

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

| <b>ESTIMATE OF FISCAL IMPACT – STATE AGENCIES</b> (See narrative for political subdivision estimates) |                   |         |                   |         |
|---|-------------------|---------|-------------------|---------|
|   | <b>FY 2017-18</b> |         | <b>FY 2018-19</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.

| <b>ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY &amp; POLT. SUB. RESPONSES</b> |     |                                 |  |
|---|-----|---------------------------------|--|
| LB: 226   | AM: | AGENCY/POLT. SUB: Supreme Court |  |
| REVIEWED BY: Elton Larson   |     | DATE: 3/6/2017                  | PHONE: <a href="tel:4024714173">(402) 471-4173</a> |
| COMMENTS: Supreme Court estimate of minimal fiscal impact appears reasonable.                     |     |                                 |  |

| <b>ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY &amp; POLT. SUB. RESPONSES</b> |     |   |  |
|---|-----|---|--|
| LB: 226   | AM: | AGENCY/POLT. SUB: Department of Insurance |  |
| REVIEWED BY: Elton Larson   |     | DATE: 1/26/2017                           | PHONE: <a href="tel:4024714173">(402) 471-4173</a> |
| COMMENTS: Dept. of Insurance analysis and estimate of fiscal impact appear reasonable.            |     |   |  |

| <b>ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY &amp; POLT. SUB. RESPONSES</b> |     |  |  |
|---|-----|--|--|
| LB: 226   | AM: | AGENCY/POLT. SUB: Department of Motor Vehicles |  |
| REVIEWED BY: Elton Larson   |     | DATE: 1/19/2017                                | PHONE: <a href="tel:4024714173">402-471-4173</a> |
| COMMENTS: No basis to disagree with estimate of no fiscal impact.                                 |     |  |  |

| <b>ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY &amp; POLT. SUB. RESPONSES</b> |     |   |  |
|---|-----|---|--|
| LB: 226   | AM: | AGENCY/POLT. SUB: Department of Administrative Services |  |
| REVIEWED BY: Elton Larson   |     | DATE: 1/19/2017   | PHONE: <a href="tel:4024714173">402-471-4173</a> |
| COMMENTS: No basis to disagree with department analysis and estimate 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) Pat Weber

Date Prepared:(4) 1-12-17

Phone: (5) 471-6351

|                      | <b>FY 2017-2018</b> |         | <b>FY 2018-2019</b> |         |
|----------------------|---------------------|---------|---------------------|---------|
|                      | 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     |

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

**Explanation of Estimate:**

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

**MAJOR OBJECTS OF EXPENDITURE**

| PERSONAL SERVICES:        | POSITION TITLE | NUMBER OF POSITIONS |        | 2017-2018    | 2018-2019    |
|---------------------------|----------------|---------------------|--------|--------------|--------------|
|                           |                | 17-18               | 18--19 | EXPENDITURES | EXPENDITURES |
| Benefits.....             |                |                     |        |              |              |
| Operating.....            |                |                     |        |              |              |
| Travel.....               |                |                     |        |              |              |
| Capital Outlay.....       |                |                     |        |              |              |
| Aid.....                  |                |                     |        |              |              |
| Capital Improvements..... |                |                     |        |              |              |
| <b>TOTAL.....</b>         |                |                     |        | <b>\$0</b>   | <b>\$0</b>   |

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

**2017**

**LB<sup>(1)</sup> 226**

**FISCAL NOTE**

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

Dept. of Administrative Services (DAS)-Risk Management

Prepared by: <sup>(3)</sup> Shereece Dendy

Date Prepared: <sup>(4)</sup> January 11, 2017

Phone: <sup>(5)</sup> 402-471-4436

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

|                 | <u>FY 2017-18</u>   |                | <u>FY 2018-19</u>   |                |
|-----------------|---------------------|----------------|---------------------|----------------|
|                 | <u>EXPENDITURES</u> | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>REVENUE</u> |
| GENERAL FUNDS   | _____               | _____          | _____               | _____          |
| CASH FUNDS      | _____               | _____          | _____               | _____          |
| FEDERAL FUNDS   | _____               | _____          | _____               | _____          |
| REVOLVING FUNDS | _____               | _____          | _____               | _____          |
| TOTAL FUNDS     | <u>0</u>            | <u>0</u>       | <u>0</u>            | <u>0</u>       |

