

PREPARED BY: Liz Hruska
DATE PREPARED: January 29, 2018
PHONE: 402-471-0053

LB 1042

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.

| | | |
|--|---------------|--|
| ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE | | |
| LB: 1042 | AM: | AGENCY/POLT. SUB: Department of Health and Human Services (DHHS) |
| REVIEWED BY: Elton Larson | DATE: 1/26/18 | PHONE: (402) 471-4173 |
| COMMENTS: DHHS estimate of no fiscal impact to the department appears reasonable. | | |

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 1-19-18

Phone: (5) 471-6719

| | <u>FY 2018-2019</u> | | <u>FY 2019-2020</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 | \$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 | | 2018-2019 | 2019-2020 |
|---------------------------|----------------|---------------------|-------|--------------|--------------|
| | | 18-19 | 19-20 | EXPENDITURES | EXPENDITURES |
| Benefits..... | | | | | |
| Operating..... | | | | | |
| Travel..... | | | | | |
| Capital Outlay..... | | | | | |
| Aid..... | | | | | |
| Capital Improvements..... | | | | | |
| TOTAL..... | | | | \$0 | \$0 |