September 16, 2024

Julie Thomas Deputy Director 900 SW Jackson, Suite 504 Topeka, Kansas 66612

Dear Ms. Thomas:

This budget document for fiscal year 2026 is respectfully submitted on behalf of the Health Care Stabilization Fund Board of Governors. Estimated expenditures were prepared in accordance with the instructions promulgated by the Division of the Budget.

Approximately 80% of our reportable expenditures each year are the product of court approved settlement agreements or jury awards that result in claim payments. We have no control over those expenditures and such payments are somewhat unpredictable. Expenses associated with settlements and jury trials are entirely dependent on the frequency and severity of claims and therefore are equally unpredictable. These claims expenses normally comprise about 15% of our reportable expenditures. The administrative overhead costs for our agency are normally only about five percent of total reportable expenditures.

The details of our estimated income and expenses have been submitted via the Internet Budget and Reporting System (IBARS). If there are questions about these details, please contact our Chief Financial Officer, Lise Ullery (Lise.ullery@ks.gov). If there are questions about the Health Care Provider Insurance Availability Act, our Board of Governors, or the operations of our agency, please contact me (Clark.D.Shultz@ks.gov).

Respectfully submitted,

Clark Stuffz HCSF Executive Director

Copies to: Amanda Prosser, Legislative Research Department

AGENCY MISSION

The mission of the Health Care Stabilization Fund Board of Governors is to administer the Health Care Provider Insurance Availability Act in accordance with the duties and responsibilities set out in the Act. The principal goals are: (1) to assure that Kansas health care providers have access to adequate professional liability coverage, (2) to stabilize the medical professional liability insurance market for Kansas health care providers, and (3) to assure that sufficient assets are reserved to adequately fund accrued HCSF liabilities.

AGENCY PHILOSOPHY

The HCSF Board of Governors and staff have a statutory duty to assure that all operational activities and management decisions are in accordance with the Health Care Provider Insurance Availability Act. In addition, the Board has a statutory duty to protect the actuarial integrity of the Health Care Stabilization Fund by assuring that assets are equal to or exceed liabilities. The Board and the staff have a fiduciary duty to manage resources efficiently and to assure that surcharge revenues collected from health care providers are used appropriately.

PROGRAMS ESTABLISHED TO ACCOMPLISH THE AGENCY MISSION

1. Medical Professional Liability Coverage Program

This program is often referred to as the "compliance program," but it is not regulatory. The Compliance Section staff publishes the instructions needed by health care providers or their insurers to comply with the statutory professional liability insurance requirements stipulated in K.S.A. 40-3402 and K.S.A. 40-3404. The compliance auditors review documentation submitted by health care providers and insurers to assure that the information is accurate and complete and to assure that correct surcharge payments were paid. They then enter the information into the HCSF database such that each health care provider has an independent record, but the data can be aggregated and sorted for purposes of actuarial analysis. The Compliance Officers assist health care providers, their staff members, and insurers who need help or have unusual circumstances.

2. Medical Professional Liability Adjudication Program

This program is a function of the statutory liabilities of the Health Care Stabilization Fund. Expenditures in support of this program are either: (1) court-approved payment of settlements, (2) court-approved payment of jury awards, or (3) attorney fees, deposition costs, expert witness fees, and similar costs that are the direct result of claims activity. These expenditures are identifiable under budget units 2300 (claim expenses) and 2400 (claim payments). Because these costs are a product of civil litigation and claims are approved by the courts, the appropriation acts have always granted "no limit" expenditure authority for these cost categories.

3. Administrative Support Subprogram

Costs of this subprogram are allocated between the Coverage Program and the Adjudication Program. This subprogram includes activities of the Board of Governors, the executive staff, and the administrative support staff. In addition to salaries and benefits, other major operating costs include office rent, actuarial and other contractual services, and information technology costs, as well as routine office supplies.

STATUTORY HISTORY

The Health Care Provider Insurance Availability Act (K.S.A. 40-3401, *et seq.*) was enacted July 1, 1976. The original Act delegated responsibility for compliance activities and administration of the Health Care Stabilization Fund to the Commissioner of Insurance, whereas amendments enacted by the 1994 and 1995 Legislatures transferred those responsibilities to the Health Care Stabilization Fund Board of Governors. The Commissioner of Insurance appoints the eleven members of the Board of Governors. Principal features of the Act are:

- Establishes the Health Care Stabilization Fund, specifying that it "shall be held in trust in the state treasury and accounted for separately from other state funds;"
- Requires that all health care providers, as defined in the Act, who have an active license to render professional services in Kansas: (1) purchase basic professional liability insurance with limits not less than \$500,000 per claim subject to not less than \$1,500,000 annual aggregate coverage, and (2) participate in funding the Health Care Stabilization Fund via assessments (premium surcharges);
- Creates the Health Care Stabilization Fund Board of Governors and delegates responsibility to administer provisions of the Availability Act;
- Enumerates the liabilities of the Health Care Stabilization Fund and requires payment from the Fund when those liabilities occur;
- Establishes a joint underwriting association named the Health Care Provider Insurance Availability Plan governed by a separate Board of Directors that is also appointed by the Commissioner of Insurance.

