MultipleAgencyFiscalNoteSummary

BillNumber: 1364HB	Title: Generalanesthesiaservices
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EstimatedCashReceipts

AgencyName	2001	-03	2003	-05	200	5-07
	GF-State	Total	GF-State	Total	GF-State	Total
WashingtonStateHealthCare	0	55,171	0	74,976	0	74,976
Authority						
Total:	0	55,171	0	74,976	0	74,976
LocalGov.Courts*						
LocalGov.Other**						
LocalGov.Total						

EstimatedExpenditures

AgencyName		2001-03			2003-05	5		2005-07	
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
WashingtonState	.0	0	55,171	.0	0	74,976	.0	0	74,975
HealthCareAuthority									
OfficeofInsurance	.0	0	0	.0	0	0	.0	0	0
Commissioner									
Total:	.0	0	55,171	.0	0	74,976	.0	0	74,975
I Utali	.0	U	55,171	.0	U	74,970	.0	U	14,915
LocalGov.Courts*									
LocalGov.Other**									
LocalGov.Total									
L									

Preparedby: GinaTerry,OFM	Phone:	DatePublished:
	360-902-0579	Final3/5/2001

 $* \quad See Office of the Administrator for the Court sjudicial fiscal note$

IndividualStateAgencyFiscalNote

BillNumber: 1364HB Title: Generalanesthesiaservices	Agency:	107-WashStateHealth CareAuthority
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PartI:Estimates

NoFiscalImpact

EstimatedCashReceiptsto:

Fund	FY2002	FY2003	2001-03	2003-05	2005-07
PublicEmployees'andRetirees	17,683	37,488	55,171	74,976	74,976
InsuranceAccount-Non-Appropriated					
721-6					
Total	\$17,683	\$37,488	\$55,171	\$74,976	\$74,976

EstimatedExpendituresfrom:

	FY2002	FY2003	2001-03	2003-05	2005-07
FTEStaffYears					
Fund					
PublicEmployees'andRetirees	17,683	37,488	55,171	74,976	74,975
InsuranceAccount-Non-Appropriated					
721-6					
Total	\$17,683	\$37,488	\$55,171	\$74,976	\$74,975

$\label{eq:construction} The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of the seestimate of the seestimate of the set of the$	s,
andalternateranges(ifappropriate), are explained in Part II.	

Check applicable boxes and follow corresponding instructions:

Iffiscalimpactisgreaterthan\$50,000perfiscalyearinthecurrentbienniumorinsubsequentbiennia,completeentirefiscalnote formPartsI-V.

 $\sqrt{}$ If fiscal impact is less than \$50,000 perfiscally early the current bien niumorin subsequent bien nia, complete this page only (Part I).

Capitalbudgetimpact,completePartIV.

 $\sqrt{}$ Requires new rule making, complete Part V.

LegislativeContact:	JohnWelsh	Phone: 360-786-7133	Date: 02/13/2001
AgencyPreparation:	FaithLai	Phone: (360)923-2746	Date: 02/23/2001
AgencyApproval:	BeauBergeron	Phone: (360)923-2827	Date: 03/02/2001
OFMReview:	GinaTerry	Phone: 360-902-0579	Date: 03/05/2001

PartII:NarrativeExplanation

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.

Seetheattached.

II.B-CashreceiptsImpact

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 work load assumptions translate into estimates. Distinguish between one time and ongoing functions.

Seetheattached.

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 work load assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Seeattached

PartIII:ExpenditureDetail

III.A-ExpendituresByObjectOrPurpose

	FY2002	FY2003	2001-03	2003-05	2005-07
FTEStaffYears					
A-Salaries&Wages					
B-EmployeeBenefits					
C-PersonalServContr					
E-GoodsandServices					
G-Travel					
J-CapitalOutlays					
M-InterAgencyFundTransfers					
N-Grants, BenefitsServices	17,683	37,488	55,171	74,976	74,976
P-DebtService					
S-InteragencyReimburesement					
T-Intra-AgencyReimbursement					
Total:	\$17,683	\$37,488	\$55,171	\$74,976	\$74,976

III.C-ExpendituresByProgram(optional)

Program	FY2002	FY2003	2001-03	2003-05	2005-07
BasicHealth(020)					
BHBenefits(070)					
CommunityHealthServices(030)					
HealthCarePlanning(060)					
Other(New)					
PEBB(040)	17,683	37,488	55,171	74,976	74,976
ProgramSupport(010)					
UMP(050)					
WSHIP(080)					
То	tal \$17,683	\$37,488	\$55,171	\$74,976	\$74,976

PartIV:CapitalBudgetImpact

Request#	01-21-2
Bill#	1364HB

None.

