# **Individual State Agency Fiscal Note**

| Bill Number: 6172 SB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title: Birth doulas               |                           | Ag                  | ency: 303-Departm       | ent of Health    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|---------------------|-------------------------|------------------|
| Part I: Estimates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                           | •                   |                         |                  |
| No Fiscal Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                           |                     |                         |                  |
| Estimated Cash Receipts to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                           |                     |                         |                  |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                           |                     |                         |                  |
| Estimated Operating Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | es from:                          |                           |                     |                         |                  |
| Estimated Operating Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | FY 2025                   | 2023-25             | 2025-27                 | 2027-29          |
| FTE Staff Years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.0                               | 0.2                       | 0.1                 | 0.1                     | 0.0              |
| Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                           |                     |                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                 | 29,000                    | 29,000              | 52,000                  | 0                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total \$ 0                        | 29,000                    | 29,000              | 52,000                  | 0                |
| The cash receipts and expenditure es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | stimates on this page represent i | the most likely fiscal im | apact. Factors impe | acting 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                           |                     |                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                           |                     |                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$50,000 per fiscal year in th    | ne current biennium (     | or in subsequent t  | nennia, complete en     | tire fiscal note |
| Account General Fund-State 001-1  Total \$ 0 29,000 29,000 52,000 0  Total \$ 0 29,000 29,000 52,000 0  Stimated 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.  X Requires new rule making, complete Part V. |                                   |                           |                     |                         |                  |
| Capital budget impact, compl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ete Part IV.                      |                           |                     |                         |                  |
| X Requires new rule making, co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | omplete Part V.                   |                           |                     |                         |                  |
| Legislative Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | P                         | hone:               | Date: 01/               | 15/2024          |
| Agency Preparation: Donna Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ompton                            | P                         | hone: 360-236-45    | Date: 01/               | /24/2024         |
| Agency Approval: Kristin Be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ettridge                          | P                         | hone: 360791165     | 7 Date: 01/             | /24/2024         |
| OFM Review: Breann B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | oggs                              | P                         | hone: (360) 485-5   | 5716 Date: 01/          | /25/2024         |

### **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 1: Adds a definition of culturally congruent care and amends the definition of birth doula.
- Section 2: Adds a requirement for birth doulas to provide proof of knowledge related to culturally congruent care.
- Section 3: Adds a fee prohibition for five years and a fee cap of \$95 for subsequent years after FY 2030 for a person seeking certification as a certified birth doula.

#### 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 the department to charge a fee to generate sufficient revenue to fully support the costs of administering its health professions licensing activities. Currently Birth Doulas are fully supported through General Fund State (GF-S).

#### 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

Section 1 and 3: The department will develop and adopt rules to add a definition for culturally congruent care and amend definition of birth doulas. Add a fee prohibition for five years and a fee cap of \$95 for subsequent years after FY 2030. The department anticipates utilizing 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. This process will include two meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 12 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 \$4,000.

FY 2025 one-time costs will total 0.2 FTE and \$29,000 (GF-S).

#### Office of Information Technology

Section 1 - 3: Configuration in department's Healthcare Enforcement and Licensing Modernization System will require 56 hours from the integration vendor at a rate of \$270 per hour. Work will include the initial vendor configuration and agency staff time for ongoing maintenance of one new credential and one application as well as updating of reports, user defined fields, and workflows. Costs include staff, associated costs (goods and services, intra-agency and indirect charges), and vendor costs of \$15,000.

FY 2026 costs will total 0.1 FTE and \$36,000 (GF-S). FY 2027 costs will total 0.1 FTE and \$16,000 (GF-S).

Total costs to implement this bill are:

FY 2025 – 0.2 FTE and \$29,000 (GF-S)

FY 2026 – 0.1 FTE and \$36,000 (GF-S)

FY 2027 – 0.1 FTE and \$16,000 (GF-S)

### Part III: Expenditure Detail

#### III. A - Operating Budget Expenditures

| Account                  | Account Title | Type | FY 2024 FY 202 |        | 2023-25 | 2025-27 | 2027-29 |  |
|--------------------------|---------------|------|----------------|--------|---------|---------|---------|--|
| 001-1 General Fund State |               | 0    | 29,000         | 29,000 | 52,000  | 0       |         |  |
| Total \$                 |               |      | 0              | 29,000 | 29,000  | 52,000  | 0       |  |

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

|                                  | FY 2024 | FY 2025 | 2023-25 | 2025-27 | 2027-29 |
|----------------------------------|---------|---------|---------|---------|---------|
| FTE Staff Years                  |         | 0.2     | 0.1     | 0.1     |         |
| A-Salaries and Wages             |         | 13,000  | 13,000  | 20,000  |         |
| B-Employee Benefits              |         | 5,000   | 5,000   | 7,000   |         |
| C-Professional Service Contracts |         | 1,000   | 1,000   | 15,000  |         |
| E-Goods and Other Services       |         | 9,000   | 9,000   | 8,000   |         |
| T-Intra-Agency Reimbursements    |         | 1,000   | 1,000   | 2,000   |         |
| 9-                               |         |         |         |         |         |
| Total \$                         | 0       | 29,000  | 29,000  | 52,000  | 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 |
|----------------------------|---------|---------|---------|---------|---------|---------|
| HEALTH SERVICES CONSULTAN  | 86,208  |         | 0.1     | 0.1     |         |         |
| 4                          |         |         |         |         |         |         |
| IT SYSTEM ADMINISTRATION - | 109,260 |         |         |         | 0.1     |         |
| JOURNEY                    |         |         |         |         |         |         |
| MANAGEMENT ANALYST 4       | 86,208  |         | 0.1     | 0.1     | 0.1     |         |
| Total FTEs                 |         |         | 0.2     | 0.1     | 0.1     | 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

## 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 3: The department will adopt rules in WAC 246-835 (Birth doula) as necessary to implement the bill.



Name of Tax or Fee

# **Ten-Year Analysis**

| I | Bill Number                                                                                                                                                                                                                        | Title                                 | Agency                      |  |  |  |  |  |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|--|--|--|--|--|--|
|   | 6172 SB                                                                                                                                                                                                                            | Birth doulas                          | 303 Department of Health    |  |  |  |  |  |  |
|   | his ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management en-year projection can be found at http://www.ofm.wa.gov/tax/default.asp. |                                       |                             |  |  |  |  |  |  |
|   | Estimates                                                                                                                                                                                                                          |                                       |                             |  |  |  |  |  |  |
| ſ | Y No Cash Receipts                                                                                                                                                                                                                 | Partially Indeterminate Cash Receipts | Indeterminate Cash Receipts |  |  |  |  |  |  |

| _ |                                    |        |                |       |           |             |
|---|------------------------------------|--------|----------------|-------|-----------|-------------|
|   | Agency Preparation: Donna Compton  | Phone: | 360-236-4538   | Date: | 1/24/2024 | 2:09:47 pm  |
|   | Agency Approval: Kristin Bettridge | Phone: | 3607911657     | Date: | 1/24/2024 | 2:09:47 pm  |
|   | OFM Review: Breann Boggs           | Phone: | (360) 485-5716 | Date: | 1/25/2024 | 12:26:29 pr |

Acct

Code