As defined under K.S.A. 40-3401(f), the following health care providers are required to comply with provisions of the Act:

- Medical doctors, doctors of osteopathic medicine, and chiropractors who are licensed or hold a temporary permit issued by the Kansas Board of Healing Arts;
- Persons engaged in a postgraduate training program approved by the Kansas Board of Healing Arts (MDs, DOs, and DCs);
- Licensed podiatrists;
- Licensed physician assistants;
- Advanced practice nurse anesthetists and nurse midwives licensed by the Board of Nursing;
- Dentists who have been certified by the Kansas Board of Healing Arts to administer anesthetics;
- Licensed medical care facilities (hospitals, ambulatory surgical centers, and recuperation centers);
- Psychiatric hospitals (selected facilities only);
- Licensed mental health centers and clinics;
- Three categories of licensed adult care homes (nursing facilities, assisted living facilities, and residential health care facilities);

- Kansas professional corporations or partnerships organized by defined health care providers for the purpose of rendering health care services;
- Kansas limited liability companies organized for the purpose of rendering professional services by members who are health care providers as defined under the Act; and
- Certain Kansas non-profit corporations organized to render professional services by defined health care providers.

AGENCY-WIDE BUDGET OVERVIEW

<u>Statutory Requirements</u>: The Health Care Stabilization Fund was created by K.S.A. 40-3403(a) which prescribes that, "**The fund shall be held in trust in the state treasury and accounted for separately from other state funds**." Subsection (c) of that same section of the Statutes further stipulates that, "the fund shall be liable to pay:" and then enumerates seventeen specific financial responsibilities.

<u>Sources of Funding</u>: The Health Care Stabilization Fund is the source of revenue for the entire agency budget. Exclusively the Health Care Stabilization Fund funds all claim payments and claim related expenses.

<u>Revenue:</u> Subsection (a) of K.S.A. 40-3404 requires the Board of Governors to levy an annual premium surcharge on each health care provider for each year. This surcharge is an assessment for the professional liability coverage provided by the Health Care Stabilization Fund. The annual premium surcharge must be based on a rating classification system that is "reasonable, adequate, and not unfairly discriminating." These surcharges are the principal source of revenue for the Health Care Stabilization Fund, but the Stabilization Fund does receive some income in addition to the premium surcharges.

<u>Investments</u>: Stabilization Fund reserves for accrued liabilities are invested by the Pooled Money Investment Board and the investment earnings are a significant source of supplemental income to the Stabilization Fund. The HCSF cash flow is closely monitored to assure that reserves are properly invested in accordance with K.S.A. 40-3406 and the investment policy adopted by the Board of Governors. Ideally, there would never be any idle reserves, but in practice, the cash balance needed for near-term claim obligations as well as routine operating expenditures must be available at all times. This amount varies, requiring daily monitoring of cash flow.

<u>Reimbursements</u>: In 1989, the Legislature decided to self-insure the basic professional liability of residents in training as well as full time physician faculty members at the University of Kansas Medical Center (both Kansas City and Wichita). Responsibility for initial payment of claims and related expenses was delegated to the Stabilization Fund, to be subsequently reimbursed by the faculty foundations and the State of Kansas. This avoids the cost of expensive medical malpractice insurance premiums for residents in training as well as full time physician faculty members at KU Medical Center. Claims are managed by the HCSF Chief Counsel. There is no reimbursement to the HCSF for this administrative expense.

<u>Claims</u>: The most recent report from the Board's independent actuary estimates accrued liabilities as of June 30, 2024 amounting to \$235.6 million. The report does not predict when those claims will be paid.

<u>Past Legislation</u>: In 2014, Senate Bill 311 increased the statutory limit on noneconomic damages in personal injury actions. On July 1, 2014 the "cap" increased from \$250,000 to \$300,000. The limit increased again on July 1, 2018 to \$325,000 and increased again on July 1, 2022 to \$350,000. The caps were intended to control insurance costs and make insurance rates more predictable.

The other bill that has affected HCSF liabilities was enacted in January 1, 2015. One amendment significantly increased the scope of the agency's responsibilities by adding five new categories of health care providers to the definition section of the Availability Act. This resulted in a ten percent increase in the number of health care providers covered by the HCSF and a commensurate increase in the agency's workload. The HCSF is liable for settlements and judgments attributable to these five new categories of health care providers.

