### Oregon Health Authority
### 2021-23 Policy Package

<table>
<thead>
<tr>
<th>Division:</th>
<th>Public Health Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td>Health Promotion and Chronic Disease Prevention</td>
</tr>
<tr>
<td>Policy package title:</td>
<td>Beer, Wine, and Cider Tax</td>
</tr>
<tr>
<td>Policy package number:</td>
<td>401</td>
</tr>
<tr>
<td>Related legislation:</td>
<td>Legislative Concept 11</td>
</tr>
</tbody>
</table>

**Summary statement:** Oregon faces a great unmet need for behavioral health services. At the same time, alcohol imposes large and avoidable costs on the health of all people in Oregon, and on Oregon’s economy, communities and health care systems.

This policy package would increase the tax on beer, wine, and cider by an amount yet to be determined. The additional revenues generated by the tax would be primarily used to address behavioral health, including substance use disorder prevention and treatment.

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
<th>Other Funds</th>
<th>Federal Funds</th>
<th>Total Funds</th>
<th>Pos.</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy package expenditures:</td>
<td>$0</td>
<td>$29,000,000</td>
<td>$0</td>
<td>$29,000,000</td>
<td>7</td>
<td>7.00</td>
</tr>
<tr>
<td>Policy package revenues:</td>
<td>$0</td>
<td>$293,000,000</td>
<td>$0</td>
<td>$293,000,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Purpose

1. Why does OHA propose this policy package and what issue is OHA trying to fix or solve?

**Behavioral Health**
Over the last decade, Oregon has made significant strides in transforming and strengthening our overall health care system, but our progress has not been even across all components of the health care delivery system. Behavioral health systems remain largely fragmented and separate from the rest of health care. One of the largest deficits in the behavioral health system is a shortage of culturally appropriate behavioral health services for communities of color. These communities understand the problem at the local level, and we need to be providing them the support they need to address the issues in a culturally responsive way. We have fallen short of adequately addressing the unique needs of Oregonians with serious and complex behavioral health conditions.

- People with behavioral health challenges have untreated physical health conditions, resulting in an average life expectancy for people with serious mental illness that is 20 years less than those without.

- There are insufficient community supports available to those who seek behavioral health care but do not desire or require a hospital or emergency department level of intervention.

- Some individuals are uncomfortable and will not seek treatment with traditional clinical facilities due to unmet cultural needs, systemic racism, or historical trauma related to health care.

- There is a statewide workforce shortage for all behavioral health provider types, including Traditional Health Workers, licensed and unlicensed providers, and prescribers.

This has tragic consequences. Oregon experiences some of the highest rates of serious mental illness, substance use disorders, and suicide in the country. Behavioral health challenges frequently affect communities of color including tribal communities disproportionately. Now is the time to build on Oregon’s health care
transformation efforts to ensure we have timely and straightforward access to integrated behavioral health services.

To take another step on this path, Governor Brown convened a Behavioral Health Advisory Council, which identified a set of critical gaps in providing for the behavioral health needs of Oregonians, including:

- Residential treatment for youth and young adults, with peer and social support
- Person-centered, community-based behavioral health programs and services, outside of traditional clinical facilities and emergency departments
- A larger behavioral health workforce that earns a livable wage
- Housing with behavioral health supports
- Culturally responsive services and workforce

The Council’s work informed this policy package for the behavioral health system.

**Alcohol Misuse**

Alcohol misuse both contributes to and results from many behavioral health issues. Most substance use disorders in Oregon involve alcohol (National Survey on Drug Use and Health). Excessive alcohol use places a heavy burden on Oregon’s already underfunded mental health and addiction services system.

Excessive alcohol use and many of the problems it causes are on the rise. In Oregon, alcohol-related deaths have increased by more than one-third since 2001 – killing more than 1,900 people in 2017 alone. Excessive alcohol use is the third leading cause of preventable death in the state (Oregon Vital Records).

