



The Kentucky Health Department Association (KHDA) was consulted for this mandate analysis. KHDA reports, and research bears out, that many local health departments in Kentucky are in dire financial condition, attributed largely to pension funding. KHDA expressed concern SB 203 SCS 1 would impose a duty on local health departments that is not a “foundational public health program” as defined in KRS 211.185, passed by the General Assembly in 2020. That law defines foundational public health programs as:

“[T]hose services required by the Kentucky Revised Statutes, including but not limited to activities and service programs that prevent and mitigate disease, protect people from injury, promote healthy lifestyles across all environments, promote population health services, enforce Kentucky administrative regulations, ensure emergency preparedness and response, monitor and mitigate communicable disease, and provide the administrative and organizational infrastructure to deliver services....”

SB 203 SCS 1 does not identify how the drug test sample collection service would be funded; KHDA believes sufficient funding to provide for foundational public health programs has not been forthcoming and so believes SB 203 SCS 1 would have a significant negative fiscal impact on local health departments. KHDA offers as an example, a pilot program offering drug test sample collection service for court-ordered persons conducted in 2017-2018 by the Washington County Health Department (WCHD). The pilot program was unsuccessful due to people not showing up for their scheduled sample collection appointment; nonetheless the WCHD had contracted with a vendor to supply staff for the program at a cost of \$150 for 2 hours, one day each week, for a total of \$7,800.

KHDA believes the cost of such a program would be higher now, 4-5 years later. Costs for a drug test sample collection service could include hiring additional staff and/or training current staff to do the collections and complete paperwork, including to document chain of custody for samples, and reporting sample results; supplies; a dedicated collection restroom, and packaging and shipping of samples to a commercial laboratory for local health departments that don't have an onsite laboratory (which includes the majority of local health departments). The KHDA reports that Kentucky local health departments are currently short-staffed and struggling to meet the demands of currently-required programs.

While the fiscal impact of SB 203 SCS 1 on larger local health departments or district health departments may be less, all health departments consulted believed it would constitute an additional administrative and procedural burden on those facilities, and could take away health care providers from foundational public health programs.

### **Part III: Differences to Local Government Mandate Statement from Prior Versions**

Part II applies to SB 203 as amended by Senate Committee Substitute 1. SB 203 as introduced would simply require physicians practicing in Kentucky to notify the State Board of Medical Licensure of their office address, and would have no fiscal impact on local governments. Senate Committee Substitute 1 would have a negative fiscal impact on local health departments.

**Data Source(s):** Kentucky Health Department Association; Whitley County Health Department; Whitley Circuit Court Drug Court; Louisville-Jefferson County Metro Health Department; Lexington-Fayette County Health Department; Administrative Office of the Courts.

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