

Vermont Legislative Joint Fiscal Office

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FISCAL NOTE

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S.261 - An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience

As passed the Senate

Sec. 5 of the bill proposes the creation of a **Director of Prevention** position to be established within the Agency of Human Services (AHS). We assume this position would be hired as a classified position at a pay grade 28. The person hired will be expected to have many years of experience so we assumed a step 6 for purposes of this fiscal note.

Estimated Salary = \$77,688

Estimated FICA & Retirement = \$13,984

Estimated Benefits (health & dental) = \$19,831

Estimated costs for office space, equipment and supplies, and travel = \$8,000

TOTAL Estimated position cost = \$119,503

The bill as passed the Senate did not include an appropriation. Instead it directs the AHS Secretary to review certain working groups, commissions, and other initiatives for the purpose of determining their effectiveness and budgetary impact in an effort to eliminate duplicated efforts and realize savings. Any savings identified may be used to fund the Director of Prevention and Health Improvement position.

Sec. 14 adds “for evidence-based or evidence-informed opioid-related programing conducted for the benefit of children and families” as an allowable activity to be financed by the Evidence-Based Education and Advertising Fund. However, the bill does not appropriate or give spending authority for any money from the fund to be spent for this activity.

Note: It should be noted that the fees collected and deposited into the Evidence-Based Education and Advertising Fund, which are 1.5% of the previous calendar year’s prescription drug spending by the Department of Vermont Health Access (DVHA), are estimated to decrease in FY 2019 by as much as \$250,000. According to DVHA, its Rx spending decreased by 8% between FY 2016 and FY 2017 (which is what the 2018 fee will be based on) and while spending is estimated to increase 3% between FY 2018 and FY 2019, estimated FY 2019 will still be 5% below FY 2016 Rx spending.