Alcohol use is interrelated with many of Oregon’s most pressing health and social challenges. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use fuels domestic violence, child abuse
Oregon Health Authority: 2021-23 Policy Package

and neglect, adverse childhood experiences (ACEs), risky sexual behavior, stillbirths, miscarriages, fetal alcohol syndrome disorders and other birth defects, car crashes, serious injuries, lower educational outcomes, heart disease, liver disease, cancer, drug and alcohol dependence, and a host of other health and social problems. We also know that social and economic circumstances can lead to greater alcohol and other substance misuse – including economic recession and job loss.

Alcohol-related harms disproportionately affect communities already experiencing other health and economic disparities, especially among American Indian and Alaska Native communities.

Meanwhile Oregon’s beer, wine, and cider taxes are among the lowest in the country. Oregon has not increased its tax on beer since 1977 or its tax on wine since 1983.

2. **What would this policy package buy and how and when would it be implemented?**

This policy package would increase the tax on beer, wine, and (alcoholic) cider by an amount yet to be determined. Raising taxes such as these is an evidence-based practice, environmental strategy recognized by the Center for Substance Abuse Prevention-Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

As a placeholder only, this policy package estimates $293 million in new revenue for the 2021-2023 biennium. This policy package distributes new revenues from the proposed beer, wine, and cider tax as follows:

- Ten percent to OHA Public Health Division for substance use prevention and education.
- The remainder to be distributed to support access to behavioral health services.

The behavioral health services to be funded could include:

- Community behavioral health services, including substance use disorder access, as described in OHA policy package #409 (currently shown as funded by General Fund)
3. **How does this policy package further OHA’s mission and align with its strategic plan?**

This policy package aligns with:

- OHA’s mission to help people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

- Oregon Alcohol and Drug Policy Commission’s 2020 Statewide Strategic Plan, which would serve as the substance use portion of the behavioral health priority area in the new State Health Improvement Plan (SHIP).

- Recommendations from multiple behavioral health work group, task force, and committee efforts over the last five years, including:
  - The 2015-2018 Behavioral Health Strategic Plan.
  - Behavioral Health Collaborative Recommendations.
  - The Farley Center workforce report and recommendations.
  - The Oregon Native American Behavioral Health Collaborative’s 2019 Tribal Behavioral Health Strategic Plan.
  - The goals, principles and recommendations of the Governor’s Behavioral Health Advisory Council.

---

1 The Oregon Native American Behavioral Health Collaborative includes representatives from Oregon’s nine federally recognized tribes, the Native American Rehabilitation Association, the Northwest Portland Area Indian Health Board, the Oregon Health Authority and the Oregon Department of Human Services Tribal Affairs.
Public Health Modernization Strategic Plan goals to promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease – with a priority to prevent and reduce alcohol and substance abuse. When alcohol costs more, fewer people drink excessively and there are fewer alcohol-related harms to individuals, families, and communities.

4. **Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.**
   No.

**Quantifying results**

5. **How will OHA measure the success of this policy package?**
   For alcohol, OHA would look to the following metrics to measure the success of this policy package, in addition to the youth-related Key Performance Measures detailed in response to question 6:
   - Initiation of alcohol and other drug treatment (coordinated care organization metric)
   - Alcohol-related deaths (State Public Health Indicator)
   - Alcohol-related motor vehicle deaths (PHD Strategic Plan metric)
   - Per capita alcohol consumption (PHD-HPCDP Strategic Plan metric)
   - Binge drinking among Oregon adults (State Public Health Indicator)

   Additional behavioral health and health equity measures would also apply based on the final package of behavioral health services to be funded. See OHA policy package #409 on community behavioral health services for examples.
6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an OHA performance measure? If yes, identify the performance measure(s).

This package would support the following KPMs:

1. **Initiation of alcohol and other drug dependence treatment** - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.

2. **Engagement of alcohol and other drug dependence treatment** - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.

3. **Follow-up after hospitalization for mental illness** - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.

