PREPARED BY: DATE PREPARED: PHONE: Liz Hruska January 22, 2018 402-471-0053 **LB 906**

Revision: 00

FISCAL NOTE

LEGISLATIVE FISCAL ANALYST ESTIMATE

| ESTIMATE OF FISCAL IMPACT — STATE AGENCIES (See narrative for political subdivision estimates) | | | | | | | | | |
|--|--------------|---------|--------------|---------|--|--|--|--|--|
| | FY 2018-19 | | FY 2019-20 | | | | | | |
| | 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.

| ADMIN | IISTRATIVE SERVIO | CES STATE BUDGET DIVISION: REVIEW OF A | GENCY & POLT. SUB. RESPONSE | | | |
|--|-------------------|--|---------------------------------------|--|--|--|
| LB: 906 (025) | AM: | AGENCY/POLT. SUB: Nebraska De r | partment of Health and Human Services | | | |
| REVIEWED BY: Joe Wilcox | | DATE: 01/22/2018 | PHONE: (402) 471-4178 | | | |
| COMMENTS: No basis to dispute the Nebraska Department of Health and Human Services estimate of No Fiscal Impact to the Agency from LB 906. | | | | | | |

| | ESTIMATE PROVID | DED BY STATE AGENCY OR | DOLITICAL S | HEDIVISION | | |
|-----------------------------------|-------------------------------|--------------------------|---------------------|--------------|--------------|--|
| State Agency or Political Sul | | | | OBDIVISION | | |
| Prepared by: (3) Mike Michalski | Date Prepared: 1-11-18 | | Phone: (5) 471-5046 | | | |
| | FY 2018- | 2019 | FY 2019-2020 | | | |
| | EXPENDITURES | REVENUE | EXPEN | NDITURES | REVENUE | |
| GENERAL FUNDS | | _ | | - | _ | |
| CASH FUNDS | | | | | | |
| FEDERAL FUNDS | | | | | | |
| OTHER FUNDS | | | | | | |
| TOTAL FUNDS | \$0 | \$0 | | \$0 | \$0 | |
| = | Φ0 | Φ0 | | φυ | Φ0 | |
| Return by date specified or 72 ho | ure prior to public bearing v | whichover is earlier | | | | |
| Explanation of Estimate | | whichever is earlier. | | | | |
| Explanation of Estimate | ; . | | | | | |
| There is no fiscal impac | t to the Department | of Health and Human | Services | | | |
| Thoro to no modal impac | or to the Boparanone | | 001110001 | | | |
| | MA | AJOR OBJECTS OF EXPENDIT | URE | | | |
| PERSONAL SERVICES: | | NUMBER OF | POSITIONS | 2018-2019 | 2019-2020 | |
| PC | SITION TITLE | 18-19 | 19-20 | EXPENDITURES | EXPENDITURES | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Benefits | | | | | | |
| Operating | | | | | | |
| Travel | | | · | | • | |
| Capital Outlay | | | | | | |
| Aid | | | | | | |
| Capital Improvements | | | | | | |
| | | | | \$0 | 0.2 | |