

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 2292 S HB	<b>Title:</b> Health care liability reform
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## Estimated Cash Receipts

Agency Name	2005-07		2007-09		2009-11	
	GF- State	Total	GF- State	Total	GF- State	Total
Office of Attorney General	0	1,203,804	0	1,168,804	0	982,542
Department of Health	0	36,000	0	36,000	0	36,000
<b>Total \$</b>	0	1,239,804	0	1,204,804	0	1,018,542

Local Gov. Courts *	Non-zero but indeterminate cost. Please see discussion.					
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
Office of Administrator for the Courts	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Office of Attorney General	7.0	0	1,203,804	7.0	0	1,168,804	6.0	0	982,542
Department of Revenue	.0	0	0	.0	0	0	.0	0	0
Office of Insurance Commissioner	.5	0	107,417	.5	0	92,982	.4	0	69,486
Department of Health	7.8	350,000	2,867,000	7.4	150,000	2,734,000	7.4	150,000	2,504,000
<b>Total</b>	15.3	\$350,000	\$4,178,221	14.9	\$150,000	\$3,995,786	13.8	\$150,000	\$3,556,028

Local Gov. Courts *	Non-zero but indeterminate cost. Please see discussion.								
Local Gov. Other **									
Local Gov. Total									

In order to accurately reflect the appropriation needed for each agency to support the requirements of this legislation, the total estimated expenditures on this summary page appear to double count costs. In reality, the expenditures reflected in the Department of Health's fiscal note are the actual costs to the state. This occurs because the Department of Health pays the costs of the Office of the Attorney General from their appropriated accounts; the Office of the Attorney General must have separate appropriation authority from the Legal Services Revolving Account to cover its costs. The amount of the Office of the Attorney General's fiscal note is the "double counted" amount. -E.S.Greef, OFM Budget.

<b>Prepared by:</b> Elise Greef, OFM	<b>Phone:</b> 360-902-0539	<b>Date Published:</b> Final 4/ 5/2005
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\* See Office of the Administrator for the Courts judicial fiscal note

\*\* See local government fiscal note

FNPID: 11984

# Judicial Impact Fiscal Note

<b>Bill Number:</b> 2292 S HB	<b>Title:</b> Health care liability reform	<b>Agency:</b> 055-Office of Administrator for Courts
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## Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

Non-zero but indeterminate cost. Please see discussion.

Estimated Expenditures from:

Non-zero but indeterminate cost. Please see discussion.

*The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060.*

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.

Legislative Contact:	Phone:	Date: 03/25/2005
Agency Preparation: Julia Appel	Phone: (360) 705-5229	Date: 03/28/2005
Agency Approval: Jeff Hall	Phone: 360-357-2131	Date: 03/28/2005
OFM Review: Garry Austin	Phone: 360-902-0564	Date: 03/28/2005

**Part II: Narrative Explanation**

**II. A - Brief Description Of What The Measure Does That Has Fiscal Impact on the Courts**

This bill could potentially impact the number of civil suits related to damages for health care injury.

Section 302 provides that no civil action for damages for injury occurring as a result of health care may be commenced more than eight years after the act or omission.

Sections 304-307 place limits on the use of expert witness testimony. Section 307 requests that the supreme court adopt rules to implement the provisions of the section.

Section 308 requires that a certificate of merit must be filed before commencing an action.

Section 309 encourages offers of settlement.

Sections 310 - 319 provide for voluntary arbitration if all parties to the action agree.

**II. B - Cash Receipts Impact**

The cash receipts impact is expected to be minimal.

**II. C - Expenditures**

Based on the provisions detailed in the sections summarized above, it is possible that the number of hearings in superior court related to health care injury claims could be impacted. There could be additional hearings related to the expert witness provisions. There could be fewer hearings because of the 8-year outer limit for filing an action, because of the settlement provisions, and because of the voluntary arbitration provisions. Overall it is expected that there will be a reduction in hearings. However, that reduction is not expected to be significant.

**Part III: Expenditure Detail**

**Part IV: Capital Budget Impact**

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 2292 S HB	<b>Title:</b> Health care liability reform	<b>Agency:</b> 100-Office of Attorney General
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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
Legal Services Revolving Account-State 405-1	619,402	584,402	1,203,804	1,168,804	982,542
<b>Total \$</b>	619,402	584,402	1,203,804	1,168,804	982,542

### Estimated Expenditures from:

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	7.0	7.0	7.0	7.0	6.0
<b>Fund</b>					
Legal Services Revolving Account-State 405-1	619,402	584,402	1,203,804	1,168,804	982,542
<b>Total \$</b>	619,402	584,402	1,203,804	1,168,804	982,542

*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:	Phone:	Date: 03/25/2005
Agency Preparation: Linda Moran	Phone: 360 753-2619	Date: 03/28/2005
Agency Approval: John Fricke	Phone: 360 753-2516	Date: 03/30/2005
OFM Review: Robin Campbell	Phone: 360-902-0575	Date: 03/30/2005

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 substitute bill adds language that addresses the burden of proof in all professional licensing discipline cases, making all cases except those against physicians and osteopaths, preponderance of the evidence. The other two professions will have a burden of proof that is new in that it is between the current clear and convincing, but more than preponderance. The change in the standard for physicians and osteopaths and the language of preponderance for all other health licensees will likely invite litigation as the standard of proof has been and is currently the subject of litigation at this time and each profession is being evaluated by the courts regarding the burden of proof and the constitutional requirements of due process before sanctioning a license. In the previous version of this bill the AGO estimated a need for 6 FTEs on an ongoing basis. As a result of the changes made in this substitute version of the bill the AGO estimates an additional .5 attorney FTE and .5 paralegal FTE will be needed, for a total of 7 FTEs. The additional .5 attorney FTE and .5 paralegal FTE will be required for two biennia until the burden of proof issues are resolved by the courts.