4. **Mental, physical, and dental health assessments for children in DHS custody** - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).

5. **Follow-up care for children prescribed with ADHD medication (initiation)** - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed

6. **Follow-up care for children prescribed with ADHD medication (continuation and maintenance)** - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed

7. **30-day alcohol use among 6th graders** - Percentage of 6th graders who have used alcohol in the past 30 days.
8. **30-day illicit drug use among 8th graders** - Percentage of 8th graders who have used illicit drugs in the past 30 days.

9. **30-day alcohol use among 8th graders** - Percentage of 8th graders who have used alcohol in the past 30 days.

10. **30-day illicit drug use among 11th graders** - Percentage of 11th graders who have used illicit drugs in the past 30 days.

11. **30-day alcohol use among 11th graders** - Percentage of 11th graders who have used alcohol in the past 30 days.

23. **Rate of tobacco use (population)** - Rate of tobacco use among adults.

24. **Rate of tobacco use (Medicaid)** - Percentage of CCO enrollees who currently smoke cigarettes or use tobacco every day or some days.

### 7. What are the long-term desired outcomes?

In summary, the intended outcomes are to:

- Provide increased access to behavioral health services to Oregonians in need, especially in communities that are disproportionately affected by behavioral health challenges.

- Improve the mental, social, and emotional wellbeing of youth and young adults across Oregon by increasing youth-oriented behavioral health service capacity, sustaining youth engagement with the behavioral health system as they transition from childhood to adulthood, and promoting the skills needed for independent living, stable housing and employment.

- Creates lower cost, person-centered, trauma-informed, and culturally responsive alternatives to emergency room visits or hospitalization for individuals experiencing mental or emotional distress.

- Reduce excessive alcohol use among Oregonians, especially youth because they are more sensitive to price changes.
Reduce alcohol-related harms to individuals and communities, and especially to reduce burden of alcohol-related harms in communities that are disproportionately affected.

Detailed positive short and long-term health and safety outcomes include:

Shorter term
- Generate additional funding for behavioral health services, including alcohol and substance misuse treatment, recovery, education, and prevention.
- An increase in the price of beer, wine and cider would reduce consumption of these products. Research shows price increases would have a greater effect among people who drink excessively.

Longer term
- Reduce the unmet need for behavioral health services in Oregon, in turn avoiding health costs of untreated behavioral health challenges and the financial cost of emergency care for Oregonians in a behavioral health crisis.
- Eliminate the inequities associated with behavioral health challenges, including substance abuse disorders, and ensure the availability of culturally appropriate services.
- Reduce a wide range of health harms and consequences of alcohol misuse among all age groups. Higher alcohol taxes are consistently associated with substantial decreases in motor vehicle crashes (5 to 17 percent) and fatalities; alcohol-impaired driving (7 to 8 percent among adults; 13 to 21 percent among youth); all-cause mortality; crime and violence, including youth suicide; deaths from liver cirrhosis (8 to 13 percent); alcohol dependence; and sexually transmitted diseases.
- Save costs related to lost productivity and absenteeism, premature death, health care, crime, motor vehicle crashes and fetal alcohol syndrome due to the projected decline in excessive drinking.

8. What would be the adverse effects of not funding this policy package?
Oregon Health Authority: 2021-23 Policy Package

Without funding, our progress in improving our behavioral health systems will continue to fall short of adequately addressing the unique needs of Oregonians with serious and complex behavioral health conditions. Oregonians will continue to lack timely and straightforward access to integrated behavioral health services and supports that are responsive to their needs and lead to meaningful improvements in their lives.

- Youth and young adults would continue to experience insufficient access to quality behavioral health care.
- Implementation of the Tribal Strategic Plan and the ADPC would be at risk.
- Oregon’s CCBHC program would end due to lack of funding. This would result in job loss and ending services for some of our most vulnerable populations.
- The behavioral health workforce shortage would continue.
- Shortages of stable and affordable housing would remain. People experiencing homelessness, who are more likely to have underlying health conditions, would remain highly vulnerable to COVID-19 exposure and infection because shelters and congregate settings would continue to struggle with physical distancing measures.
- The health and social problems resulting from alcohol misuse will continue to impose direct and indirect burdens on Oregonians.

