

Individual State Agency Fiscal Note

Bill Number: 6151 SB	Title: Ultrasound	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	0.0	0.0	0.0	0.4	0.5
Account					
Health Professions Account-State 02G-1	0	0	0	130,000	180,000
Total \$	0	0	0	130,000	180,000

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.

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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.

Section 1: Adds a new section to 18.130 RCW (Regulation of health professions – Uniform disciplinary act) stating an ultrasound or a similar medical imaging device or procedure may only be provided by a health care provider holding an active license under 18.130.040 RCW and acting within their scope of practice or a person acting under the supervision of a health care provider holding an active license under this same chapter.

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.

Current law, RCW 43.70.250 (License fees for professions, occupations, and businesses.) requires that a business-licensing program be self-supporting and sufficient revenue be collected through fees to fund expenditures. The Department of Health (department) does not anticipate the need to increase licensing fees to support the changes proposed in this bill as all the professions identified have a positive fund balance. The department will monitor the program fund balances and adjust fees over a six (6) year period to ensure that fees are sufficient to cover all program expenditures.

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.

This bill would require that all ultrasounds (medical and non-medical) are performed by, or under the supervision of, a licensed healthcare professional. The department anticipates complaints regarding unlicensed practice, which would prompt investigation by the department.

The department assumes 33 complaints per year. This estimate is based on the 'expansion of scope' for credentialed staff that appeared to invade the scope of a higher leveled credentialed provider. The department looked at the example of the cardiovascular invasive specialist credential due to cardiologists tasking medical assistants to perform certain functions during a cardiac catheterization procedure. More than 60 complaints were filed alleging medical assistants were working out of scope. In reviewing this bill, the department assumes a similar dynamic but in lower numbers. The department assumes since most facilities are using credentialed staff to perform ultrasounds then the expectation is far fewer complaints than received in the cardiac invasive technologist legislation.

The department assumes there will be five complaints each for the Washington Medical Commission, Washington Board of Nursing, and Osteopathic program. Additionally, the department assumes 18 complaints to the unlicensed practice cases for a total of 33 complaints per year.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the person complained about, and help assess whether an investigation is needed. In more than half the cases, investigation is needed. The investigator obtains information about the complaint and the respondent and prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general and other staff work to develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order. Also, the Office of the Attorney General will represent the department at hearing and may provide advice throughout the disciplinary process.

Cost estimates for the complaint response process associated with this bill were calculated using the department's

Disciplinary Workload Model. Estimated discipline costs include staff, associated costs (goods and services, intra-agency and indirect charges), and Office of Attorney General support in the amount of \$11,000 in FY 2026 and \$10,000 each year thereafter.

FY 2026 costs will total 0.2 FTE and \$40,000.

FY 2027 and ongoing, costs will be 0.5 FTE and \$90,000 each year.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
02G-1	Health Professions Account	State	0	0	0	130,000	180,000
Total \$			0	0	0	130,000	180,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years				0.4	0.5
A-Salaries and Wages				61,000	88,000
B-Employee Benefits				22,000	30,000
E-Goods and Other Services				41,000	52,000
T-Intra-Agency Reimbursements				6,000	10,000
9-					
Total \$	0	0	0	130,000	180,000

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
HEALTH CARE INVESTIGATOR 3	82,056				0.2	0.2
HEALTH SERVICES CONSULTANT 1	58,104				0.1	0.1
HEALTH SERVICES CONSULTANT 3	78,120				0.1	0.1
HEARINGS EXAMINER 3	100,008				0.1	0.1
Total FTEs					0.4	0.5

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.