

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 1710 HB	<b>Title:</b> Health care staffing level
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## Estimated Cash Receipts

Agency Name	2005-07		2007-09		2009-11	
	GF- State	Total	GF- State	Total	GF- State	Total
Department of Social and Health Services	0	49,000	0	6,000	0	6,000
<b>Total \$</b>	0	49,000	0	6,000	0	6,000

Local Gov. Courts *						
Local Gov. Other **						
Local Gov. Total						

## Estimated Expenditures

Agency Name	2005-07			2007-09			2009-11		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Department of Social and Health Services	.5	51,000	100,000	.1	8,000	14,000	.1	8,000	14,000
Department of Health	.1	0	16,000	.1	0	16,000	.1	0	16,000
University of Washington	1.0	0	151,052	1.0	0	151,052	1.0	0	151,052
<b>Total</b>	1.6	\$51,000	\$267,052	1.2	\$8,000	\$181,052	1.2	\$8,000	\$181,052

Local Gov. Courts *									
Local Gov. Other **									
Local Gov. Total									

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<b>Prepared by:</b> Elise Greef, OFM	<b>Phone:</b> 360-902-0539	<b>Date Published:</b> Final 2/16/2005
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\* See Office of the Administrator for the Courts judicial fiscal note

\*\* See local government fiscal note

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1710 HB	<b>Title:</b> Health care staffing level	<b>Agency:</b> 300-Dept of Social and Health Services
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## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

FUND	FY 2006	FY 2007	2005-07	2007-09	2009-11
General Fund-Federal 001-2	46,000	3,000	49,000	6,000	6,000
<b>Total \$</b>	46,000	3,000	49,000	6,000	6,000

### Estimated Expenditures from:

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	0.9	0.1	0.5	0.1	0.1
<b>Fund</b>					
General Fund-State 001-1	47,000	4,000	51,000	8,000	8,000
General Fund-Federal 001-2	46,000	3,000	49,000	6,000	6,000
<b>Total \$</b>	93,000	7,000	100,000	14,000	14,000

*The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.*

Check applicable boxes and follow corresponding instructions:

- ☐ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☒ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 02/02/2005
Agency Preparation: James H. Kettel	Phone: 360 902-8067	Date: 02/02/2005
Agency Approval: Sue Breen	Phone: 360-902-8183	Date: 02/07/2005
OFM Review: Nick Lutes	Phone: 360-902-0413	Date: 02/10/2005

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe, by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

SECTION 1: Amends chapter 70.41 RCW, Hospital Licensing and Regulation.

Requires each hospital to compile and post in a patient care area of each unit for each shift the following information: (1) the number of registered nurses (and the ratio of patients to registered nurses), (2) licensed practical nurses (and the ratio of patients to licensed practical nurses), (3) number of nursing assistants (and the ratio of patients to nursing assistants), (4) number of other credentialed health care providers providing direct patient care, and (5) the methods used in determining and adjusting direct patient care staffing levels. Each hospital must compile monthly averages of the information listed above and report to DOH every six months. The hospital must also provide a copy of the report to any member of the public upon request. DOH will compile an annual report of hospitals and make available to the public.

SECTION 2: Amends chapter 18.51 RCW, Nursing Homes.

Requires each nursing home to compile and post the following information in a residential area: (1) the number and type of credentialed health care providers directly responsible for resident care, and (2) the ratio of providers to residents for each shift. Each nursing home must compile monthly averages, report to DSHS every six months and make the report available to the public. DSHS will need to compile an annual report and make it available to the public.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

Federal funds are Title XIX.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

HB-1710 requires nursing homes to compile the number and type of credentialed health care providers, per resident, for each shift. The nursing homes are required to report the monthly average of health care providers per resident, by shift, to the department every six months.

The department is required to collect the information twice a year and to prepare a report on an annual basis. The annual report is to be made available to the public. The administration intends to automate the submittal process through a web based portal and eliminate the need for staff data entry workload. This secured web based system will generate the report automatically.

One-time costs are needed for a program manager, for approximately 100 hours throughout the first year. The program manager will assist in the development of the reports and forms, monitor the nursing home compliance twice a year, and approve the final annual department report. A temporary application specialist will be hired for 9 months to create the supporting program. On-going costs are estimated at ten percent of an Information Technology System Specialist staff position to maintain the website and supporting program.

Please refer to 05HB-1710Attachment.xls for detailed information about expenditures.