<u>Current Legislation</u>: House Substitute for Senate Bill 78 was enacted during the 2021 legislative session. This law eliminated the current three coverage level options for health care providers and creates two new coverage level options. The new law also granted the Board of Governors the authority to offer only one option if so desired. The Board voted in 2021 to offer only one coverage level for health care providers of \$500,000. The Board evaluated a second coverage level option this year but made no motion to pursue it.

CURRENT FISCAL YEAR

<u>Summary:</u> It is important to note that the coding system in IBARS has not been modified to allow allocation of our administrative support costs between the two principal programs, Liability Coverage (a.k.a. Compliance) and Liability Adjudication (a.k.a. Claims). For this reason, our narrative will focus on the costs of state operations and the costs of adjudication of claims.

These cost categories are readily identifiable in prior fiscal years and provide the opportunity for logical analysis of trends. Conceptually, all administrative support costs are allocated to the Liability Coverage Program and in IBARS, these costs are labeled "Administration Program." The total budget amounting to \$75,787,402 includes reportable expenditures amounting to \$49,102,402 and \$26,685,000 million for non-reportable reinvestment of reserves.

<u>State Operations</u>: The requested \$2,744,402 includes \$2,185,380 for salaries and benefits and \$559,022 for other costs.

<u>Claims</u>: The FY 2025 request for claims is \$40,000,000 which is an estimate based on actual claims expenses in previous years. The \$6,358,000 amount for claim related expenses includes attorney fees, expert witness fees, deposition costs, etc.

FISCAL YEAR 2026

<u>Summary</u>: The total budget amounting to \$74,436,527 includes reportable expenditures of \$47,751,527 and \$26,685,000 million for non-reportable reinvestment of reserves.

<u>State Operations</u>: The requested \$2,919,037 includes \$2,262,310 for salaries and benefits and \$656,727 for other costs.

<u>Claims</u>: The \$38,343,008 estimate for claims is again an estimate based on actual claims expenses in previous years. The \$6,489,482 estimate for claim related expenses is for claim related expenses includes attorney fees, expert witness fees, deposition costs, etc.

BUDGET INFORMATION APPLICABLE TO BOTH FISCAL YEARS

Actual Position Data: Currently we have 20 of 21 FTE positions filled.

New Funds Requested: None

<u>Third Party Agreements</u>: None; equipment is either owned or rented without purchase option. <u>Homeland Security</u>: No funding is received from the Department of Homeland Security.

<u>Reduced Resource Target</u>: Because the majority of the budget for the HCSF Board of Governors is financed by a trust fund and the balance is funded by a fee fund, there is no reduced resource target.

PERFORMANCE MEASURES

INTRODUCTION

It is our understanding that the FY2025 and 2026 budgets should incorporate the performance measures that have been established for our agency. These performance measures evaluate the performance of the two principal HCSF programs; Medical Professional Liability Coverage and Medical Professional Liability Adjudication. Both of these programs are statutory responsibilities delegated by the Legislature to the HCSF Board of Governors. These performance measures were approved by the Division of the Budget and the Legislative Research Department.

LIABILITY COVERAGE OBJECTIVE #1

One of the principal reasons the Legislature created the Health Care Provider Insurance Availability Act is to encourage commercial insurance companies to offer professional liability insurance products in Kansas. This includes insurance products for a particular professional category or medical specialty as well as insurance for health care facilities. Currently there are several different companies providing professional liability insurance coverage to health care providers, but some of those companies are risk retention groups serving only a selected group of specialists.

Approved companies actively	Actual FY22	Actual FY23	Actual FY24	Actual FY25
marketing medical professional	35	35	36	35
Liability Insurance in Kansas as o	f July 1			

LIABILITY COVERAGE OBJECTIVE #2

Another major public policy objective is to assure that if a patient is injured as a result of an unexpected medical outcome, the patient will have access to an available remedy. This is accomplished by requiring that all health care providers maintain a basic policy of professional liability insurance with excess coverage via the Health Care Stabilization Fund.

PERFORMANCE MEASURE #2

Providers as of July 1	Actual FY21	Actual FY22	Actual FY23	Actual FY24
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15,474 16,510 18,216 20,003

LIABILITY COVERAGE OBJECTIVE #3

Because the HCSF Board of Governors is not a regulatory agency, extraordinary efforts are made to assure voluntary compliance with the requirements of the Health Care Provider Insurance Availability Act. Collection of correct surcharge assessments is almost entirely dependent on the cooperation of insurers and their agents. This activity also requires an effective collaborative relationship with the Kansas Insurance Department to assure that basic coverage insurance policies offered by medical professional liability insurers meet the requirements of the Act. It is also necessary to maintain effective collaborative relationships with the various licensing agencies that enforce the Act on behalf of the HCSF Board of Governors.

