

Individual State Agency Fiscal Note

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|-----------------------------|--------------------------------------|---|
| Bill Number: 5179 SB | Title: Death with dignity act | Agency: 303-Department of Health |
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

| | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|-------------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years | 0.3 | 0.0 | 0.2 | 0.0 | 0.0 |
| Account | | | | | |
| General Fund-State 001-1 | 65,000 | 0 | 65,000 | 0 | 0 |
| Total \$ | 65,000 | 0 | 65,000 | 0 | 0 |

Estimated Capital Budget Impact:

NONE

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.

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|------------------------------------|-----------------------|------------------|
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Part II: Narrative Explanation

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

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

The bill intends to increase access to the rights authorized by the Death with Dignity Act.

Section 1 amends definitions of RCW 70.245.010. It changes "attending physician" to "attending qualified medical provider", "consulting physician" to "consulting qualified medical provider" and defines "qualified medical provider" as a physician licensed under chapter 18.57 or 18.71 RCW, a physician assistant licensed under chapter 18.71A RCW, or an advanced registered nurse practitioner licensed under chapter 18.79 RCW. The bill adds a new definition for "intractable suffering." It also adds independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner to the definition of "counseling". The changes to the definitions are updated throughout the remainder of the Death with Dignity Act.

Section 2 adds a new section to chapter 70.245 RCW that allows a qualified patient to select the attending or consulting qualified medical provider of their choosing. One of the attending or consulting qualified medical providers must be a physician.

Section 15 amends RCW 70.245.150 to authorize all required documentation to be transmitted electronically, mailed, or faxed to the Department of Health.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

None

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

In 2021, there were 400 Death with Dignity participants. The department assumes it will receive more forms from attending qualified medical providers because the bill expands the list of authorized health care providers and the changes in the bill help Washington residents access the rights authorized by the Death with Dignity Act.

Starting in FY2024, the department will need to amend existing rules to comply with the changes in the bill. Staff will need to update forms and procedures and make updates to the existing database. The department will also need to update the website with the revised forms and procedure and communicate with health care providers and advocacy groups about the changes. The department will continue to maintain a data tracking system, enter data as the forms are submitted, compile an annual statistical report and post the report to the web.

To implement the changes to the existing database it will require a 0.10 FTE Epidemiologist 2 to update forms, procedures, posting revised forms on the web, communicate with health care providers and advocacy groups of the changes and answer questions about the changes; and a 0.08 FTE Senior Epidemiologist to develop scripts to make changes to current database, test and run data for the annual statistical report; and a 0.05 FTE WMS 2 to provide oversight, review work, and provide technical assistance.

The cost to update existing database and update forms will include .20 FTE and \$48,000

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- The rulemaking activity will take 18 months to implement, starting in 2023.
- At least two stakeholder meetings/rule workshops and a formal public hearing will be held at regularly scheduled business meetings at no additional cost.
- Attorney General time will be one day of Assistant Attorney General and paralegal time for rule review.
- 104 hours (0.10 FTE) of MA5 for rule writing, prep work, stakeholder meetings, and rules hearing.

The cost for rulemaking will include 0.10 FTE MA5 and \$17,000.

FY24 One-time implementation costs will total .30 FTE and \$65,000 including rule making.

FY2025 and ongoing costs: The department cannot estimate the ongoing costs without knowing how many additional Death with Dignity forms we will receive. The department anticipates absorbing the costs.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

| Account | Account Title | Type | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|-----------------|---------------|-------|---------|---------|---------|---------|---------|
| 001-1 | General Fund | State | 65,000 | 0 | 65,000 | 0 | 0 |
| Total \$ | | | 65,000 | 0 | 65,000 | 0 | 0 |

III. B - Expenditures by Object Or Purpose

| | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|-------------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years | 0.3 | | 0.2 | | |
| A-Salaries and Wages | 36,000 | | 36,000 | | |
| B-Employee Benefits | 12,000 | | 12,000 | | |
| E-Goods and Other Services | 13,000 | | 13,000 | | |
| J-Capital Outlays | 1,000 | | 1,000 | | |
| T-Intra-Agency Reimbursements | 3,000 | | 3,000 | | |
| 9- | | | | | |
| Total \$ | 65,000 | 0 | 65,000 | 0 | 0 |

III. C - Operating FTE 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 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|--|---------|---------|---------|---------|---------|---------|
| EPIDEMIOLOGIST 2 (NON-MEDICAL) | 98,592 | 0.1 | | 0.1 | | |
| MANAGEMENT ANALYST 5 | 91,524 | 0.1 | | 0.1 | | |
| SENIOR EPIDEMIOLOGIST (NON-MEDICAL) | 123,120 | 0.1 | | 0.1 | | |
| Total FTEs | | 0.3 | | 0.2 | | 0.0 |

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

None

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 1: The changes require the department to amend existing rule, update forms and procedures, and make updates to the existing database.