## Part III: Expenditure Detail

### III. A - Expenditures by Object Or Purpose

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	0.9	0.1	0.5	0.1	0.1
A-Salaries and Wages	61,000	6,000	67,000	12,000	12,000
B-Employee Benefits	14,000	1,000	15,000	2,000	2,000
C-Personal Service Contracts					
E-Goods and Services	5,000		5,000		
G-Travel	2,000		2,000		
J-Capital Outlays	10,000		10,000		
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	1,000		1,000		
<b>Total:</b>	\$93,000	\$7,000	\$100,000	\$14,000	\$14,000

**III. B - Detail:** List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2006	FY 2007	2005-07	2007-09	2009-11
ITSAS 6	69,756	0.8		0.4		
ITSS 5	63,192	0.1	0.1	0.1	0.1	0.1
Program Manager WMS 2	64,896	0.1		0.0		
<b>Total FTE's</b>		0.9	0.1	0.5	0.1	0.1

## Part IV: Capital Budget Impact

NA

## Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

NA

**Fiscal Note HB-1710  
Assumptions and Information**

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
	47,000	93,000	4,000	7,000	51,000	100,000
<b>Total</b>	47,000	93,000	4,000	7,000	51,000	100,000

<b><u>FY06</u></b>	<b>FTEs</b>	<b>Monthly</b>	<b>Salaries A</b>	<b>Benefits B</b>	<b>Goods/services E</b>	<b>Lease/Energy ED</b>	<b>Travel G</b>	<b>Equip J</b>	<b>ISSD T</b>	<b>Total</b>
ITSAS 6	0.75	5,813	52,000	12,000	2,000	3,000	2,000	10,000	1,000	82,000
ITSS 5	0.10	5,266	6,000	1,000	-	-	-	-	-	7,000
Program Manager WMS Band 2	0.05	5,408	3,000	1,000	-	-	-	-	-	4,000
<b>Total</b>	<b>0.90</b>		<b>61,000</b>	<b>14,000</b>	<b>2,000</b>	<b>3,000</b>	<b>2,000</b>	<b>10,000</b>	<b>1,000</b>	<b>93,000</b>
<b><u>FY07</u></b>			<b>A</b>	<b>B</b>	<b>E</b>	<b>ED</b>	<b>G</b>	<b>J</b>	<b>T</b>	
ITSS 5	0.10	5,266	6,000	1,000	-	-	-	-	-	7,000
<b>Total</b>	<b>0.10</b>		<b>6,000</b>	<b>1,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,000</b>

\*One time cost for the equipment purchase for the ITSAS 6 programmer is \$10,000.

\*\*One time costs for the biennium are the Program Manager Band 2 and the ITSAS 6 totaling \$86,000.

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1710 HB	<b>Title:</b> Health care staffing level	<b>Agency:</b> 303-Department of Health
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## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

<b>FUND</b>					
<b>Total \$</b>					

### Estimated Expenditures from:

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	0.1	0.1	0.1	0.1	0.1
<b>Fund</b>					
General Fund-Private/Local 001-7	8,000	8,000	16,000	16,000	16,000
<b>Total \$</b>	8,000	8,000	16,000	16,000	16,000

*The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.*

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- ☒ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 02/02/2005
Agency Preparation: Danny Howard	Phone: (360) 236-4625	Date: 02/03/2005
Agency Approval: Connie Soiberg	Phone: 360-236-4529	Date: 02/07/2005
OFM Review: Elise Greef	Phone: 360-902-0539	Date: 02/07/2005

## Part II: Narrative Explanation

### II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

*Briefly describe, by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.*

This bill will require hospitals to compile specific information on the number of registered nurses, licensed practical nurses, nursing assistants, and other credentialed health care providers working during each shift and post it in a visible and accessible manner. It will require hospitals to compile monthly averages on the health care staffing levels and report the data to the Department of Health (DOH) every six months. DOH will compile an annual report of the reports that it receives from each hospital and make the information available to the public.

### II. B - Cash receipts Impact

*Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.*

Facility and Services Licensing (FSL) does not anticipate the need to raise licensing fees in the Acute Care Hospital program to administer this bill. The costs of the added workload will be considered when the annual fee analysis is done for this program and an I-601 exemption may be required.

### II. C - Expenditures

*Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.*

#### Section 1

For the purposes of this fiscal note the following assumptions were used;

- (1) There are 95 Acute Care Hospitals
- (2) 95 reports will be received every six months
- (3) Annual reports must be prepared and made public

FSL estimates it will take a .10 FTE Secretary Administrative and associated costs to compile the annual report of the monthly averages of the health care staffing level reports and post this report on their website.

## Part III: Expenditure Detail

### III. A - Expenditures by Object Or Purpose

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	0.1	0.1	0.1	0.1	0.1
A-Salaries & Wages	4,000	4,000	8,000	8,000	8,000
B-Employee Benefits	1,000	1,000	2,000	2,000	2,000
C-Personal Serv Contr					
E-Goods and Services	3,000	3,000	6,000	6,000	6,000
G-Travel					
J-Capital Outlays					
M-Inter Agency Fund Transfers					
N-Grants, Benefits Services					
P-Debt Service					
S-Interagency Reimburesement					
T-Intra-Agency Reimbursement					
<b>Total:</b>	\$8,000	\$8,000	\$16,000	\$16,000	\$16,000