Each year the Board carefully evaluates the actuarial analysis performed by an independent actuary. Based on that analysis, the Board makes adjustments that will affect future surcharge collections. For that reason, we often revise our surcharge revenue estimates from year to year. And, of course, annual surcharge collections are affected by a constantly changing variable; the number of health care providers actively rendering professional services in the State of Kansas. The 2021 legislative session significantly changed statutes regarding coverage limits which resulted in reduced surcharge beginning in FY 2022.

Net premium surcharge revenue

Actual FY21 Actual FY22 Actual FY23 Actual FY24 \$35,032,528 \$24,452,941 \$19,782,219 20,215,254

LIABILITY ADJUDICATION OBJECTIVE #4

It is extremely important that all claims involving the HCSF be managed effectively by attorneys who are knowledgeable about civil litigation (particularly medical malpractice liability actions) and by legal assistants who possess claims management skills. Staff attorneys must be knowledgeable about the practice of medicine and surgery as well as the intricacies of civil law. Because many of these claims eventually result in a confidential settlement agreement, active involvement in settlement conferences and mediations is essential. Another important aspect of this process is the evaluation of litigation expenses to assure that invoices are appropriate and are properly documented. For purposes of outcome measures, it is important to keep in mind that some cases require a substantial amount of time to be resolved, particularly those cases that are decided by a jury trial. Nonetheless, the number of closed claims is an indication of the level of productivity and the number of new claims may indicate a trend over time that could require additional resources.

In the past, this objective was measured based on number of cases. Because each case typically includes a number of different claims, that method of measuring performance understates the workload and level of activity. For example, it is not uncommon for a case to name a hospital as well as a number of different physicians as defendants. Each defendant constitutes a claim, requiring a separate file and work by the legal staff. Furthermore, some cases may be closed for a period of time and then reopened, which requires staff resources. Therefore, claims activity is a much better performance measure. The number of closed claims reflects diligence and steady progress on the part of our Legal Section staff as well as those attorneys hired to defend health care providers.

	Actual <u>FY2021</u>	Actual <u>FY2022</u>	Actual <u>FY2023</u>	Actual <u>FY2024</u>
Number of open claims, July 1 of fiscal year	777	943	921	930
Number of new claims opened during fiscal year	587	520	567	519
Number of claims closed during fiscal year	421	542	540	527
Number of open claims, June 30 of fiscal year	943	921	930	922

LIABILITY ADJUDICATION OBJECTIVE #5

Neither our Board of Governors, our Legal Section staff, nor defense counsel can control the compensation that injured patients receive as a result of settlements or jury awards. This is, nonetheless, an important performance measure because it identifies trends that assist in predicting future expenditures. Each year the agency's Chief Counsel prepares a comprehensive report for the Board of Governors that is also presented to the HCSF Oversight Committee. Two of the components of that report are: (1) the number of claims with HCSF obligations (2) the total amount of HCSF obligation for those claims. For a number of reasons, particularly periodic payment of structured settlements, these amounts are <u>not the</u> <u>same as expenditures</u> during the same fiscal years.

PERFORMANCE MEASURE #5

	Actual FY21	Actual FY22	Actual FY23	Actual FY24
Claims with HCSF Obligations	50	79	98	82
Settlements and Jury Awards	\$17,352,000	\$ 31,394,663	\$ 35,227,373	\$ 30,740,000

LIABILITY ADJUDICATION OBJECTIVE #6

Most HCSF obligations are the result of a settlement between the plaintiff and the defendant or defendants. The decision to pursue a jury trial is based on numerous factors. Furthermore, the cost of a jury trial can be substantial. Therefore, the decision to take a case to a jury must be a carefully calculated risk. The obvious objective is to pursue a jury trial only if there is reasonable likelihood of success.

	Actual FY2021	Actual FY2022	Actual FY2023	Actual FY2024
Jury Trials	4	16	21	16
Defense Verdicts	4	9	17	15

EXPENDITURE JUSTIFICATION – LIABILITY COVERAGE PROGRAM (State Operations)

Budget Unit 100: Salaries and Wages

	Actual	Actual	Budget	Budget
	<u>FY2023</u>	<u>FY2024</u>	<u>FY2025</u>	<u>FY2026</u>
Operations – 2100	\$1,786,121	\$1,985,849	\$2,185,380	\$2,262,310

SUMMARY: All salaries and wages are budgeted in the Coverage Program.

Budget Year – FY2026: The \$2,262,310 budgeted for salaries and benefits assumes that all positions will be filled.

Budget Units 200 – 290: Contractual Services

	Actual	Actual	Budget	Budget
	<u>FY2023</u>	<u>FY2024</u>	<u>FY2025</u>	<u>FY2026</u>
Operations – 2100	\$237,005	\$249,265	\$480,347	\$521,007

SUMMARY: Principal expenditures in this category are: facilities rent, equipment rent, actuarial and other professional services, computer software maintenance contracts, and job related travel and professional development

Budget Year - FY2026: The \$521,007 budget includes the usual funding for rents, actuarial services, and other professional services.