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.*

Legal services costs will be billed through the revolving fund to the client agency--the Department of Health.

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.*

The enforcement actions that the AGO will pursue for the Department of Health as a result of this bill are expected to increase in number and complexity. Based on the earlier version of the bill, the AGO had estimated a need for 2.0 attorney FTE, 2.0 paralegal FTE, 1.0 legal assistant FTE and 1.0 office assistant FTE on an ongoing basis to address the extra workload.

Based on the substitute version of the bill, the AGO estimates an additional need for .5 attorney FTE and .5 paralegal FTE for the first four years after this bill is passed to deal with additional complexities introduced regarding the burden of proof required for sanctions against different professions. In total, the AGO estimates the need for 7 FTEs in the first four years, and 6 FTEs on an ongoing basis.

Office furniture will be required for these new staff.

## Part III: Expenditure Detail

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

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	7.0	7.0	7.0	7.0	6.0
A-Salaries & Wages	354,018	354,018	708,036	708,036	592,248
B-Employee Benefits	77,884	77,884	155,768	155,768	130,294
C-Personal Serv Contr					
E-Goods and Services	110,000	110,000	220,000	220,000	190,000
G-Travel	25,000	25,000	50,000	50,000	40,000
J-Capital Outlays	52,500	17,500	70,000	35,000	30,000
M-Inter Agency Fund Transfers					
N-Grants, Benefits Services					
P-Debt Service					
S-Interagency Reimburesement					
T-Intra-Agency Reimbursement					
<b>Total:</b>	\$619,402	\$584,402	\$1,203,804	\$1,168,804	\$982,542

**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
Attorney	73,200	2.5	2.5	2.5	2.5	2.0
Legal Assistant	34,932	1.0	1.0	1.0	1.0	1.0
Office Assistant	29,616	1.0	1.0	1.0	1.0	1.0
Paralegal	42,588	2.5	2.5	2.5	2.5	2.0
<b>Total FTE's</b>		7.0	7.0	7.0	7.0	6.0

## 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.

# Department of Revenue Fiscal Note

<b>Bill Number:</b> 2292 S HB	<b>Title:</b> Health care liability reform	<b>Agency:</b> 140-Department of Revenue
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## Part I: Estimates

☒ **No Fiscal Impact**

*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:	Phone:	Date: 03/25/2005
Agency Preparation: Van Huynh	Phone: 360-570-6195	Date: 03/29/2005
Agency Approval: Kim Davis	Phone: 360-570-6087	Date: 03/29/2005
OFM Review: Doug Jenkins	Phone: 360-902-0563	Date: 03/29/2005

## 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.*

Only Section 118 affects the state Department of Revenue.

Section 118. The Department of Health in consultation with the Department of Revenue shall develop a bill to provide business and occupation tax credits to physicians who provide services at a reduced fee to patients that are uninsured or on Medicare or Medicaid. The tax credit legislation is to be presented to the Legislature no later than December 15, 2005.

The bill takes effect 90 days after the end of the session in which it passes. The provisions of the bill, however, would not take effect, unless the bill was approved by a vote of the people at the next general election (November 2005). In that event, the provisions of the bill, if approved, would not take effect until December 8, 2005, 30 days following the general election.

### 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.*

Because Section 118 of the bill only requires that the Department of Health, in consultation with the Department of Revenue, develop a program to provide business and occupation tax credits for physicians who serve uninsured, Medicare, and Medicaid patients, no fiscal estimate can be made at this time.

### 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 118 of the bill only requires that the Department of Health, in consultation with the Department of Revenue, develop a program to provide business and occupation tax credits for physicians who serve uninsured, Medicare, and Medicaid patients.

The Department will not incur any costs with the implementation of this legislation.

## Part III: Expenditure Detail

## Part IV: Capital Budget Impact

NONE.

## 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.*

No new rule making required at this time.



# Individual State Agency Fiscal Note

<b>Bill Number:</b> 2292 S HB	<b>Title:</b> Health care liability reform	<b>Agency:</b> 160-Office of Insurance Commissioner
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## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

FUND					
<b>Total \$</b>					

### Estimated Expenditures from:

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	0.4	0.5	0.5	0.5	0.4
<b>Fund</b>					
Insurance Commissioners Regulatory Account-State 138-1	39,439	67,978	107,417	92,982	69,486
<b>Total \$</b>	39,439	67,978	107,417	92,982	69,486

*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:	Phone:	Date: 03/25/2005
Agency Preparation: Kacy Scott	Phone: (360) 725-7041	Date: 03/29/2005
Agency Approval: Kacy Scott	Phone: (360) 725-7041	Date: 03/29/2005
OFM Review: Doug Jenkins	Phone: 360-902-0563	Date: 03/29/2005

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.