9. What actions have occurred to resolve the issue prior to requesting a policy package?

To help build community-based behavioral health programs and services, OHA activities include CCBHC implementation, the Tribal Behavioral Health Strategic Plan, the Alcohol and Drug Policy Commission (ADPC) Strategic Plan, a behavioral health workforce recruitment and retention plan, and supportive/supported housing.

Legislation on the general topic of alcohol taxes has been introduced in previous years, including:

- Senate Bill 1049 (2005) Malt Beverage Cost Recovery Fee
Oregon Health Authority: 2021-23 Policy Package

- House Bill 2461 (2009) Prevention, treatment and recovery tax on malt beverages
- House Bill 2125 (2019) Taxes imposed on alcoholic beverages
- A policy package was put forward by OHA in 2018 for the 2019 Legislative Session (LC389).

Local and state alcohol prevention interventions in Oregon are primarily funded through a combination of federal and state funds with scarce resources for state infrastructure and interventions. This results in a fragmented landscape, rather than a coordinated continuum of care across prevention, treatment and recovery. With limited resources, prevention interventions, services and programs have historically centered on interventions such as educational programming, student assistance programs or other alternative activities.

While treatment systems and recovery supports are under-resourced in Oregon, there continues to be a disproportionate emphasis on treating excessive alcohol use through behavioral health and criminal justice systems. Treatment alone will not have an impact on the multitude of health and community problems excessive drinking causes. Investments in primary prevention policies and programs, along with treatment, are essential to promoting health, supporting recovery and preventing substance use and disorders in Oregon.

10. **What alternatives were considered and what were the reasons for rejecting them?**

Alternative funding mechanisms for this package would include:

- General Fund – OHA policy package #409, related to community behavioral health services, proposes a General Fund investment. Using a dedicated tax for that package would provide a more consistent ongoing funding source.
- Other taxes – To reduce alcohol use, price increases such as may occur from a tax increase are the most effective way to reduce excessive alcohol use and related harms. Oregon has not increased taxes on beer for over 40 years and wine for over 32 years. Substituting other taxes would not achieve the benefits of taxes on alcohol in reducing alcohol consumption.
11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Yes. Key elements desired to be included in the final legislative concept include:

Wine and Malt Beverage Privilege Tax ORS 473.030; Cider Privilege Tax 473.035
- Increase the existing tax on wines, malt beverages, and cider, or impose an additional separate tax, in an amount to be determined, and adjust the tax in the future based on the consumer price index (ORS 473.030 and ORS 473.035).
- Distribute the resulting revenues in a manner to be determined.
- Ensure current recipients of tax revenue from wines, malt beverages, and cider receive enough of the new revenue to keep them whole in case the tax increase reduces consumption of these products.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Many state agencies experience the costs related to behavioral health needs and/or alcohol harms and would be affected by this policy package, including:

- Oregon Liquor Control Commission
- Oregon Department of Transportation
- Oregon State Police
- Department of Revenue
- Oregon Youth Authority
- Oregon Department of Education
- Alcohol and Drug Policy Commission
- Department of Human Services

In some cases, reducing the negative effects of excessive alcohol use is explicitly a part of state agency strategic goals. For transportation agencies and partners, increasing the price of alcohol is an evidence-based strategy to affect alcohol-related transportation and safety outcomes such as alcohol-related driving and motor vehicle crashes and deaths.
13. What other agencies, programs or stakeholders are collaborating on this policy package?