Budget Units 300 - 390: Commodities

	Actual	Actual	Budget	Budget
	<u>FY2023</u>	<u>FY2024</u>	FY2025	<u>FY2026</u>
Operations – 2100	\$12,195	\$11,299	\$30,905	\$26,850

SUMMARY: The principal costs in this category are office and data processing supplies.

Budget Year - FY 2026: \$26,850 is budgeted.

Budget Unit 400: Capital Outlay				
	Actual	Actual	Budget	Budget
	<u>FY2023</u>	<u>FY2024</u>	FY2025	<u>FY2026</u>
Operations - 2100	\$21,762	\$50,468	\$47,770	\$108,870

SUMMARY: In order to maximize the use of technology for operational effectiveness, it is necessary to continuously replace file servers, desktop computers, laptops, and other obsolete equipment.

Budget Year - FY2026: The \$108,870 budget includes routine system maintenance and equipment replacement.

Budget Units 520 - 590: Other Grants, Claims & Assistance

SUMMARY: There are no expenditures for grants or claims in the Compliance Program. Because the payment of claims is the most important statutory responsibility delegated in the Health Care Provider Insurance Availability Act, a completely separate program has been established.

EXPENDITURE JUSTIFICATION – LIABILITY ADJUDICATION PROGRAM (Claims)

Budget Unit 100: Salaries & Wages

SUMMARY: All salaries and benefits costs are budgeted in the Coverage Program (Operations).

Budget Units 200 - 290: Contractual Services

	Actual	Actual	Budget	Budget
	FY2023	<u>FY2024</u>	<u>FY2025</u>	<u>FY2026</u>
Adjudication Program-2300	\$6,668,178	\$ 6,432,476	\$6,357,000	\$6,488,382

SUMMARY: The major expenditures in these object codes are attorney fees, expert witness fees, deposition costs such as court reporter fees, and similar defense costs directly related to claims and lawsuits against health care providers. These expenditures also include staff travel expenses directly associated with active claims, such as attendance at settlement conferences. These costs vary depending on the number of active claims during a fiscal year.

Budget Year - FY2026: The \$6,488,382 budget is estimated based on expense history from previous years. We are seeing an upward average in the costs associated with claims.

Budget Units 300 - 390: Commodities

	Actual	Actual	Budget	Budget
	<u>FY2023</u>	<u>FY2024</u>	<u>FY2025</u>	<u>FY2026</u>
Adjudication Program – 2300	\$762	\$762	\$1,000	\$1,100

SUMMARY: Gasoline purchased for legal staff travel is accounted for under this category of expense.

Budget Year – FY2026: The \$1,100 budget is estimated based on expense history from previous years and the current gas price increases.

Budget Unit 400: Capital Outlay

SUMMARY: All expenditures for furniture and equipment are budgeted in the Coverage Program (Operations).

Budget Units 500 - 590: Other Grants, Claims & Assistance

	Actual	Actual	Budget	Budget
	<u>FY2023</u>	<u>FY2024</u>	<u>FY2025</u>	FY2026
Adjudication Program – 2400	\$41,996,792	\$33,032,232	\$40,000,000	\$38,343,008

SUMMARY: These expenditures are the result of court-approved settlement agreements or jury awards. These costs depend on numerous factors and are difficult to predict. Claims frequency, that is, the number of claims that will be paid in a fiscal year is guesswork based on observable trends and speculation.

Budget Year - FY2026: The \$38,343,008 budget is based on claims history from previous years.

Narrative Information—DA 405						
State of Kansas	Agency:	Health Care Stabilization Fund – 270				
Division of the Budget	Program:	Liability Coverage (Operations)				

Health Care Stabilization Fund (7404)

The HCSF was created by K.S.A. 40-3403, a major section in the Health Care Provider Insurance Availability Act which stipulates that the HCSF shall be held in trust in the State Treasury. The principal source of revenue is the premium surcharge assessed on each health care provider licensed to render professional services in Kansas. Premium surcharge rates are determined by the HCSF Board of Governors.

Each year the Board is required to evaluate the actuarial analysis of accrued liabilities and then determine appropriate surcharges to assure sufficient assets are available to fund the accrued liabilities. The Board decided to reduce surcharge rates effective January 2022.

Because the Board uses a laddered approach to investments, there are intermittent investment maturities each year. This income is identified as "461300 Investments Sold Matured." Interest earnings on assets reserved for liabilities are another significant source of revenue.