Sections 202 and 203 require medical malpractice data reporting to OIC, which will cause expenses associated with collection of data. Sections 204 and 205 require OIC to produce annual summaries and reports on the data and the medical malpractice market. Section 206 requires OIC to promulgate any needed rules.

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.

None

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.

Sections 202 and 203 require the reporting of malpractice claim data to OIC. The responsibility for data collection and analysis will fall to the Actuarial Services Unit.

OIC estimates the development of the necessary application and database will require the services of one (1) Information Technology Applications Specialist 6 for 2 months in FY-06 and 3 months in FY-07. Additionally OIC estimates a personal services contract of approximately \$20,000 to develop the necessary Web forms to support the data collection will be necessary in FY-07. Beginning in FY-08, ongoing maintenance of the application will require one (1) Information Technology Applications Specialist 6 for 0.5 months each year to update and reconfigure the application.

Beginning in FY-06, actuarial services will first have to identify and contact all “insuring entities” and self-insurers that must report under this bill. The initial contact would include a summary of the law and a survey of the:

- Class or types of insurance marketed in Washington state or of the risk financing program maintained by the entity
- Type of claims database or Risk Management Information System (RMIS) is maintained by each entity and a description of applications to which these databases are compatible
- Types of data readily available, and the format in which they are available
- Estimated programming time needed to collect and/or extract additional data

Actuarial services must develop coding and data-reporting protocol. This will involve stakeholder meetings and a rule-making, as anticipated in Section 206. From there, actuarial services would work cooperatively with IS on database design. It is essential that a system is developed so that data transfer is automatic to preclude data entry on the part of the OIC, which could take up to one hour per claim and result in duplication of activities performed by insuring entities and self-insurers.

It is estimated that an Actuarial Analyst 3 would spend 3 months in FY-06 collecting data and compiling data, drafting rules and consulting with IS on database design and/or application procurement. The first reporting year, beginning in FY-07, will likely result in significant data “scrubbing” to achieve consistency and refinement to the database and data reporting process. In FY 2007, it is estimated an actuarial analyst 3 will spend would spend 3 months on these tasks. Once the system is up and running, in FY-09, data auditing and database refinement will occur on an ongoing basis. It is anticipated that this process will take at least 1 month of an Actuarial Analyst 3’s time per fiscal year, for the foreseeable future.

Section 204 requires aggregate reporting of statistical summaries of claim data by OIC, and Section 205 requires the preparation of an annual report. It is anticipated that this will require and 3 months of an Actuarial Analyst 3's time and 1 month of the Senior Actuary's time in FY-08, the first report year, to prepare report templates the statistical summary and annual report. Thereafter, it would be 2 months of an Actuarial Analyst 3's time each fiscal year. Company Supervision staff would also need to be involved in the production of OIC's annual report because the annual report must include analysis of the financial reports of insurers with a combined market share of at least 90%; this will be would be absorbed into the normal course of business . Beginning in FY-08, it is anticipated that it will take one month of a Senior Policy Analyst to draft the report.

### Part III: Expenditure Detail

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

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	0.4	0.5	0.5	0.5	0.4
A-Salaries and Wages	26,671	32,484	59,155	63,241	46,904
B-Employee Benefits	4,880	5,898	10,778	11,144	8,684
C-Personal Service Contracts		20,000	20,000		
E-Goods and Services	7,888	9,596	17,484	18,597	13,898
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>	<b>\$39,439</b>	<b>\$67,978</b>	<b>\$107,417</b>	<b>\$92,982</b>	<b>\$69,486</b>

**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
Actuarial Analyst 3	60,180	0.3	0.3	0.3	0.3	0.3
Actuary Senior	135,864				0.0	
ITSAS6	69,756	0.2	0.3	0.2	0.0	0.0
WMS Sr Policy Analyst	66,000				0.1	0.1
<b>Total FTE's</b>		<b>0.4</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	<b>0.4</b>

### 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.

Section 206 requires the adoption of all rules needed to implement this new chapter of Title 48.

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 2292 S HB	<b>Title:</b> Health care liability reform	<b>Agency:</b> 303-Department of Health
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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-Private/Local 001-7	45,000	55,000	100,000	100,000	100,000
Health Professions Account-State 02G-1	(32,000)	(32,000)	(64,000)	(64,000)	(64,000)
<b>Total \$</b>	13,000	23,000	36,000	36,000	36,000

### Estimated Expenditures from:

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	8.0	7.5	7.8	7.4	7.4
<b>Fund</b>					
General Fund-State 001-1	268,000	82,000	350,000	150,000	150,000
General Fund-Private/Local 001-7	45,000	55,000	100,000	100,000	100,000
Health Professions Account-State 02G-1	1,175,000	1,242,000	2,417,000	2,484,000	2,254,000
<b>Total \$</b>	1,488,000	1,379,000	2,867,000	2,734,000	2,504,000

*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:

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

Legislative Contact:	Phone:	Date: 03/25/2005
Agency Preparation: Danny Howard	Phone: (360) 236-4625	Date: 04/01/2005
Agency Approval: Carla Delducco	Phone: (360) 236-3927	Date: 04/05/2005
OFM Review: Elise Greef	Phone: 360-902-0539	Date: 04/05/2005

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 promotes disclosure of medical errors and adverse health events. Information gained from those events will be used to advance patient safety.

