

Fiscal Estimate - 2005 Session

Original
 Updated
 Corrected
 Supplemental

LRB Number 05-0702/1	Introduction Number AB-507
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Subject
 Permit persons to make written requests for medication for the purpose of ending their lives

Fiscal Effect

State:

<input type="checkbox"/> No State Fiscal Effect	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Increase Existing Appropriations	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget
<input type="checkbox"/> Decrease Existing Appropriations	<input type="checkbox"/> Create New Appropriations	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Decrease Costs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Local:

<input checked="" type="checkbox"/> No Local Government Costs	<input type="checkbox"/> Indeterminate	5. Types of Local Government Units Affected		
1. <input type="checkbox"/> Increase Costs	3. <input type="checkbox"/> Increase Revenue	<input type="checkbox"/> Towns	<input type="checkbox"/> Village	<input type="checkbox"/> Cities
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Counties	<input type="checkbox"/> Others	
2. <input type="checkbox"/> Decrease Costs	4. <input type="checkbox"/> Decrease Revenue	<input type="checkbox"/> School Districts	<input type="checkbox"/> WTCS Districts	
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory			

Fund Sources Affected	Affected Ch. 20 Appropriations
<input checked="" type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS s.20.435 (1)(a)	

Agency/Prepared By DHFS/ Ellen Hadidian (608) 266-8155	Authorized Signature Andy Forsaith (608) 266-7684	Date 6/29/2005
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Fiscal Estimate Narratives
DHFS 6/30/2005

LRB Number 05-0702/1	Introduction Number AB-507	Estimate Type Original
Subject Permit persons to make written requests for medication for the purpose of ending their lives		

Assumptions Used in Arriving at Fiscal Estimate

This bill establishes the procedure under which an individual can request medication to end his or her life. The individual requesting medication must make both an oral and written request for the medication. The written request for medication must use a request form specified in this bill, accompanied by specific information about the procedure. In addition, the Department would have to develop a certification form that will be used by a physician to report to DHFS certain information, as defined in this bill.

Under this bill, the Department is required to prepare and provide copies of the request form to health care providers, hospitals, nursing homes, multi-purpose senior centers, county clerks and local bar associations, as well as to private persons. The one-time cost of printing this form and a letter of explanation is estimated at approximately \$4,000 GPR. This estimate assumes that 40,000 pages (20,000 forms and 20,000 explanatory letters) will be printed initially. Depending on the number of forms that are mailed out initially and the type of postage used (bulk postage or first-class), mailing costs will range from between \$3,000 to \$10,000.

The Department would also have to design, print and distribute the certification form to be used by physicians. The one-time cost of printing 20,000 of these forms is estimated at \$1,000. One-time postage costs for these forms will be approximately \$7,000.

The Department estimates that the cost of mailing these two forms will not exceed \$500 annually. The cost of printing replacement forms after the initial printing outlay will be minimal. There will be some increase in staff workload as the Department is required to file certification forms and review cases on an annual basis.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2005 Session

Detailed Estimate of Annual Fiscal Effect

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I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):			
Between \$15,000 and \$22,000 GPR to design, print, and distribute forms.			
II. Annualized Costs:		Annualized Fiscal Impact on funds from:	
		Increased Costs	Decreased Costs
A. State Costs by Category			
	State Operations - Salaries and Fringes	\$	
	(FTE Position Changes)		
	State Operations - Other Costs	500	
	Local Assistance		
	Aids to Individuals or Organizations		
	TOTAL State Costs by Category	\$500	\$
B. State Costs by Source of Funds			
	GPR	500	
	FED		
	PRO/PRS		
	SEG/SEG-S		
III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)			
		Increased Rev	Decreased Rev
	GPR Taxes	\$	\$
	GPR Earned		
	FED		
	PRO/PRS		
	SEG/SEG-S		
	TOTAL State Revenues	\$	\$
NET ANNUALIZED FISCAL IMPACT			
		<u>State</u>	<u>Local</u>
NET CHANGE IN COSTS		\$500	\$
NET CHANGE IN REVENUE		\$	\$
Agency/Prepared By		Authorized Signature	
DHFS/ Ellen Hadidian (608) 266-8155		Andy Forsaith (608) 266-7684	
		Date	
		6/29/2005	