PartV:NewRuleMakingRequired

 ${\it Identify} provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.$

None.

Part II: Narrative Explanation

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

This bill would require health plans and dental plans to cover general anesthesia services in conjunction with dental procedures when provided in the hospital, medical or ambulatory surgical center, or a dental office for persons 1) under the age of seven; 2) with physical or developmental disabilities; and 3) with at least one medical condition that would create an undue medical risk if the procedure was not performed safely and effectively. The bill refers to public employees and their covered dependents. We have assumed that:

- 1) Public Employees Benefits Board (PEBB) non-Medicare and Medicare retirees are excluded;
- 2) Basic Health (BH) subsidized and non-subsidized programs are not covered;
- 3) Disabled dependents who might qualify for Medicare are excluded;
- 4) The bill would take effect on January 1, 2002, the Health Care Authority (HCA) next contract renewal date.

II. B - Cash Receipts Impact

It is assumed that the state funding rate and employee contribution will increase to cover the cost for state employees. It is assumed that the increased costs for retirees and other PEBB members will be paid by those individuals.

II. C - Expenditures

The Washington State Dental Association (WSDA) submitted a report to the Department of Health (DOH) for the managed benefit review two years ago. We used the WSDA report as a basis for our cost assumptions. The WSDA report was based upon several studies including the following information:

- 1) A study by the Washington Dental Services (WDS) reported that coverage of general anesthesia for dental procedures would cause an increase of approximately \$.02 per subscriber per month (pmpm).
- 2) The cost for dental anesthesia was approximately .042 percent of total dental insurance premiums.
- 3) The average cost for general anesthesia was between \$2,250 and \$4,000.
- 4) The WSDA report also cited the Medi-Cal program in California which provides medically necessary general anesthesia coverage for Denti-Cal patients. The Medi-Cal program estimated a .23 percent utilization rate for dental anesthesia, which is for children ages 0~20.

Based upon the WSDA report, we were able to develop a mid range estimate that assumes cost increases of 0.042 percent of the total dental plan premiums. The cost assumptions do not include any potential medical cost offsets. Revenue and expenditure calculations are shown in Table 1.

The use of dental anesthesia in certain cases may allow a dentist to perform dental care that would prevent more serious oral surgeries later. We were, however, unable to reasonably predict the impact the use of dental anesthesia might have on the reduction of future surgeries.

Part IV: Capital Budget Impact None.

Part V: New Rule Making Required

None.

