

Multiple Agency Fiscal Note Summary

Bill Number: 6134 SB	Title: Opioid use
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Estimated Cash Receipts

NONE

Agency Name	2023-25		2025-27		2027-29	
	GF- State	Total	GF- State	Total	GF- State	Total
Local Gov. Courts						
Loc School dist-SPI						
Local Gov. Other	Fiscal note not available					
Local Gov. Total						

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Patrol	Fiscal note not available											
Criminal Justice Training Commission	Fiscal note not available											
Department of Health	4.9	1,314,000	1,314,000	1,314,000	9.7	2,628,000	2,628,000	2,628,000	9.7	2,628,000	2,628,000	2,628,000
Total \$	4.9	1,314,000	1,314,000	1,314,000	9.7	2,628,000	2,628,000	2,628,000	9.7	2,628,000	2,628,000	2,628,000

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	Fiscal note not available								
Local Gov. Total									

Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Patrol	Fiscal note not available								
Criminal Justice Training Commission	Fiscal note not available								
Department of Health	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Agency Name	2023-25			2025-27			2027-29		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Local Gov. Courts									
Loc School dist-SPI									
Local Gov. Other	Fiscal note not available								
Local Gov. Total									

Estimated Capital Budget Breakout

NONE

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Individual State Agency Fiscal Note

Bill Number: 6134 SB	Title: Opioid use	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	9.7	4.9	9.7	9.7
Account					
General Fund-State 001-1	0	1,314,000	1,314,000	2,628,000	2,628,000
Total \$	0	1,314,000	1,314,000	2,628,000	2,628,000

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: Kevin Black	Phone: (360) 786-7747	Date: 01/10/2024
Agency Preparation: Damian Howard	Phone: 3602363000	Date: 01/22/2024
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 01/22/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 01/24/2024

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.

Section 2:

Requires Department of Health (DOH) to convene stakeholders for the purpose of developing recommendations for the establishment of a Washington state opioid overdose trends review committee. The committee will be tasked with reviewing opioid and overdose data, developing recommendations including legislation, and establishing a process for data sharing between state departments, counties, local health jurisdictions, and other relevant entities. The committee must be developed by Sept. 1, 2026.

DOH's Center for Behavioral Health (CBH) would be responsible for creating a mapping system as required in section 1- or ensure that an existing mapping system meets these requirements. The Center for Behavioral Health would also lead the convening of stakeholders for section 2 of the bill, with staff support from Preventive and Community Health (PCH), Disease Control and Health Statistics (DCHS), and other divisions. The department anticipates that the review committee created in section 2 will need death record and hospital discharge data to help their review of fatal and nonfatal drug overdoses and poisonings. The department may need to produce custom data files on a regular schedule.

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.

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.

Section 2:

Assumption: The Washington state opioid overdose trends review committee will need compiled data to perform their reviews. There will be a higher demand for customized data and reports.

WMS3: 0.2 FTE (BH) Director of Behavioral Health

Facilitate work group; work with Workgroup Coordinator to develop agendas and strategize next steps; develop partnerships with stakeholders.

HSC4: 1.0 FTE. Opioid and Overdose Review Planning Workgroup Coordinator

Coordinate workgroup; Work with stakeholders and internal partners to identify members; Connect regularly with Office of Behavioral Health (OBH) to discuss and strategize tactics and activities; Work with OBH to invite members to workgroup; Schedule meetings; Organize community membership including compensation if needed; Develop agendas with OBH; Prepare agendas, attend meetings, take notes, and handle technology aspects of workgroup meetings; Work with communications team to post agendas and notes to accessible web page; Work with communications team to send out GovDelivery e-newsletter to members. Supervise Outreach Coordinator.

HSC4: 1.0 FTE Policy Coordinator

Supporting the determination of the compilation of the group, ensuring a process for appointment of members, working with Gov's Office on any necessary appointments, setting up the group's decision-making processes, coordinating legal guidance for the committee, in-depth policy research and analysis per the direction of the Committee, development and review of any policy and funding recommendations the Committee makes for the Legislature, ensuring the meetings meet the Open Public Meetings Act and provide a space for public comment.

HSC4: 0.5 FTE

To participate in committee to understand data sharing needs of the department, partner with governance, privacy, and security to understand new sharing partner needs, review existing statutes that govern data release from the department and work on process for establishing new Data Sharing Agreements (DSAs) processes including streamline Institutional Review Board (IRB) review processes for non-traditional data recipients.

HSC3: 1.0 FTE Opioid and Overdose Review Planning Workgroup Outreach and Engagement Coordinator

Manage process to engage with Tribes for government-to-government communications and planning; Reach out to similar workgroups to identify similar goals and overlaps; Engage with state and local agencies as directed by the workgroup; Provide subject matter expertise in opioid and overdose; Work with Workgroup Coordinator to develop activities.