The bill would require the disciplinary authority to revoke a health provider credential who is subject to three orders finding unprofessional conduct, in a 10-year period, from the violations that include negligence, drug diversion, standard of care, criminal conviction, current substance abuse, and abuse or sexual contact with a patient. It eliminates the possibility of informal disposition for certain types of violations, which would increase staff and hearing time.

The bill would remove from the types of cases to be resolved by a Stipulation to Informal Disposition (STID), those violations involving the third occurrence of negligence including, drug diversion, standard of care resulting in death or severe injury or creating a risk of significant risk of harm, criminal conviction, current substance abuse, and abuse or sexual contact with a patient if the violation qualifies for a sanction under section 106 of the bill.

It will require the Medical Quality Assurance Commission (MQAC) to add two patient advocate public members to the commission.

The bill would require Medical facilities to report to the Department of Health (DOH) any adverse event or incident within 45 days after occurrence of the event has been confirmed. The reports will be filed in a format specified by DOH without any identifying information and DOH would be required to investigate the adverse events.

DOH must establish a system, accessible twenty-four hours a day, for receiving reports and monitor the implementation of reporting systems in other states. They would be required to make recommendations to the governor and legislature as necessary to keep the system consistent with systems in other states. They would report by January 1, 2007 to the governor and legislature on the department’s activities in the preceding year and the report must be available to the public and posted on the web.

Requires DOH in consultation with the Department of Revenue to develop a program to provide business and occupation tax credits for physicians who serve uninsured and Medicaid patients in a private practice or a reduced fee access program for the uninsured and shall submit proposed legislation by December 15, 2005.

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.*

Facilities & Services Licensing (FSL):

This legislation directs DOH to collect data and investigate adverse events and incidents happening in Ambulatory Surgical Facilities (ASF’s). Currently FSL does not regulate this type of facility. The bill does not outline a funding source and DOH does not have the authority to establish fees for a non-licensed activity. General Fund-State would be required to support the ASF’s portion of this legislation starting in FY06.

Acute Care Hospitals, Private Psychiatric Hospitals, Childbirth Centers and Correctional Medical Facilities are fee based programs. FSL would need to raise fees to support the implementation of this legislation starting in FY06 (See attached worksheet).

For the purposes of this fiscal note, the following assumptions were used to determine the prorated amount based on the number of facility types. Looking at the total number of facilities regulated;  
Acute Care Hospitals = 95,

Private Psychiatric Hospitals = 4,  
Child Birth Centers = 13,  
Correctional Medical Facilities = 47 (14-Correction Centers, 21-Work Release, 12-Juvenile Rehab)

From there the percentages were determined;  
Acute Care Hospitals = 60% of total fee revenue  
Private Psychiatric Hospitals = 2% of total fee revenue  
Child Birth Centers = 8% of total fee revenue  
Correctional Medical Facilities = 30% of total fee revenue

The costs of the added workload will be considered when the annual fee analysis is done for each of these programs. Exemptions to I-601 will be required in FY06. Fees will be adjusted accordingly with expenditures in subsequent years.

#### Health Professions Quality Assurance (HPQA):

Revenue may need to be developed through fee increases in HPQA to offset expenditures. Depending on the impact of this bill and other new legislation that may also impact program expenditures, an exception to 1-601 may be required for some health professions.

Section 106: Stipulation To Informal Disposition (STIDs) are limited to \$1,000 per allegation to reimburse HPQA for the cost of an investigation and complaint processing. There would be a decrease in revenue due to the elimination of STIDs for the specific types of violations listed above.

Based on HPQA's past experience approximately 228 STIDs are issued annually. For the purpose of this fiscal note, HPQA is estimating that 40 of those STIDs will be for the third occurrence of violations listed above. Since HPQA estimates that an average STID generates \$800 in revenue, it is assumed that there would be a reduction in collections by (\$32,000) per year starting in FY06.

## 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.*

#### Facilities & Services Licensing (FSL):

##### Reporting -

Section 112: Requires 24/7 reporting capabilities for adverse events and incidents by the facilities. There would be one-time costs in FY06 and FY07 to develop a web-based application for collecting the data required. This would require staff and associated costs, and a personal services contract estimated at \$5,000 in FY06 to assist in the development. Staff would include a .25 FTE Information Technology Applications Specialist 4 (ITAS 4) in FY06 and a .12 FTE ITAS 4 in FY07.

For fiscal note purposes, FSL estimates the web-based reporting system would be up and running by October 1, 2006. This would provide three months of data for the first annual report due by January 1, 2007. In October 2006 there would be ongoing costs for maintenance of the reporting system that would require a .07 FTE ITAS 4 in FY07 and an ongoing .10 FTE beginning in FY08.

Currently the department does not have statutory authority to regulate ASF's or the authority to establish fees for voluntary reporting activities. FSL is estimating there are approximately 200 ASF's in Washington. This assumption is partially based on applications received through the Certificate of Need program. FSL estimates one-time costs in FY06 to develop a communication and educational plan for ASF's to voluntarily report adverse events and incidents and willingly participate in an investigation process. This would require staff and associated costs. Staff would include a .13 FTE Health Services Consultant 3 (HSC 3).