**Explanation of Estimate:**

LB226 allows for a child 16 years of age or older to contract for the cash purchase of a motor vehicle and the purchase of a motor vehicle insurance policy, with the consent of the court with continuing jurisdiction over the child. The bill provides that the child shall be responsible for paying the costs of the insurance premiums.

The bill provides that the transition proposal made in consultation with the child include information, planning and assistance to obtain a driver's license.

Finally, the bill provides that the Normalcy Task Force created by Section 43-4218, with the assistance and collaboration from the Department of Administrative Services and other named agencies, examine the costs and benefits of implementing or supporting a program under which children in foster care may be insured under a motor vehicle insurance policy. Such task force is required to submit its recommendations on or before September 15, 2018.

There is no fiscal impact to DAS – Risk Management.

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

**Personal Services:**

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2017-18</u>      | <u>2018-19</u>      |
|---------------------------|----------------------------|--------------|---------------------|---------------------|
|                           | <u>17-18</u>               | <u>18-19</u> | <u>EXPENDITURES</u> | <u>EXPENDITURES</u> |
| Benefits.....             | _____                      | _____        | _____               | _____               |
| Operating.....            | _____                      | _____        | _____               | _____               |
| Travel.....               | _____                      | _____        | _____               | _____               |
| Capital outlay.....       | _____                      | _____        | _____               | _____               |
| Aid.....                  | _____                      | _____        | _____               | _____               |
| Capital improvements..... | _____                      | _____        | _____               | _____               |
| TOTAL.....                | _____                      | _____        | _____               | _____               |

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

**2017**

**LB<sup>(1)</sup> 226**

**FISCAL NOTE**

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

Prepared by: <sup>(3)</sup> Bart Moore Date Prepared: <sup>(4)</sup> January 18, 2017 Phone: <sup>(5)</sup> (402)471-3902

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

|               | <u>FY 2017-18</u>   |                | <u>FY 2018-19</u>   |                |
|---------------|---------------------|----------------|---------------------|----------------|
|               | <u>EXPENDITURES</u> | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>REVENUE</u> |
| GENERAL FUNDS | _____               | _____          | _____               | _____          |
| CASH FUNDS    | _____               | _____          | _____               | _____          |
| FEDERAL FUNDS | _____               | _____          | _____               | _____          |
| OTHER FUNDS   | _____               | _____          | _____               | _____          |
| TOTAL FUNDS   | <u>0</u>            | <u>0</u>       | <u>0</u>            | <u>0</u>       |

Explanation of Estimate:

No Fiscal Impact

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

Personal Services:

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2017-18</u>      | <u>2018-19</u>      |
|---------------------------|----------------------------|--------------|---------------------|---------------------|
|                           | <u>17-18</u>               | <u>18-19</u> | <u>EXPENDITURES</u> | <u>EXPENDITURES</u> |
| _____                     | _____                      | _____        | _____               | _____               |
| _____                     | _____                      | _____        | _____               | _____               |
| Benefits.....             | _____                      | _____        | _____               | _____               |
| Operating.....            | _____                      | _____        | _____               | _____               |
| Travel.....               | _____                      | _____        | _____               | _____               |
| Capital outlay.....       | _____                      | _____        | _____               | _____               |
| Aid.....                  | _____                      | _____        | _____               | _____               |
| Capital improvements..... | _____                      | _____        | _____               | _____               |
| TOTAL.....                | _____                      | _____        | <u>0</u>            | <u>0</u>            |

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

**2017**

**LB<sup>(1)</sup> 226**

**FISCAL NOTE**

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

Prepared by: <sup>(3)</sup> Robert M. Bell Date Prepared: <sup>(4)</sup> 1/24/2017 Phone: <sup>(5)</sup> (402) 471-4650

