

Individual State Agency Fiscal Note

Bill Number: 2166 2S HB	Title: POLST access	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	11.0	5.5	9.9	9.8
Account					
General Fund-State 001-1	0	2,547,000	2,547,000	3,982,000	3,832,000
Total \$	0	2,547,000	2,547,000	3,982,000	3,832,000

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.

The fiscal impact has changed from the previous fiscal note on Substitute House Bill 2166. This second substitute house bill requires the Department of Health (department) to collaborate with health care providers and individuals to establish best practices for providers that sign portable orders of life sustaining treatment (POLST) forms to discuss with individuals if the form should be submitted to the registry and how the form should be submitted to the registry.

Substitute 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. The substitute directs the department to review each record and provide mailed or electronic messages to individuals annually to request they review their materials to ensure they are current. The second substitute directs the department to collaborate with health care providers and individuals to establish best practices for providers that sign portable orders of life sustaining treatment (POLST) forms to discuss with individuals if the form should be submitted to the registry and how the form should be submitted 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 also create best practices for providers that sign POLST forms. The department will hold regular community partnership meetings to gather input from interested parties on the standards required in this bill. The department will 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 and ongoing, costs will be 1.9 FTE and \$275,000 (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 access their directives on their phone or printed cards, as well as 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 Electronic Health Records). 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 \$528,000 (GF-S)

FY 2026 costs will be \$552,000 (GF-S)

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

The department will need ongoing staff to support the internal team and public use of the digital options. These staff will participate in the User Acceptance Testing for system changes, specific to language translations, in the next phase of development and identifying and resolving system errors.

HSC 3 (0.5 FTE): This position will oversee coordination of translation development and implementation, as well as facilitate internal and external communication with partners. This position will help develop health messaging and education related to the digital tool to increase public awareness.

Epi 1 (0.5 FTE): This position will provide data analytics related to use of the digital tool, communication internally and externally on metrics around use, monitoring the use of the digital tool, and providing analytical information for decisions related to the tool. This staff will monitor and manage the digital dashboard. This staff may also assist in reviewing incoming forms for compliance with healthcare provider's needs. This staff will also work to evaluate the process of the digital tool and make recommendations to improve the process, use, and implementation of the form and digital tool. This staff will be involved in work with external and internal partners on evaluation and development of the process to support the public and providers.

FY2025 and ongoing costs will be 1.0 FTE and \$151,000 (GFS)

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)

Office of Health and Science

The department will develop and maintain a simple form to record a person's preferences related to emergency medical treatment, adopt standards for the endorsement of alternative evidence, develop an endorsement and endorse entities that have committed to reviewing a person's POLST form prior to issuing alternative evidence, and develop and maintain a registry of entities that have received an endorsement of the types of approved alternative evidence.

After implementation, the department has identified a need for an ongoing project manager to provide general oversight, management and maintenance of the program and an ongoing part-time policy analyst.

HSC 4 (1.0 FTE): This position serves as the project manager and will supervise staff reviewing forms, managing the annual notifications, maintaining policies and procedures, answering questions from the public and our partners, and bringing policy issues forward. This position will work closely with our Information Technology program on management of the registry and any issues that arise.

MA5 5 (0.2) The policy analyst is needed for ongoing policy development and working with the AAG and maintaining rule

FY2025 costs will be 2.0 FTE and \$310,000 (GFS)

FY2026 and ongoing costs will be 1.2 FTE and \$179,000 (GFS)

Section 1(2)(a) directs the department to review the portable orders for life-sustaining treatment forms that it receives to ensure they comply with the applicable statutory and regulatory requirements. This requirement adds significant review

costs. With an assumption of 800K records, this would require additional FTE to manually review the documents each year and would add \$100,000 for system development costs.

Section 1(2)(d) directs the department to send annual notices by mail or electronic messages to individuals that have portable orders for life-sustaining treatment form in the registry to request that they review the registry materials to ensure that they are current. The department looked at Oregon’s POLST program and modified based on Washington population vs Oregon population. The department looked at the total number of people in Washington over the age of 70 from the 2010 census which was 557,203. Washington’s population has undoubtedly grown since 2010 (current population estimate 8M). Scaling up Oregon’s population and their POLST registry participants, we assume 800,000 registrants in our registry. This requirement adds significant mailing costs. The department assumes 20% of the individuals would opt in to having notices mailed with a cost of \$1 per envelope, resulting in \$160,000 annually. The department assumes the remaining 80% would be notified by electronic messaging with a cost of \$0.02 per outbound message, resulting in \$12,800 annually.

FY2025 costs will be 5.7 FTE and \$1,109,000 (GFS)
 FY2026 and ongoing costs will be 5.7 FTE \$907,000 (GFS)

Total Cost to Implement this Bill:
 FY 2025: 11.0 FTE and \$2,547,000 (GF-S)
 FY 2026: 10.0 FTE and \$2,110,000 (GF-S)
 FY 2027 and ongoing: 9.8 FTE and \$1,872,000 (GF-S)
 (Ongoing years assume an 8% increase of the I.T. System)

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	2,547,000	2,547,000	3,982,000	3,832,000
Total \$			0	2,547,000	2,547,000	3,982,000	3,832,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		11.0	5.5	9.9	9.8
A-Salaries and Wages		855,000	855,000	1,498,000	1,478,000
B-Employee Benefits		325,000	325,000	577,000	570,000
C-Professional Service Contracts		737,000	737,000	895,000	786,000
E-Goods and Other Services		535,000	535,000	842,000	830,000
T-Intra-Agency Reimbursements		95,000	95,000	170,000	168,000
9-					
Total \$	0	2,547,000	2,547,000	3,982,000	3,832,000

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		1.1	0.6	1.1	1.1
HEALTH SERVICES CONSULTANT 2	69,072		5.0	2.5	5.0	5.0
HEALTH SERVICES CONSULTANT 4	86,208		2.4	1.2	2.3	2.2
Health Svcs Conslt 1	53,000		0.9	0.5	0.8	0.8
IT APPLICATION DEVELOPMENT JOURNEY	104,028		0.5	0.3		
IT BUSINESS ANALYST - JOURNEY	104,028		0.1	0.1		
MANAGEMENT ANALYST 4	86,208		0.4	0.2	0.2	0.1
WMS02	118,932		0.6	0.3	0.6	0.6
Total FTEs			11.0	5.5	9.9	9.8

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.