**III. B - Detail:** *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2006	FY 2007	2005-07	2007-09	2009-11
Secretary Administrative	35,808	0.1	0.1	0.1	0.1	0.1
<b>Total FTE's</b>		0.1	0.1	0.1	0.1	0.1

**III. C - Expenditures By Program (optional)**

Program	FY 2006	FY 2007	2005-07	2007-09	2009-11
Hlth Systems Quality Assurance (060)	7,000	7,000	14,000	14,000	14,000
Administration (090)	1,000	1,000	2,000	2,000	2,000
<b>Total \$</b>	8,000	8,000	16,000	16,000	16,000

## Part IV: Capital Budget Impact

## Part V: New Rule Making Required

*Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.*

None



# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1710 HB	<b>Title:</b> Health care staffing level	<b>Agency:</b> 360-University of Washington
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## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

<b>FUND</b>					
<b>Total \$</b>					

### Estimated Expenditures from:

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	1.0	1.0	1.0	1.0	1.0
<b>Fund</b>					
University of Washington Hospital-State 505-1	75,526	75,526	151,052	151,052	151,052
<b>Total \$</b>	75,526	75,526	151,052	151,052	151,052

*The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.*

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- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 02/02/2005
Agency Preparation: Vahid Staples	Phone: 206 685-9967	Date: 02/16/2005
Agency Approval: Linda Barrett	Phone: 206-616-2431	Date: 02/16/2005
OFM Review: See OFM Note	Phone:	Date: 02/16/2005

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe, by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

HB 1710 would make all hospitals including the University of Washington Medical Center(UWMC) and Harborview Medical Center(HMC) responsible or compiling, posting and reporting on a number of new criteria related to health care staffing levels. That information would include

- 1) The number of registered nurses licensed who providing direct patient care and the ratio of patients to nurses;
- 2) The number of licensed practical nurses licensed under chapter providing direct patient care and the ratio of patients to those nurses;
- 3) The number of nursing assistants providing direct patient care and the ratio to patients of those nursing assistants;
- 4) The number of other credentialed health care providers providing direct patient care to meet any state or federal staffing requirements; and
- 5) The methods used by the hospital for determining and adjusting direct patient care staffing levels.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Note: Amounts shown in analysis include the amounts for both hospitals. Expenditure amount and FTE above would be split between the two hospitals.

Assumptions: For UWMC

- 1. The nurse scheduling system (Onestaff) is the source for licensed providers by unit.
- 2. There are 20 inpatient units and each is considered to be a department of the Medical Center
- 3. Each unit has a day, evening and night shift and ratios may vary based on shift
- 4. Average staffing ratios are projected during the yearly budget process and may be adjusted on a daily basis
- 5. Posted information will only be updated once a month, regardless of ratio fluctuations, and will represent an average
- 6. UWMC does not currently have an acuity system to help provide this data, so some data collection is very manual.

Assumptions: For HMC

- 1. The nurse scheduling system (Onestaff) is the source for licensed providers by unit.
- 2. There are 19 inpatient units and 5 other departments, which include the ED, OR, PACU, ASU & LSU and each is considered to be a department of the Medical Center
- 3. Each unit has a day, evening and night shift and ratios may vary based on shift and level of nursing care needs per patient
- 4. Average staffing ratios are projected during the yearly budget process based on current data and may be adjusted on a daily basis
- 5. It is the responsibility of the Nurse Manager and Assistant Administrator to establish staffing ratios. They are reflected in the 4 week OneStaff schedules

Note: Costs do not include potential costs of responding to public requests, media requests or follow-up inquiries made by the state. These costs could be significant. In addition, depending on how comprehensive the "other credentialed providers", the costs will be significantly higher because not all provider information is kept on a single system; it is decentralized and compiling it off the separate systems could double the cost.

Also nursing ratios should be looked at in conjunction with other factors such as patient mix, acuity, nurse skill levels, unit activity.

## Part III: Expenditure Detail

### III. A - Expenditures by Object Or Purpose

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	1.0	1.0	1.0	1.0	1.0
A-Salaries and Wages	52,210	52,210	104,420	104,420	104,420
B-Employee Benefits	13,316	13,316	26,632	26,632	26,632
C-Personal Service Contracts					
E-Goods and Services	10,000	10,000	20,000	20,000	20,000
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
<b>Total:</b>	\$75,526	\$75,526	\$151,052	\$151,052	\$151,052

### III. B - Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2006	FY 2007	2005-07	2007-09	2009-11
Nurse Manager	75,526	1.0	1.0	1.0	1.0	1.0
<b>Total FTE's</b>		1.0	1.0	1.0	1.0	1.0

## Part IV: Capital Budget Impact

## Part V: New Rule Making Required

*Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.*

## OFM Notes:

The costs reported by UW seem remarkably high in light of the other notes, and its still not clear why a nurse supervisor would need to handle the reporting chores. That said, the UW is adamant that these numbers are correct, and so we've sent them to illustrate the agency's view of the fiscal impact of the bill.