Administrative Assistant 3: 0.3 FTE

Set up and provide support at virtual meetings; Process travel, stipends and procurements; Process human resources requests; Manage hiring process for Health Services Consultant 3 (HSC3) and Health Services Consultant 4 (HSC4) positions.

Communication Coordinator: 0.3 FTE

Publish e-newsletter for members; edit and format reports created by the committee; create public web page for agendas, minutes, and any work products, edit and format communications materials.

Epidemiologist 2: 2.7 FTE

Supports the collection, cleaning, and dissemination of FHIR based hospital emergency department, outpatient, and inpatient care data for fatal and non-fatal opioid events across the state.

Working with data Subject Matter Experts (SMEs) across the department to support collation of Emergency Medical Services (EMS), Hospital, Emergency department, and coroner data into a centralized trend report made available publicly (suppressed data) and through data sharing agreements internal for partner organizations. This position is responsible for organizing, collating, cleaning, standardizing, and establishing and reporting trend data provided via partner organizations.

Lead working to develop data pipelines and connections across department, local, tribal, and other state partner agency systems to support collection, cleaning and standardizing of fatal and non-fatal death data and support requirements gathering from review committee on casual review of opioid deaths and events data.

Define, prepare, format, and document data needs for development of custom files for the Washington state opioid overdose trends review committee. Work will include on-going maintenance, data quality assessment, working with providers to update records, and modifications to format and content to address database and file changes.

Epidemiologist 3: 0.3 FTE

Develop custom files for the Washington state opioid overdose trends review committee, including data processing, formatting, and system integration. Develop and maintain an automated process, conduct routine maintenance, programming updates, and troubleshooting.

Health Services Consultant 4: 0.2 FTE

The emergency medical systems program will need staff time to attend workgroup meetings, provide technical assistance, update and create reports, and respond to questions and complete assignments for the workgroup. Costs include staff, associated expenses (including goods and services, intra-agency, and indirect charges).

Meeting Accessibility: \$6,100

Translation services- \$3,000 (rounded) (Materials for 12 meetings translated into top 3 languages; (Spanish: \$78/300 word document; Russian and Vietnamese: \$84/300 word document).

Interpretation services - \$1,300 (rounded) for 12 meetings per year (1h meetings/month x \$105/hour of service).

Communication Access Real-time Translation (CART) services - \$1,800 for 12 meetings per year (1h meetings/month x \$150/hour of service).

Participant Compensation: \$10,800

In compliance with RCW 43.03.220, Compensation of Members of Part-Time Boards and Commissions – Class one groups, this bill would require compensation of community members with lived experience and/or those living in poverty. All community engagement activities at DOH must be in compliance with Title II of the Americans with Disabilities Act, the Heal Act Community Engagement Guide, and possibly the Open Public Meeting Act. In addition to the cost of compensation, observance of these statutory obligations includes providing reimbursement for travel, lodging, and dependent care; translation and interpretation services for all meetings and materials; and the staffing to support managing resources and associated program activities.

Ten participants in 12 – one-hour meetings/year and performing 1h/month of additional work time outside of group (24h/year total per participant) at \$45/hour.

Total yearly costs to implement this bill:

FY2025 and ongoing: 9.7 FTE with a cost of \$1,314,000 (GF-S)

Total FY costs and FTE can include staff and associated expenses (including goods and services, travel, intra-agency, and indirect/overhead personnel/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	0	1,314,000	1,314,000	2,628,000	2,628,000
Total \$			0	1,314,000	1,314,000	2,628,000	2,628,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		9.7	4.9	9.7	9.7
A-Salaries and Wages		824,000	824,000	1,648,000	1,648,000
B-Employee Benefits		304,000	304,000	608,000	608,000
E-Goods and Other Services		115,000	115,000	230,000	230,000
T-Intra-Agency Reimbursements		71,000	71,000	142,000	142,000
9-					
Total \$	0	1,314,000	1,314,000	2,628,000	2,628,000

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		0.3	0.2	0.3	0.3
COMMUNICATIONS CONSULTANT 4	78,120		0.3	0.2	0.3	0.3
EPIDEMIOLOGIST 2 (NON-MEDICAL)	102,540		2.7	1.4	2.7	2.7
EPIDEMIOLOGIST 3 (NON-MEDICAL)	113,160		0.3	0.2	0.3	0.3
Fiscal Analyst 2	53,000		1.5	0.8	1.5	1.5
HEALTH SERVICES CONSULTANT 3	78,120		1.0	0.5	1.0	1.0
HEALTH SERVICES CONSULTANT 4	86,208		2.7	1.4	2.7	2.7
Health Svcs Conslt 1	53,000		0.7	0.4	0.7	0.7
WMS03	134,508		0.2	0.1	0.2	0.2
Total FTEs			9.7	4.9	9.7	9.7

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.