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

|               | <u>FY 2017-18</u>   |                | <u>FY 2018-19</u>   |                |
|---------------|---------------------|----------------|---------------------|----------------|
|               | <u>EXPENDITURES</u> | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>REVENUE</u> |
| GENERAL FUNDS | _____               | _____          | _____               | _____          |
| CASH FUNDS    | _____               | _____          | _____               | _____          |
| FEDERAL FUNDS | _____               | _____          | _____               | _____          |
| OTHER FUNDS   | _____               | _____          | _____               | _____          |
| TOTAL FUNDS   | =====               | =====          | =====               | =====          |

**Explanation of Estimate:**

Section 5 of LB 226 requires the Department of Insurance to assist and collaborate with the Normalcy Task Force in examining the costs and benefits of implementing or supporting a program under which children in foster care may be insured under a motor vehicle insurance policy. It is anticipated that the assistance and collaboration will require several days of work by Department staff and travel if meetings are not held in Lincoln. This additional staff work and possible travel can be accomplished with existing staff and appropriations.

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

**Personal Services:**

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2017-18</u>      | <u>2018-19</u>      |
|---------------------------|----------------------------|--------------|---------------------|---------------------|
|                           | <u>17-18</u>               | <u>18-19</u> | <u>EXPENDITURES</u> | <u>EXPENDITURES</u> |
| _____                     | _____                      | _____        | _____               | _____               |
| _____                     | _____                      | _____        | _____               | _____               |
| Benefits.....             | _____                      | _____        | _____               | _____               |
| Operating.....            | _____                      | _____        | _____               | _____               |
| Travel.....               | _____                      | _____        | _____               | _____               |
| Capital outlay.....       | _____                      | _____        | _____               | _____               |
| Aid.....                  | _____                      | _____        | _____               | _____               |
| Capital improvements..... | _____                      | _____        | _____               | _____               |
| TOTAL.....                | _____                      | _____        | _____               | _____               |

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

**2017**

**LB<sup>(1)</sup> 226**

**FISCAL NOTE**

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

Prepared by: <sup>(3)</sup> Eric Asboe Date Prepared: <sup>(4)</sup> 3/1/17 Phone: <sup>(5)</sup> 1-4138

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

|               | <u>FY 2017-18</u>   |                | <u>FY 2018-19</u>   |                |
|---------------|---------------------|----------------|---------------------|----------------|
|               | <u>EXPENDITURES</u> | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>REVENUE</u> |
| GENERAL FUNDS | _____               | _____          | _____               | _____          |
| CASH FUNDS    | _____               | _____          | _____               | _____          |
| FEDERAL FUNDS | _____               | _____          | _____               | _____          |
| OTHER FUNDS   | _____               | _____          | _____               | _____          |
| TOTAL FUNDS   | =====               | =====          | =====               | =====          |

Explanation of Estimate:

No fiscal impact. Minimal impact on Juvenile Probation operations.

**BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE**

Personal Services:

| <u>POSITION TITLE</u>     | <u>NUMBER OF POSITIONS</u> |              | <u>2017-18</u>      | <u>2018-19</u>      |
|---------------------------|----------------------------|--------------|---------------------|---------------------|
|                           | <u>17-18</u>               | <u>18-19</u> | <u>EXPENDITURES</u> | <u>EXPENDITURES</u> |
| _____                     | _____                      | _____        | _____               | _____               |
| _____                     | _____                      | _____        | _____               | _____               |
| Benefits.....             | _____                      | _____        | _____               | _____               |
| Operating.....            | _____                      | _____        | _____               | _____               |
| Travel.....               | _____                      | _____        | _____               | _____               |
| Capital outlay.....       | _____                      | _____        | _____               | _____               |
| Aid.....                  | _____                      | _____        | _____               | _____               |
| Capital improvements..... | _____                      | _____        | _____               | _____               |
| TOTAL.....                | _____                      | _____        | _____               | _____               |