Reimbursements to the HCSF from the State of Kansas for claims paid on behalf of residents in training and full-time physician faculty at the University of Kansas Medical Center resumed in FY2014. Estimates for these reimbursements are based on analysis of the most recent ten-year loss experience of the State self-insurance program. In addition, there are transfers from the Private Practice Foundation Reserve Fund (766010 Operating Transfers In) that amount to \$500,000 per fiscal year.

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Lise Ullery | STATE OF KANSAS

2026 Bien / 09/10/2024 11:06:49 404 Aggregate Report

33 3 1				
Agency: 00270 Health Care Stabilization				
Version: 2026-A-02-00270	FY 2024 Actuals	FY 2025 Adjusted Budget Request	FY 2026 Adjusted Budget Request	FY 2027 Adjusted Budget Request
Series: 7404 HEALTH CARE STABILIZATION FD		Buuget nequest	Buuget nequest	Buugot noquoor
40007 CASH FORWARD	14,811,330	37,241,605	68,841,605	102,341,605
452100 HEALTH CARE PREMIUM SURCHARGE	20,237,369	29,000,000	30,000,000	0
452200 HLTH CARE PROV INS AVAIL PLAN	(401,820)	(1,500,000)	(600,000)	0
766010 OPERATING TRANSFERS IN	500,000	500,000	500,000	0
766090 REVENUE TRANSFERS FROM THE GEN	2,094,726	3,600,000	3,600,000	0
Total Available	37,241,605	68,841,605	102,341,605	102,341,605
Total Expenditures	0	0	0	0
Balance Forward	37,241,605	68,841,605	102,341,605	102,341,605
KANSAS	404 Aggregate Report		lulle	ry / 2026-A-02-00270

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Agency Program	Health Care Stabilization 0000000 Hlth Care Stabilizat							
Reporting Level	270-00-01030-0000000-0000	-000						
	1 Object/Revenue		2 FY 2024 Actuals	3	4 FY 2025 Adjusted Budget Request	5	6 FY 2026 Base Budget Request	7
Description		Code			nequest			
EXP	ENDITURES			•	L. C.			
UNCLASSIFIED REC	GULAR	511100	1,406,731	0	1,557,126	0	1,603,197	
UNCLASSIFIED TEN	/IPORARY	511110	0	0	61,213	0	62,742	
UNCLASS HOLIDAY	INCL IN BASE	511140	49,946	0	0	0	0	
LEAVE PAYMENT AS	SSESSMENTS	517600	10,488	0	9,062	0	10,325	
PUBLIC EE RETIREN	MENT SYSTEM	518100	197,605	0	195,263	0	203,289	
MEDICARE		519101	20,066	0	23,469	0	24,156	
OASDI		519102	85,800	0	100,334	0	103,286	
GROUP HEALTH HO	SPITALIZATION	519500	212,940	0	236,843	0	254,098	
WORKERS COMPEN	ISATION	519700	2,273	0	2,070	0	1,217	
Salaries and V	Vages	1	1,985,849	0	2,185,380	0	2,262,310	
COMMERCIAL COM	M SERVICE OTHER	520400	1,266	0	3,300	0	3,000	
INTERGOV LCL CON		520500	9,550	ů 0	10,000	0	12,000	
NTERGOV LOL CON		520510	202	ů 0	250	0	300	
INTERGOV POSTAG		520600	3,515	Ő	4,200	ů 0	4,200	
CELLULAR PHONES		520910	10,286	ů 0	12,000	0	12,000	
OTHER FREIGHT AN		521900	20	0	200	0	12,000	
PRINT BIND STATE		522100	471	0	100	0	400	
COPY PRINTING EQ		523100	1,550	0	2,500	0	2,500	
BUILDING SPACE R		523200	71,641	0	85,000	0	85,000	
EQUIPMENT RENTA		523200	180	0	800	0	800	
COMPUTER SOFTW		523700	23,372	0	21,747	0	24,957	
OTHER RENTALS		523900	7,870	0	12,000	0	12,000	
REPAIR AND SVC E		524300	1,520	0	3,500	0	3,500	
REPAIR & SVC COM		524500	1,520	0	1,000	0	1,500	
COMPUTER SOFTW		524800	669	0	1,000	0	1,500	
REPAIR & SVC OTH		524900	009	0	1,000	0	15,000	
PRIVATE VEHICLE N		525110	0	0	500	0	500	
PRIVATE CHARTER		525120	87	0	200	0	200	
MEALS AND LODGI		525120	0	0	300	0	300	
NON SUBSISTENCE			07					
PRIV VEHICLE MILE		$525190 \\ 525210$	0	0 0	50 200	0 0	50 300	
AIR RAIL & BUS FAI		525270	531	0	1,000	0	1,000	
MEALS AND LODGI		525280	734	0	2,000	0	2,000	
NON SUBSISTENCE		525280	19	0	2,000	0	2,000	
PRIVATE VEHICLE N		525510	139	0	500	0	500	
AIR RAIL AND BUS	-	525570	139	0	3,500	0	3,500	
MEALS AND LODGI		525580	1,529	0	2,000	0	2,000	
NON SUBSISTENCE		525580	256	0	2,000	0	2,000	
COMPUTER PROGR		526300						
			26,003	0	40,000	0	27,000	
COMPUTER PROGR		526310	539	0	1,000	0	1,000	
	AMMING NOT DISC	526320	14,670	0	15,000	0	40,000	
DATABASE ACCESS	FEES NOT DISC	526330	0	0	100	0	100	