The Governor’s Behavioral Health Advisory Committee is preparing recommendations on a package of behavioral health investments, which currently do not have an identified funding source. The 47-member council represents a broad range of perspectives and experiences in Oregon’s behavioral health system, including CCOs, CCBHCs, Community Mental Health Programs, state legislators, MDs, judges, sheriffs, consumers, advocates for BIPOC communities and tribal leaders. The council also invited consumers to participate in and inform the development of policies.

OHA coordinated with OLCC staff in 2018 on legislative concept tax revenue projections and continue to coordinate with OLCC on 2021-23 tax revenue projections.

OHA staff provided input and price recommendations to the Alcohol and Drug Policy Commission’s (ADPC) strategic plan, which would serve as the substance use portion of the behavioral health priority area in the new State Health Improvement Plan (SHIP).

14. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity or equitable health outcomes?

The Governor’s Behavioral Health Advisory Council adopted OHA’s Health Equity Statement as their overall vision of health equity in behavioral health and supported principles that strive for a behavioral health system that is simpler to access, more responsive to individuals’ needs, and produces more meaningful outcomes. Furthermore, these proposals attempt to support the behavioral health system given the impacts of COVID-19. Underlying health conditions, homelessness, and inconsistent access to the health system leave many with

---

2 Health Equity: When all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.
behavioral health issues particularly vulnerable to the health and health system impacts of COVID-19. What’s more, social isolation and financial instability could trigger worsening symptoms or crises.

Behavioral health challenges disproportionately affect lower income communities and communities of color. For example, American Indian/Alaska Native persons report more days of poor mental health in a month (6.1) than any other racial/ethnic group, with African American persons at 5.9 and White persons at 4.8 days per month. Despite that, among Oregon Health Plan members, White persons are more likely to access behavioral health services than American Indian/Alaska Native or African American persons.

There is a shortage of culturally appropriate behavioral health services for communities of color. The proposed alcohol tax funding would provide revenues for increased behavioral health in general, with much of it directed to culturally appropriate services.

Paradoxically, many of the negative health consequences of excessive alcohol use fall disproportionately on lower income communities, and especially on communities of color, even if they do not consume more alcohol per-capita than other communities. This is because communities of color tend to experience other health inequities due to social determinants of health, which are exacerbated by alcohol use, and they tend to have less access to alcohol abuse treatment or support services.

The rate of alcohol-related deaths in Oregon is more than double among American Indians and Alaska Natives (86 per 100,000) compared to any other racial or ethnic group (41 per 100,000 among non-Hispanic whites). (Oregon Vital Records) Among youth, American Indian and Alaska Native youth are more likely to drink alcohol and binge drink compared to other racial and ethnic groups (Oregon Healthy Teens Survey).

The tax increase would also make more funds available to work with culturally specific community partners to develop and implement culturally specific behavioral health services and alcohol and other drug abuse
prevention and education. Additional resources can support the development of culturally appropriate communications materials and the statewide provision of tailored trainings and technical assistance.

**Staffing and fiscal impact**

**Implementation date(s):** July 1st, 2021

**End date (if applicable):** Ongoing

15. **What assumptions affect the pricing of this policy package?**

Though the proposed tax is yet to be determined, as a placeholder this policy package estimates the impact of increasing the tax would generate an additional $293 million revenue in the 2021-23 biennium. Assumptions and methods for this revenue estimate are as follows:

- Revenue forecasts were generated using models that account for past beer and wine sales, population growth, employment, and income.
- Revenue forecasts for this policy concept are based on beer and wine privilege tax reporting data through 2019 from the OLCC.
- Estimates assume a price elasticity of -0.17 for beer and -0.30 for wine (Wagener et. al 2009).
- Estimates assume 100 percent of new taxes are passed on to consumers (1:1 pass-through).

