

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version:	CSHB 215(FIN)
Fiscal Note Number:	2
(H) Publish Date:	2/7/2018

Identifier: HB215CS(HSS)-DHSS-PHAS-1-26-18
Title: DHSS: PUBLIC HEALTH FEES
Sponsor: FINANCE
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Public Health Administrative Services
OMB Component Number: 292

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2019	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Personal Services			400.0	400.0	400.0	400.0	400.0
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	400.0	400.0	400.0	400.0	400.0

Fund Source (Operating Only)

1004 Gen Fund (UGF)			(200.0)	(200.0)	(200.0)	(200.0)	(200.0)
1005 GF/Prgm (DGF)			600.0	600.0	600.0	600.0	600.0
Total	0.0	0.0	400.0	400.0	400.0	400.0	400.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

1005 GF/Prgm (DGF)			600.0	600.0	600.0	600.0	600.0
Total	0.0	0.0	600.0	600.0	600.0	600.0	600.0

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/19

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

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Phone: (907)269-6680
Date: 04/13/2017 03:00 PM
Date: 04/14/17

**REPORTED OUT OF
HFC 02/07/2018**

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

Analysis

HB 215 grants the Department of Health and Social Services the authority to collect fees to support the administration of public health programs. The bill would also add public health fees to the list of designated general fund program receipts, making clear that the program receipts collected would be used to support public health operations. The division is currently limited under AS 44.29.022(a), *Fees for department services*, to charge fees only for certain clinical services for maternal and child health, preventive medical services, public health nursing, nutrition, health education, and laboratories.

The House and Senate both included legislative intent language in the FY2016 and FY2017 budgets that the Division of Public Health charge for services.

Examples of public health services and functions provide by the department that currently lack fee authority include data extraction and analysis, training, expert consultation, inspections and certifications, enforcement activities, administrative functions, and professional services. The fees below would be the priority to establish. Additional fees may be added in the future.

- * Registration, certification, and inspection of radiological device fees are needed to support a second radiological health physicist for magnetic resonance imaging (MRI), computed tomography (CT), mammography, and ultraviolet devices. Currently only fees for X-ray devices are authorized and only X-ray devices are registered, certified and inspected. No new position are needed; the division will utilize an existing vacant position. (\$100.0 DGF)

- * An administration fee for the healthcare practitioner loan repayment program, Supporting Healthcare Access through Loan Repayment Program (SHARP), would cover the cost of operating the program, which is currently supported with unrestricted general funds. Similar loan repayment programs charge an administrative fee. (\$200.0 DGF/-200.0 UGF)

- * Allowing a reasonable fee for custom statistical and epidemiological analyses on public health data sets would greatly enhance the usefulness of the datasets. The division is frequently asked for ad hoc analyses; however, our resources are consumed in collecting the data, leaving little capacity for analysis. Other states charge annual or per-hour fees for analytical work. (\$175.0 DGF)

- * The division has turned away requests to assist with community health assessments and community action plan development. The division lost the capacity for this service when the position funded with unrestricted general funds was eliminated in recent budget cuts. The ability to charge fees would enable us to once again support local efforts for healthier communities. No new positions are needed; the division will utilize existing positions. (\$125.0 DGF)

The fiscal note reflects our best estimates of the revenue we could collect, which would be applied toward salaries and benefits. In most cases, additional fee revenue may not be sufficient to fully offset costs; however, increasing fees will reduce dependence on other funds. The division would charge additional fees only when it is in the public interest and economical, and, most significantly, does not undermine the division's public health mission. Services would not be denied because of an inability to pay.

Regulations would be adopted for each new fee, after public comment was received and considered. To allow adequate time for that input process, the department estimates that implementation of new fees would begin in FY2020.