

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 2166 HB	<b>Title:</b> POLST access	<b>Agency:</b> 303-Department of Health
-----------------------------	----------------------------	---

## 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	0.0	5.8	2.9	4.5	4.4
<b>Account</b>					
General Fund-State      001-1	0	1,510,000	1,510,000	2,189,000	1,912,000
<b>Total \$</b>	0	1,510,000	1,510,000	2,189,000	1,912,000

### 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.

Legislative Contact: Kim Weidenaar	Phone: 360-786-7120	Date: 01/09/2024
Agency Preparation: Bekki Ayres	Phone: 3604703623	Date: 01/16/2024
Agency Approval: Amy Burkel	Phone: 3602363000	Date: 01/16/2024
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 01/16/2024

## 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.*

House Bill 2166 increases access to portable orders of life sustaining treatment (POLST). This bill directs the Department of Health (department) to develop a simple form to record a person's preference to not receive futile emergency medical treatment. It requires the department to adopt standards for the endorsement of alternative evidence that a person has executed a POLST form, establish guidelines for emergency medical personnel to recognize types of alternative evidence, and inform the public about alternative evidence options that meet endorsement standards. This bill directs the department to establish and maintain a statewide registry containing POLST forms submitted by residents of Washington.

Section 1(1) amends RCW 43.70.480 (Emergency Medical Personnel—Futile Treatment and Natural Death Directives—Guidelines) directing the department to develop a simple form to record a person's preference to not receive futile emergency medical treatment. Subsection (c)(i) directs the department to establish guidelines and protocols for emergency medical personnel to recognize types of alternative evidence that a person has executed a POLST form. Subsection (c)(ii) requires that the department adopt standards for the endorsement of alternative evidence of the execution of a POLST form. Subsection (c)(iii) directs the department to inform the public of the types of alternative evidence that meets endorsement standards.

Section 1(2) amends RCW 43.70.480 (Emergency Medical Personnel—Futile Treatment and Natural Death Directives—Guidelines) directing the department to establish and maintain a statewide registry containing POLST forms submitted by residents of Washington. It directs the department to digitally reproduce and store POLST forms in the registry and establish standards for individuals to submit forms directly to the registry.

### 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.*

The department does not collect fees to support emergency medical systems programs, all activities related to program operation are supported by general fund state; therefore, the department does not expect an increase in cash receipts related to the increased workload.

### 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.*

#### Rulemaking

Based on the department's experience participating with the maintenance of POLST forms, the department anticipates rulemaking to be complex. The department will require a team of subject matter experts to implement this bill. This team will consist of the program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. The complexity of this rulemaking will require a rules project coordinator to support subject matter experts and ensure timely completion of rulemaking. This rule package is extended to identify specific groups who have previously had access barriers to engagement with the department as well as allowing the department the ability to expand community engagement and conduct additional workshops and listening sessions. This process will include six meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 18 months to complete. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$9,000.

FY 2025 costs will be 0.3 FTE and \$58,000 (GF-S)

FY 2026 costs will be 0.2 FTE and \$30,000 (GF-S)

#### Emergency Medical Systems Program

The department will develop and maintain POLST forms, create standards for alternative evidence of an executed POLST form, and develop informational material to inform the public of the types of alternative evidence that meet endorsement standards. The department will hold regular community partnership meetings to gather input from interested parties on the standards required in this bill and create informational material to be translated into multiple languages and made available to relevant partners in the community.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and translation services in the amount of \$9,000.

FY 2025 costs will be 5.4 FTE and \$681,000 (GF-S)

FY 2026 and ongoing, costs will be 4.4 FTE and \$552,000 (GF-S)

#### Office of Innovation & Technology

Configuration in the department's Healthcare Enforcement and Licensing Modernization System will require 63.5 hours from the integration vendor at a rate of \$270 per hour. The department assumes there is a need to link information from the Healthcare Enforcement and Licensing Modernization System with the POLST registry to verify a physician signing the form is a verified provider in the state of Washington. Work will include the initial vendor configuration and agency staff time for ongoing maintenance add new workflows, create new reports and dashboards, and create a business use case for a new data exchange.

FY 2025 costs will be 0.1 FTE and \$40,000 (GF-S)

FY 2026 costs will be \$16,000 (GF-S)

FY 2027 and ongoing costs will be \$5,000 (GF-S)

The department will leverage both existing and newly developed solutions to design the registry to allow the public and their personal representative to upload copies of their directives and be able to update or revoke their directives. Requirements will also be defined and built out to allow entities who are approved to develop alternative evidence to access the directives they are putting onto a physical device for a patient. The WA-Verify platform will be enhanced to allow patients to then access their directives on their phone or printed cards, as well to allow EMS or other medical providers who are providing treatment to be able to access and authenticate the directive. Careful coordination will also occur with the 988 IT Project to ensure that interoperability is in place where needed to the directives from call centers or other 988 actors who should have access (including integration for EHRs).

This estimate assumes WaTech oversight and associated services such as: Project Quality assurance, Organizational Change Management, and Independent Verification, and Validation (IV&V).

FY 2025 costs will be \$655,000 (GF-S)

FY 2026 costs will be \$679,000 (GF-S)

FY 2027 and ongoing costs will be \$355,000 with an assumed 8% increase per year (GF-S)

#### One-Time Costs

One-time costs for English and Spanish media placements, to include Broadcast radio, print materials, paid social and print ads, out of home billboard, etc; as well as Spanish transcreation and vendor fees. AAG costs for legal analysis / advice and program support.

FY2025 costs will be \$76,000 (GF-S)

Total Cost to Implement this Bill:

FY 2025: 5.8 FTE and \$1,510,000 (GF-S)

FY 2026: 4.6 FTE and \$1,277,000 (GF-S)

FY 2027 and ongoing: 4.4 FTE and \$912,000 (GF-S)

### 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	0	1,510,000	1,510,000	2,189,000	1,912,000
<b>Total \$</b>			0	1,510,000	1,510,000	2,189,000	1,912,000

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

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		5.8	2.9	4.5	4.4
A-Salaries and Wages		481,000	481,000	734,000	714,000
B-Employee Benefits		178,000	178,000	273,000	266,000
C-Professional Service Contracts		662,000	662,000	1,020,000	786,000
E-Goods and Other Services		147,000	147,000	98,000	84,000
T-Intra-Agency Reimbursements		42,000	42,000	64,000	62,000
9-					
<b>Total \$</b>	0	1,510,000	1,510,000	2,189,000	1,912,000

#### 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
ADMINISTRATIVE ASST 3	52,620		0.7	0.4	0.7	0.7
Fiscal Analyst 2	53,000		0.9	0.5	0.7	0.7
HEALTH SERVICES CONSULTANT 4	86,208		2.2	1.1	2.1	2.0
Health Svcs Conslt 1	53,000		0.4	0.2	0.3	0.3
IT APPLICATION DEVELOPMENT JOURNEY	104,028		0.5	0.3	0.1	0.1
IT BUSINESS ANALYST - JOURNEY	104,028		0.1	0.1		
MANAGEMENT ANALYST 4	86,208		0.4	0.2	0.1	
WMS02	118,932		0.6	0.3	0.6	0.6
<b>Total FTEs</b>			5.8	2.9	4.5	4.4

#### 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

## **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(2)(g): The department will adopt rules in 246-976 WAC (Emergency Medical Services and Trauma Care Systems) as necessary to implement this bill.