##### Investigations -

This legislation requires DOH to investigate adverse events and incidents. For the purposes of this fiscal note the following assumptions were made:

- 1) It is estimated that there will be 135 adverse events and incidents reported to DOH annually for Acute Care Hospitals, Psychiatric Hospitals, Child Birth Centers and Correctional Medical Facilities. This is based on history.
- 2) DOH cannot estimate at this time how many adverse events and incidents would be voluntarily reported to the department annually by ASF's. DOH does not regulate the estimated 200 ASF's. Starting in FY07, after DOH has implemented the communication and education plan for ASF's; they could begin to make annual estimates for the number of adverse events and incidents to be reported.

DOH currently investigates adverse events. They are not estimating an increase in the workload associated for investigations for Acute Care Hospitals, Psychiatric Hospitals, Child Birth Centers, and Correctional Medical Facilities.

Any investigations for the adverse events and incidents in the ASF's would be an increase in effort to coordinate and obtain approval in advance and a new workload, if any reports are received.

Collection, analysis, evaluation of data and develop and issue recommendations -

Staff time will be required to collect, analyze, and evaluate data regarding the reports of adverse events and incidents. DOH must also develop and issue recommendations directly to individual medical facilities, or on a statewide basis. One-time costs in FY06 would include a .25 FTE HSC 3 and associated costs to support this new workload. Starting in FY07 ongoing costs would include a .75 FTE HSC 3.

Annual Report -

Beginning January 1, 2007 and annually thereafter a report to the governor and legislature on the department's activities from the preceding year must be submitted. The annual report would be made available for public inspection and posted on the department's website. Ongoing costs starting in FY06 would require staff and associated costs to start developing the report and reporting requirements. Staff would include a .12 FTE HSC 3 in FY06 and an ongoing .25 FTE HSC 3 beginning in FY07.

Stakeholder Meetings -

It is estimated that there will be a need of up to four meetings, consisting of representatives from DOH, hospitals, psychiatric hospitals, childbirth centers, health professions, ambulatory surgical facilities, correctional medical facilities and any interested professional associations. Two meetings will be held at DOH facilities in either Tumwater or Kent and two meetings in the SeaTac area to discuss the reporting format and details along with any potential rule changes. One-time costs would include meeting room rentals, printing and postage.

Health Professions Quality Assurance (HPQA):

Section 103: Requires MQAC to add two additional public members to the commission starting in FY06. Additional costs for commission time and travel would be required for participation in commission meetings and case reviews. Ongoing staff starting in FY06 would include .22 FTE Commission time.

Section 106: It is estimated that 40 cases would involve the third occurrence of the listed violations and could no longer be resolved by issuing a STID. Those cases would now go into the formal disciplinary action process that includes formal charges being prepared by Staff Attorneys and reviewed by the Attorney Generals (AG) Office. Other factors include the time and expense of formal discovery processes, which may include the need for the services of an expert witness. There will also be additional costs involved in the more contentious settlement discussions and negotiations which may result in formal hearings.

For the purposes of this fiscal note HPQA anticipates that one-sixth of those 40 additional Statements of Charges (SOCs) issued, or 7, would result in a formal hearing. This estimate is based on HPQA's experience with similar cases.

Ongoing costs beginning in FY06, related to additional SOC's and associated hearings would include additional staff time and associated costs, board or commission time, AG time, expert witnesses, meeting room rentals, travel, printing and postage. Staff would include a .17 FTE Board/Commission time, .08 FTE Hearings Examiner 3, .02 FTE Hearings Scheduler, .29 FTE Staff Attorney, .07 FTE Legal Secretary 3, .11 FTE Health Services Consultant 3, and .03 FTE Administrative Assistant 2. There would also be one-time costs in FY06 to purchase equipment for new staff.

This section also identifies sanctions for certain types of violations listed above. These sanctions for the most part are stricter and less flexible than the types of sanctions HPQA currently uses. Without the flexibility to negotiate settlements, they anticipate that more cases are likely to go to hearing. Last biennium, HPQA averaged 344 cases each year that reached agreed orders of which approximately 52% (179) were for the types of violations listed above. HPQA is estimating that the same number of agreed orders in future years will be for these types of violations. For the purposes of this fiscal note, HPQA is estimating that one-third (60) of those cases will request a formal hearing.

Ongoing costs starting in FY06 would include additional staff time and associated costs, board or commission time, AG time, expert witnesses, meeting room rentals, travel, printing and postage. FTEs would include a 1.10 FTE Board/Commission time, .63 FTE Hearings Examiner 3, .11 FTE Hearings Scheduler, .14 FTE Staff Attorney, .20 FTE Legal Secretary 3, .55 FTE Health Services Consultant 3, and a .05 FTE Administrative Assistant 2. There would also be one-time costs in FY06 to purchase equipment for new staff.

Sections 107-108: Given the change in the standard for burden of proof, it is assumed that there would be appeals on certain cases and a possible class-action lawsuit challenging the constitutionality of the law. Appeals and class action suits generally do not involve staff attorneys and therefore no DOH staff costs would be included for these sections, but there would be AG costs.