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Agency	Health Care Stabilization						
Program	0000000 Hlth Care Stabilizat						
Reporting Level	270-00-01030-0000000-0000	-000					· · · · · · · · · · · · · · · · · · ·
	1		2	3	4	5	6
	Object/Revenue		FY 2024		FY 2025		FY 2026 Base
			Actuals		Adjusted		Budget
					Budget		Request
					Request		
Description		Code					
SMART DEVELOPM	ENT FEE CAPITAL	526350	0	0	0	0	20,000
COURT COSTS		526400	500	0	300	0	500
EMPLOYEE AND ST		526600	3,735	0	5,000	0	6,000
JOB RELATED TRAIN	N & CONF REG	526610	2,365	0	5,000	0	5,000
OTHER FEES		526900	17,091	0	20,000	0	20,000
ATTORNEYS AND LA		527200	3,790	0	12,000	0	12,000
ACTUARIAL SERVIC		527860	37,250	0	100,000	0	100,000
	TEMS CONSULTING	527910	2,500	0	25,000	0	12,500
CONSULTING SERV		527919	840	0	6,000	0	6,000
OTHER PROFESSIO		527990	1,239	0	3,000	0	3,000
DUES AND SUBSCR		529100	2,293	0	3,000	0	3,000
NON EMPLOYEE AV		529500	400	0	300	0	500
SURETY BOND AND OFFICIAL HOSPITAI		529600 529700	19 487	0	100	0	100
		529700	487 130	0 0	1,000 0	0	1,000
EMPLOYEE AWARDS		529840	130	0	75,000	0	75,000
Contractual S		<u> </u>	249,265	0	480,347	0	<u>521,007</u>
Contractual S	ervices	2	249,205	U	400,547	U	521,007
FOOD FOR HUMAN	CONSUMPTION	532010	1,310	0	5,000	0	5,000
BLDGS AND GROUN		534100	347	0	50	0	500
COMPUTER SYS PAI	RTS MATERIALS	534300	55	0	0	0	100
OTHER EQUIP MATI	ERIALS PARTS	534900	38	0	250	0	250
GASOLINE		535100	14	0	130	0	150
GASAHOL		535300	0	0	150	0	0
DRUGS AND PHARM		536100	8	0	25	0	50
PRO SCIENTIFIC SU		536900	0	0	300	0	300
STATIONERY AND O		537100	3,153	0	5,000	0	5,000
DATA PROCESSING		537200	4,508	0	12,000	0	12,000
HOUSEHOLD SUPPI		539200	1,842	0	3,000	0	3,000
OTHER SUPPLIES A	ND MAT	539900	24	0	5,000	0	500
Commodities		3	11,299	0	30,905	0	26,850
HOUSEHOLD EQUII	ρμεντ νον σαρ	540290	94	0	3,000	0	3,000
HOUSEHOLD FURN		540291	0	0	2,000	0	2,000
OFFICE EQUIPMEN		540300	0	0	370	0	370
OFFICE EQUIPMEN	T NON CAP	540390	356	0	1,300	ů 0	1,300
OFFICE FURNITURI		540391	1,878	ů 0	3,500	ů 0	3,500
PRO & SCIENTIFIC		540490	60	ů 0	0	ů 0	0
				-			

SR05 - Budget Request Summary - Reporting Level

OFFICE EQUIPMENT NON CAP OFFICE FURNITURE NON CAP PRO & SCIENTIFIC EQUIP NON CAP OTHER FURN FIXTURES NON CAP OTHER EQUIPMENT NON CAP BOOKS & LIBRARY MAT NON CAP MICROCOMPUTER EQUIP NON CAP INFO PROCESSING EQUIPMENT INFO PROCESSING EQUIP NON CAP