16. **Will there be new responsibilities for OHA? Specify which programs and describe their new responsibilities.**

The allocation of funds for behavioral health services, assuming it went fully or partially to OHA, would expand or create new responsibilities with OHA Health Systems Division. The exact responsibilities would depend on the final package of behavioral health investments.
The allocation of funds for alcohol and other drug prevention and education would not create any new responsibilities; it would expand existing programming for alcohol and other drug prevention within OHA Public Health. Public Health Division staff implement state and community interventions, provide training and technical assistance, resource materials, media and communications interventions, leadership, coordination, and report results and outcomes.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Standard minimal impacts that would result from hiring new staff.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

Please refer to policy package #409 Community Behavioral Health Services, for the impact of funds allocated for behavioral health services and alcohol and other drug addiction treatment and recovery.

Regarding alcohol, at a funding level of an additional $29 million/biennium for prevention, Oregon’s infrastructure to implement a comprehensive alcohol prevention and education program would almost double, reaching individuals, families and communities in Oregon with population-level prevention interventions. The funding would be used to develop, implement, and evaluate projects in raising public awareness, identifying policy priorities, and building upon an existing substance misuse and public health infrastructure to address alcohol prevention. These projects would be conducted through a coordinated PHD initiative as well as through community partners in all tribes, counties and Regional Health Equity Partnerships.

Specifically, this would amplify program resources serving all tribes, mental health authorities and county health departments, Regional Health Equity Coalitions, schools and community-based organizations serving...
populations at highest risk for alcohol misuse and its secondhand effects, to implement evidence-based and practice-based evidence interventions tailored to community needs and for provider/workforce development and training necessary to implement such interventions.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Please refer to policy package #409 Community Behavioral Health Services, for staff and positions related to behavioral health services and alcohol and other drug addiction treatment and recovery.

The amount of a tax increase is yet to be determined. Under the placeholder rate and the placeholder funding level for alcohol prevention and education only, the following seven permanent, full-time positions would be proposed:

- One Principal Executive Manager E position
- Three Operations and Policy Analyst 3 positions
- One Research Analyst 4 position
- One Research Analyst 3 position
- One Fiscal Analyst 2 position

20. What are the start-up and one-time costs?

None.

21. What are the ongoing costs?

Ongoing costs for expansion of OHA behavioral health and alcohol and other drug prevention programs would be based on the revenue from the yet to be determined tax increase for the biennium.
22. What are the potential savings?
Increasing the price of beer, wine and cider at the placeholder level assumed in this policy package and funding the Public Health Division’s alcohol and other drug prevention programs would save an estimated $143 million in annual costs to Oregon’s economy related to lost productivity and absenteeism, premature death, health care, crime, motor vehicle crashes and fetal alcohol syndrome due to the projected decline in excessive drinking. Additional savings would likely accrue from behavioral health programs in a similar manner, depending on the final package to be funded.

23. What are the sources of funding and the funding split for each one?
Other Funds revenue from an alcohol tax increase.

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
<th>Other Funds</th>
<th>Federal Funds</th>
<th>Total Funds</th>
<th>Pos.</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td></td>
<td>$1,451,562</td>
<td></td>
<td>$1,451,562</td>
<td>7</td>
<td>7.00</td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td></td>
<td>$9,635,486</td>
<td></td>
<td>$9,635,486</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>$0</td>
<td></td>
<td></td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Payments</td>
<td>$17,912,952</td>
<td></td>
<td></td>
<td>$17,912,952</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
<td></td>
<td></td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td>$0</td>
<td>$29,000,000</td>
<td>$0</td>
<td>$29,000,000</td>
<td>7</td>
<td>7.00</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>$0</td>
<td>$293,000,000</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Fiscal impact by program

<table>
<thead>
<tr>
<th></th>
<th>Center for Prevention and Health Promotion</th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>$0</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Other Funds</td>
<td>$29,000,000</td>
<td></td>
<td></td>
<td>$29,000,000</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>$0</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Funds</td>
<td>$29,000,000</td>
<td></td>
<td></td>
<td>$29,000,000</td>
</tr>
<tr>
<td>Positions</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>FTE</td>
<td>7.00</td>
<td></td>
<td></td>
<td>7.00</td>
</tr>
</tbody>
</table>