTS OF EXPENDITURE**

| PERSONAL SERVICES:        | POSITION TITLE | NUMBER OF POSITIONS |       | 2013-2014    | 2014-2015    |
|---------------------------|----------------|---------------------|-------|--------------|--------------|
|                           |                | 13-14               | 14-15 | EXPENDITURES | EXPENDITURES |
| Benefits.....             |                |                     |       |              |              |
| Operating.....            |                |                     |       |              |              |
| Travel.....               |                |                     |       |              |              |
| Capital Outlay.....       |                |                     |       |              |              |
| Aid.....                  |                |                     |       |              |              |
| Capital Improvements..... |                |                     |       |              |              |
| <b>TOTAL.....</b>         |                |                     |       | \$0          | \$0          |