The AG costs from sections 106, 107 and 108 of this bill are estimated at \$619,402 in FY06, \$584,402 per year in FY07 thru FY09 and \$491,271 per year starting in FY10 and continuing in outgoing years. Expert witness costs from section 106 of this bill are estimated at \$40,800 in FY06 and \$180,000 per year starting in FY07 and continuing in outgoing years. Increased division administrative workload from this legislation is also requiring a .90 FTE Management Analyst 2 starting in FY06. This would be ongoing.

#### Emergency Medical Services (EMS):

Section 106: Identifies certain sanctions for certain types of violations listed above. These sanctions for the most part are stricter and less flexible than the types of sanctions EMS currently uses. Without the flexibility to negotiate settlements, EMS is anticipating that more cases are likely to go to hearing. Last biennium EMS averaged 10 cases that reached agreed orders, of which approximately 80% were for these types of violations. EMS is estimating that the same number of agreed orders in future years will be for these types of violations. For the purposes of this fiscal note, EMS is estimating that 25% of those cases will request a formal hearing, which means an additional two hearings will be held.

Ongoing costs starting in FY06 would include additional staff time and associated costs, AG time, expert witnesses, room rentals, travel, printing and postage. Staff would include a .03 FTE Health Law Judge, for services provided by HPQA's Office of Professional Standards, and a .09 FTE Health Services Consultant 3.

#### Office of Community & Rural Health (OCRH):

Section 118: Would require one-time costs in FY06 for project management, contract development, management of public process, preparation of legislation, and coordination with other agencies and stakeholders. Due to the time constraints for developing the program and submitting proposed legislation to the legislature by December 15, 2005, OCRH would need to hire a contractor with expertise in assessing reduced fee access programs. The contractor would need to review existing state programs, programs in other states, and provide an assessment of the costs and impacts. Costs would require staff and associated costs, AG time for guidance on the proposed legislation and program development, a personal service contract at an estimated \$100,000, room rentals and travel. Staff would include a .50 FTE Health Services Consultant 4 and a .50 FTE Health Services Consultant 2.



Administration:

Increased administrative workload with this legislation will require ongoing staff beginning in FY06. Staff would include a 1.50 FTE Financial Analyst 3.

## Part III: Expenditure Detail

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

	FY 2006	FY 2007	2005-07	2007-09	2009-11
FTE Staff Years	8.0	7.5	7.8	7.4	7.4
A-Salaries & Wages	405,000	376,000	781,000	740,000	740,000
B-Employee Benefits	77,000	71,000	148,000	138,000	138,000
C-Personal Serv Contr	109,000	3,000	112,000	6,000	6,000
E-Goods and Services	830,000	896,000	1,726,000	1,784,000	1,554,000
G-Travel	31,000	28,000	59,000	56,000	56,000
J-Capital Outlays	30,000		30,000		
M-Inter Agency Fund Transfers					
N-Grants, Benefits Services					
P-Debt Service					
S-Interagency Reimbursement					
T-Intra-Agency Reimbursement	6,000	5,000	11,000	10,000	10,000
<b>Total:</b>	<b>\$1,488,000</b>	<b>\$1,379,000</b>	<b>\$2,867,000</b>	<b>\$2,734,000</b>	<b>\$2,504,000</b>

### 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
Administrative Asst 2	32,544	0.1	0.1	0.1	0.1	0.1
Board Member	47,580	1.3	1.3	1.3	1.3	1.3
Commission Member	65,000	0.2	0.2	0.2	0.2	0.2
Financial Analyst 3	46,992	1.5	1.5	1.5	1.5	1.5
Health Law Judge	67,272	0.0	0.0	0.0	0.0	0.0
Hearings Examiner 3	63,192	0.7	0.7	0.7	0.7	0.7
Hearings Scheduler	32,544	0.1	0.1	0.1	0.1	0.1
Hlth Services Consultant 2	45,816	0.5		0.3		
Hlth Services Consultant 3	53,136	1.3	1.8	1.5	1.8	1.8
Hlth Services Consultant 4	58,656	0.5		0.3		
Info Tech Appl Specialist 4	57,252	0.3	0.2	0.2	0.1	0.1
Legal Secretary 3	37,608	0.3	0.3	0.3	0.3	0.3
Management Analyst 2	39,492	0.9	0.9	0.9	0.9	0.9
Staff Attorney	63,192	0.4	0.4	0.4	0.4	0.4
<b>Total FTE's</b>		<b>8.0</b>	<b>7.5</b>	<b>7.8</b>	<b>7.4</b>	<b>7.4</b>

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

Program	FY 2006	FY 2007	2005-07	2007-09	2009-11
Hlth Systems Quality Assurance (060)	1,338,000	1,245,000	2,583,000	2,468,000	2,262,000
Administration (090)	150,000	134,000	284,000	266,000	242,000
<b>Total \$</b>	<b>1,488,000</b>	<b>1,379,000</b>	<b>2,867,000</b>	<b>2,734,000</b>	<b>2,504,000</b>

## 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.*

Section 112: Rules may need to be developed to define what format and details will be reported.

