

Vermont Legislative Joint Fiscal Office

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FISCAL NOTE

Date: February 15, 2018

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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 Committee on Health & Welfare

Sec. 5 of this version of the bill proposes the creation of a **Director of Prevention** to be established within the Agency of Human Services (AHS) for a period of six years. 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 includes intent language stating “that the Director position is funded by repurposing existing expenditures and resources designated for substance use disorder, including opioid addiction, and related prevention activities.”

Sec. 18 appropriates \$119,503 from funds designated for the Secretary of Human Service’s office in FY 2019 budget bill.

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.