UCA Elecal Net

					HCA Fisc	al Note						
Bill #: HB 1364R			Table 1, PEE	B-UMP Impact							HCA Request:	FN 01-21
[FY 2002	FY 2003	Total Biennium					I				
MCO Dental Premiums UMP Dental Plan Claims Total		\$15,129,503 <u>\$75,873,398</u> \$91,002,901	\$29,402,619 <u>\$147,463,686</u> \$176,866,305	R	Employees etirees w/ dental Total pool	PEBB Subscribers 100,369 29,734 130,103	Percent of total 77.1% <u>22.9%</u> 100%					
Impact of dental anesthesia requirement	0.042%	0.042%										
Annual dental anesthesia costs Adjust FY 02 base to start	\$ 36,063	\$ 38,221	\$ 74,284									
-	\$ (18,032)		\$ (18,032)									
Additional cost of this bill	\$ 18,032	\$ 38,221	\$ 56,253									
			Expendit	ures								
Γ	7/01-12/01	1/02-6/02	7/02-12/02	1/03-6/03	7/03-12/03	1/04-6/04	7/04-12/04	1/05-6/05	7/05-12/05	1/06-6/06	7/06-12/06	1/07-6/07
Additional benefits cost		18,032	19,111	19,111	19,111	19,111	19,111	19,111	19,111	19,111	19,111	19,11
-		CY 02 total	37,142	CY 03 total	38,221	CY 04 total	38,221	CY 05 total	38,221	CY 06 total	38,221	
Total Expenditures	FY 02 total	18,032	FY 03 total	38,221	FY 04 total	38,221	FY 05 total	38,221	FY 06 total	38,221	FY 07 total	38,22
-	7/04 4 0/04	4/00 0/00	Revenu		7/02/40/02	4/04/0/04	7/04 40/04	4/05 0/05	7/05 40/05	4/00 0/00	7/00 40/00	4/07.0/07
Revenue needed	7/01-12/01	1/02-6/02 18,032	7/02-12/02 19,111	1/03-6/03 19,111	7/03-12/03 19,111	1/04-6/04 19,111	7/04-12/04 19,111	1/05-6/05 19,111	7/05-12/05 19,111	1/06-6/06 19,111	7/06-12/06 19,111	1/07-6/07 19,11
Revenue needed		16,032	19,111	19,111	19,111	19,111	19,111	19,111	19,111	19,111	19,111	19,11
-		CY 02 total	37,142	CY 03 total	38,221	CY 04	38,221	CY 05 total	38,221	CY 06 total	38,221	
Total revenue	FY 02 total	18,032	FY 03 total	38,221	FY 04 total	38,221	FY 05 total	38,221	FY 06 total	38,221	FY 07 total	38,22
[FY	02	FY	03	F	Y 04	FY 0	5	FY	06	FY	07
enue by Source		• • • • • • •										
Funding rate - State Share (total	,	\$ 12,798		\$ 26,537		\$ 26,537		\$ 26,537		\$ 26,537		\$ 26,53
Funding rate - Employee Contri NM retirees	bution	\$ 1,113 \$ 1,121		\$ 2,949 \$ 8,735		\$ 2,949 \$ 9,725		\$ 2,949 \$ 8.735		\$ 2,949 \$ 8,735		\$ 2,94
		<u>\$ 4,121</u>		·		<u>\$ 8,735</u>						<u>\$ 8,73</u> \$ 38.22
Total		\$ 18,032		\$ 38,221		\$ 38,221		\$ 38,221		\$ 38,221		\$ 38,22
ling rate - State Share Source												
% GF-State		7,807		16,188		16,188		16,188		16,188		16,18
% GF-Federal		1,408		2,919		2,919		2,919		2,919		2,91
% GF-Local		128		265		265		265		265		26
% Non Appropriated		3,455		7,165		7,165		7,165		7,165		7,16
% Total funds		12,798		26,537		26,537		26,537		26,537		26,53
Funding rate - State Share pe	r subscriber pe	er month.										
				FY 03		FY 04		FY 05		FY 06		FY 0
		FY 02		FT 03		1 1 0 7		11 00		1100		FIC

Notes:

1. For purposes of this fiscal note, average rates for FY04 and subsequent years are assumed to remain at the FY03 level.

0.02

2. This fiscal note assumes that state employees pay 8% of the FY 02 cost and 10% of the cost in FY 03 and following years, consistent with the Governor's 01-03 budget. Employee contributions are shown as a cash receipt to other non

0.02

0.02

0.02

0.02

appropriated funds on the front page summary of this fiscal note.

100,369

State employee enrollment

3. Non Medicare retirees are 10% of the risk pool, so they are assumed to pay 10% of the cost.

4. Current dental premium costs and PEBB enrollment are per the February 01 PEBB projection (William Mercer, Inc).

0.02

IndividualStateAgencyFiscalNote

BillNumber: 1364	HB Title:	Generalanesthesiaservices	Agency:	160-OfficeofInsurance Commissioner
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PartI:Estimates

√ NoFiscalImpact

 $\label{eq:construction} The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.$

Check applicable boxes and follow corresponding instructions:

Iffiscalimpactisgreaterthan\$50,000perfiscalyearinthecurrentbienniumorinsubsequentbiennia,completeentirefiscalnote formPartsI-V.

If fiscal impact is less than \$50,000 per fiscal year in the current bien niumor in subsequent bien nia, complete this page only (Part I).

Capitalbudgetimpact,completePartIV.

Requiresnewrulemaking,completePartV.

LegislativeContact:	JohnWelsh	Phone: 360-786-7133	Date: 02/13/2001
AgencyPreparation:	BillHagens	Phone: (360)586-5597	Date: 02/15/2001
AgencyApproval:	MikeWatson	Phone: 360-664-4614	Date: 02/16/2001
OFMReview:	DougJenkins	Phone: 360-902-0563	Date: 02/16/2001