## REVENUE ATTACHMENT FOR SHB 2292 (FN05-198)

### Acute Care Hospitals

<b>2005-2007 Biennium</b>	<b>FY 06</b>	<b>FY 07</b>
Total:		
Fee Volume – Bed Capacity	13,890	13,890
Estimated Increase	\$1.94	2.38
Revenue	\$27,000	\$33,000
Source: GF-Local 05-97		
<b>Subsequent Biennia</b>	<b>2007-2009</b>	<b>2009-2011</b>
Volume	27,780	27,780
Estimated Increase	\$2.16	\$2.16
Revenue	\$60,000	\$60,000
Source: GF-Local 05-97		

FSL anticipates a need to raise licensing fees in the Hospital program to effectively administer and implement this legislation.

### Private Psychiatric Hospitals

<b>2005-2007 Biennium</b>	<b>FY 06</b>	<b>FY 07</b>
Total:		
Fee Volume – Bed Capacity	313	313
Estimated Increase	\$2.88	\$3.51
Revenue	\$900	\$1,100
Source: GF-Local 05-97		
<b>Subsequent Biennia</b>	<b>2007-2009</b>	<b>2009-2011</b>
Fee Volume – Bed Capacity	626	626
Estimated Increase	\$3.19	\$3.19
Revenue	\$2,000	\$2,000
Source: GF-Local 05-97		

FSL anticipates a need to raise licensing fees in the Private Psychiatric Hospital to effectively administer and implement this legislation.

### Child Birth Centers

<b>2005-2007 Biennium</b>	<b>FY 06</b>	<b>FY 07</b>
Total:		
Fee Volume – Facilities	13	13
Estimated Increase	\$276.92	\$338.46
Revenue	\$3,600	\$4,400
Source: GF-Local 05-97		
<b>Subsequent Biennia</b>	<b>2007-2009</b>	<b>2009-2011</b>
Fee Volume – Facilities	26	26
Estimated Increase	\$307.69	\$307.69
Revenue	\$8,000	\$8,000
Source: GF-Local 05-97		

FSL anticipates a need to raise licensing fees in the Child Birth Center program to effectively administer and implement this legislation.

Correctional Medical Facilities

<b>2005-2007 Biennium</b>	<b>FY 06</b>	<b>FY 07</b>
Total:		
Fee Volume – 2003 Avg Daily Population	17,423	17,423
Estimated Increase	\$.77	\$.95
Revenue	\$13,500	\$16,500
Source: General Fund – Local		
<b>Subsequent Biennia</b>	<b>2007-2009</b>	<b>2009-2011</b>
Fee Volume – 2003 Avg Daily Population	34,846	34,846
Estimated Increase	\$.86	\$.86
Revenue	\$30,000	\$30,000
Source: General Fund – Local		

FSL anticipates a need to raise licensing fees in the State Institutional Survey program to effectively administer and implement this legislation.

# LOCAL GOVERNMENT FISCAL NOTE

Department of Community, Trade and Economic Development

<b>Bill Number:</b> 2292 S HB	<b>Title:</b> Health care liability reform
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## Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

### Legislation Impacts:

- ☐ Cities:
- ☐ Counties:
- ☒ Special Districts: Hospital Districts, Rural Hospital Districts
- ☒ Specific jurisdictions only: Cities, Counties, and districts that are providers of health care services
- ☐ Variance occurs due to: Liability of health care providers is affected

## Part II: Estimates

- ☐ No fiscal impacts.
- ☐ Expenditures represent one-time costs:
- ☐ Legislation provides local option:
- ☒ Key variables cannot be estimated with certainty at this time: Effect on cost of providing employee health coverage

### Estimated revenue impacts to:

Jurisdiction	FY 2006	FY 2007	2005-07	2007-09	2009-11
City					
County					
Special District					
<b>TOTAL \$</b>					
<b>GRAND TOTAL \$</b>					

### Estimated expenditure impacts to:

Jurisdiction	FY 2006	FY 2007	2005-07	2007-09	2009-11
City					
County					
Special District					
<b>TOTAL \$</b>					
<b>GRAND TOTAL \$</b>					0

## Part III: Preparation and Approval

Fiscal Note Analyst: Dahra Latham	Phone: 360-725-5036	Date: 03/28/2005
Leg. Committee Contact:	Phone:	Date: 03/25/2005
Agency Approval: Louise Deng Davis	Phone: (360) 725-5034	Date: 03/29/2005
OFM Review: Elise Greef	Phone: 360-902-0539	Date: 03/29/2005

## **Part IV: Analysis**

### **A. SUMMARY OF BILL**

*Provide a clear, succinct description of the bill with an emphasis on how it impacts local government.*

If approved by the people, the bill would make the following changes to health care liability:

Section 1: States findings and intent.

Part I:

Section 101: Expressions of sympathy or regret by a health care provider are not admissible.

Section 102: Reporting of a provider's unprofessional conduct, if done in good faith, may not be a basis of liability.

Section 103: Changes membership requirements for the Medical Quality Assurance Commission.

Sections 104 – 106: Disciplinary proceedings and confidentiality of disciplinary proceedings. Specify that disciplining authorities may take into account the past findings and actions of both Washington and out-of-state authorities.

Sections 107 – 109: Establishes a "substantial and significant proof" standard for disciplinary proceedings.

Section 110 – 114: Requires health care providers to report certain bad outcomes to the Department of Health, and require the Department to compile and analyze these reports and make recommendations, addresses confidentiality and inadmissibility of these reports.

Section 115: Adds "a consortium of providers" to the list of entities that may have a "co-ordinated quality improvement plan" under RCW 43.70.510/

Sections 116 – 117: Requirements to improve the legibility of prescriptions.

