

Revised to include provisions of AM 62 and AM 637

FISCAL NOTE

LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)				
	FY 2025-26		FY 2026-27	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS				
CASH FUNDS	\$78,575		\$80,515	
FEDERAL FUNDS	\$105,025		\$103,085	
OTHER FUNDS				
TOTAL FUNDS	\$183,600		\$183,600	

Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.

This bill would require an additional two pregnancy-related screenings for syphilis, during the third trimester and at birth, in addition to the existing screening requirement during the first gestational examination. The implementation date would be three months following adjournment and for the purposes of this fiscal note is assumed to be July 1, 2025. AM 62 adds provisions that specify that providers shall inform recipients that such testing is voluntary may be declined verbally or in writing. AM 637 states legislative intent that the state fund portion of such testing for individuals covered by Medicaid shall be sourced from the Medicaid Managed Care Excess Profit Fund. Note that revenue to the Medicaid Managed Care Excess Profit Fund is not guaranteed and lack of funding from this source may result in additional General Fund liabilities due to the required additional service of tests.

These additional screening requirements would affect Medicaid coverage for pregnancies. The agency fiscal impact is based on an estimate of cost per test of \$12. The Department of Health and Human Services (DHHS) notes that in FY24 there were 8,912 births under the Medicaid program. Currently, individuals who are determined to be high risk already qualify for additional syphilis testing. Data on how many pregnant Medicaid clients in Nebraska are currently receiving additional testing is not available. The agency estimated cost of \$216,000 is based on \$24 for two tests for 9,000 individuals. This fiscal note assumes a total of 15% of current Medicaid pregnancies already qualify for additional testing due to risk. As such, the assumed population is 7,650 and at \$24 for two additional tests the cost is \$186,600. The fund mix based on a proportional blend of CHIP, regular Medicaid, and Medicaid expansion federal participation. The state share is higher in FY27 due to expected reduction in Federal Medical Assistance Percentage (FMAP).