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6,000

20,000

2,200

4,459

39,852

3,229

10,000

63,600

15,000

5,000

2026 Bien / 09/10/2024 11:03:48	SR05 - E	Budget Request S	ummary - Rep	oorting Level			
Agency Health Care Stabilization							
Program 0000000 Hlth Care Stabilizatio Reporting Level 270-00-01030-000000-0000-0							
1 Object/Revenue		2 FY 2024 Actuals	3	4 FY 2025 Adjusted Budget Request	5	6 FY 2026 Base Budget Request	7
Description	Code						
SOFTWARE NON CAPITAL	541890	0	0	5,000	0	600	0
TELECOM TERMINATION NON CAP	546190	293	0	2,500	0	2,500	0
DATA COMM EQUIP NON CAP	546690	0	0	1,000	0	1,000	0
Capital Outlay	4	50,468	0	47,770	0	108,870	0
PRINCIPAL AND PREMIUMS	570100	11,863,671	0	27,000,000	0	27,000,000	0
ACCRUED INTEREST PURCHASED	570300	55,691	0	150,000	0	150,000	0
INVESTMENT ADVANCES	572300	(351,518)	0	(465,000)	0	(465,000)	0
Non-Expense Items	92	11,567,844	0	26,685,000	0	26,685,000	0
TOTAL EXPENDITURES for 0000000 Hlth	-						
Care Stabilization Fund B (270-00-01030-0000000-0000-000)		13,864,725	0	29,429,402	0	29,604,037	0
MEANS OF FUNDING							
HCSF-OPERATING EXPENDITURES	2100	2,296,881	0	2,744,402	0	2,919,037	0
HCSF-INVESTMENT ACCOUNT HEALTH CARE STABILIZATION FD	2500 _ 7404	<u>11,567,844</u> 13,864,725	0	26,685,000 29,429,402	0	26,685,000 29,604,037	0
HEALTH CARE STADILIZATION FD	/404	13,004,723	U	29,429,402	U	29,004,037	U
TOTAL FUNDING for 0000000 Hlth Care Stabilization Fund B (270-00-01030-0000000-0000-000)	-	13,864,725	0	29,429,402	0	29,604,037	0
AUTHORIZED EMPLOYEES FTE		0.00	0.00	21.00	0.00	21.00	0.00
TOTAL AUTHORIZED EMPLOYEES for 0000000 Hlth Care Stabilization Fund B (270-00-01030-0000000-0000-000)		0.00	0.00	21.00	0.00	21.00	0.00

	024 11:03:48	0100 - 1	Budget Request S	ummury - Kej	Sorting Level			
Agency	Health Care Stabilization	- Ed P						
Program	0000000 Hlth Care Stabilizatio							
Reporting Level	270-00-09900-000000-0000-0	00					1	
	1		2	3	4	5	6	7
	Object/Revenue		FY 2024		FY 2025		FY 2026 Base	
			Actuals		Adjusted		Budget	
					Budget		Request	
					Request			
Description		Code			-			
EXP	ENDITURES		<u>.</u>	·	•		· · ·	
OTHER FREIGHT AN	ND EXPRESS	521900	876	0	1,500	0	1,500	
PRIVATE VEHICLE N		525110	81	0	0	0	300	
PRIVATE CHARTER		525120	1,434	0	1,800	0	1,800	
NON SUBSISTENCE		525190	177	0	500	0	500	
PRIVATE VEHICLE N		525510	1,784	0	2,000	0	2,200	
MEALS AND LODGI		525580	0	0 0	900	0	1,000	
NON SUBSISTENCE		525590	66	0	100	0	200	
COURT COSTS		526400	0	0	200	0	200	
OTHER FEES		526900	96,578	0	200,000	0	151,331	
ATTORNEYS AND LA	AWYERS	527200	4,325,075	0	4,300,000	0	4,428,665	
EXPERT WITNESS F		527970	1,547,141	0	1,300,000	0	1,399,486	
COURT REPORTING		527980	308,593	0	300,000	0	288,019	
OTHER PROFESSIO		527990	150,671	0	250,000	0	213,181	
Contractual S		2	6,432,476	0	6,357,000	0	6,488,382	
GASOLINE		535100	762	0	1,000	0	1,100	
Commodities		3	762	0	1,000	0	1,100	
MEDICAL MALPRAC	CTICE CLAIMS	552600	33,032,232	0	40,000,000	0	38,343,008	
Other Assista		9	33,032,232	0	40,000,000	0	38,343,008	
TOTAL EXPENDIT	URES for 0000000 Hlth	-						
Care Stabilization	Fund B		39,465,470	0	46,358,000	0	44,832,490	
(270-00-09900-000	00000-0000-000)							
	S OF FUNDING							
HCSF-LGL SVC/OTH		2300	6,433,238	0	6,358,000	0	6,489,482	
HCSF-CLAIMS AND		2400	33,032,232	0	40,000,000	0	38,343,008	
HEALTH CAR	E STABILIZATION FD	7404	39,465,470	0	46,358,000	0	44,832,490	
	or 0000000 Hlth Care	-						
Stabilization Fund			39,465,470	0	46,358,000	0	44,832,490	
(270-00-09900-000)0000-0000-000)							