Section 118: Requires the Department of Health to develop a program to assist physicians who serve uninsured, medicare, and medicaid patients with insurance costs.

Part II:

Sections 201-206: Require insurers to report certain closed claims to the insurance commissioner, details what these reports must include, and directs the insurance commissioner to make rules for the confidentiality of reported material, and to summarize the reports and report their content to the legislature. Require providers to report such claims that are not reported by insurers. Specify that Insurance Commissioner rules must identify the insurer that has primary reporting responsibility.

Section 207: Requires attorneys or plaintiffs to report costs and attorney's fees to the insurance commissioner.

Section 208: Requires the commissioner to compare the reporting procedures created by sections 201-206 to the model malpractice reporting standards of the national association of insurance commissioners, should the association adopt such standards.

Section 209: Provides that individually identifiable information in these reports is exempt from disclosure.

Sections 210 - 213: Requires insurers who offer medical malpractice coverage to file their underwriting rules with the commissioner. Place limits on how insurers may cancel policies or take other actions adverse to an insured health care provider.

Sections 214 – 217: Makes administrative changes and distinguishes medical malpractice insurance from commercial property casualty insurance.

Part III:

Sections 301 – 303: Re-enacts the eight-year statute of repose created by RCW 4.16.350, and provide that the statute is not tolled for plaintiffs who are under eighteen at the time of an injury.

Sections 304 – 307: Establishes qualifications required for expert witnesses in affected actions, limit the number of expert witnesses a party

may employ, require that expert testimony be corroborated by other evidence, and require pre-trial disclosure concerning expert witnesses. Limit the courts' discretion to permit more than two expert witnesses to situations where there are multiple parties on a side and those parties cannot agree on experts.

Section 308: Requires a certificate of merit before an action may be commenced.

Section 309: Allows award of fees and costs to the prevailing party in certain settled cases.

Sections 310 – 319: Establishes procedures for voluntary arbitration of complaints, including: ways parties may elect arbitration, selection of an arbitrator, expert witnesses, discovery, time limits, reporting to the court, and appeals from arbitrators' decisions.

Section 320: Allows plaintiff's insurance payments to be admitted as a collateral source.

Section 321: Authorizes penalties for attorneys and parties who file frivolous claims or defenses.

Differences between original and substitute bills:

Sections 107-109, 118, and 321 are new in the substitute bill.

In addition, there are changes in Sections 101, 104, 202, 206, 211, 304, 305, 306, 308, 404, and 405.

101: Exception provided in 101(c) of the original bill is removed.

104: Specifies that disciplining authorities may take into account the past findings and actions of both Washington and out-of-state authorities.

202: Makes reporting requirements for providers more similar to those for insurers.

206: Clarifies that Insurance Commissioner rules must identify the insurer that has primary reporting responsibility.

211: Substitutes "health care provider" for "physician".

304 and 305 : Substitutes "health professions school" and "health care specialty" for "medical school" and "medical specialty".

306: Limits the courts' discretion to permit more than two expert witnesses to situations where there are multiple parties on a side and those parties cannot agree on experts.

308: Clarifies deadline language.

404 and 405: Designate a concise description for the measure, to be included in the ballot title.

None of these changes has any readily quantifiable effect on the fiscal impact of the bill.

## **B. SUMMARY OF EXPENDITURE IMPACTS**

*Briefly describe and quantify the expenditure impacts of the legislation on local governments, identifying the expenditure provisions by section number, and when appropriate, the detail of expenditures. Delineate between city, county and special district impacts.*

Local governments that are health care providers would anticipate a reduction in their liability costs. All local governments might experience savings in providing health insurance to their employees. The quantity of these impacts is not known.

### **DISCUSSION:**

- Local governments such as Hospital Districts and Rural Hospital Districts that are direct health care providers would anticipate a possible reduction in liability costs. Information on the amount of expected savings is not available.

- Local governments in general provide health insurance to their employees, and any legislation affecting the cost of health care has an indirect effect on those costs. Local governments do not anticipate a reduction in premiums compared to present rates as a result of this initiative. Data needed to quantify a possible effect on the future rate of premium increases are not available.

- Under sections 110-114, local governments that are direct health care providers would incur some costs in reporting to the Department of Health.

Differences between original and substitute bills:

-Sections 107-109, 118, and 321 are new in the substitute bill.

-In addition, there are changes in Sections 101, 104, 202, 206, 211, 304, 305, 306, 308, 404, and 405. (See bill summary in this fiscal note.)

-None of these changes has any readily quantifiable effect on the fiscal impact of the bill.

#### SOURCES:

Association of Washington Cities  
Washington State Association of Counties  
Washington State Hospital Association  
Washington Casualty Company  
Washington Fire Commissioners  
LGFN for Initiative 330  
LGFN for HB 2292

### **C. SUMMARY OF REVENUE IMPACTS**

*Briefly describe and quantify the revenue impacts of the legislation on local governments, identifying the revenue provisions by section number, and when appropriate, the detail of revenue sources. Delineate between city, county and special district impacts.*

No revenue impacts are anticipated.

#### SOURCES:

Association of Washington Cities  
Washington State Association of Counties  
Washington State Hospital Association