## Fiscal Estimate - 2005 Session

X	Original		Updated		Corrected		Supplemental	
LRB	Number	05-2588/1		Intro	duction Nu	mber S	B-224	
Subje				-4: f				
Permi	t persons to r	nake written red	quests for medic	ation for pl	irpose of enai	ng their lives		
Fiscal	Effect			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
State:	No State Fisc Indeterminate Increase I Appropria Decrease Appropria	e Existing tions Existing	Revenu Decreas Revenu	se Existing	to		- May be possible n agency's budget ⊠No s	
	No Local Gor Indeterminate 1. Increase Permiss 2. Decrease	e Costs sive∭Mandato	3.  Increase ory Permiss 4. Decrease	sive Mar se Revenue	Gov ndatory	es of Local vernment Uni Towns [ Counties [ School [ Districts	its Affected Village Citie Others WTCS Districts	<b>Э</b> S
	Sources Affe PR		]PRS   SE	G 🔲 SE	Affected GS s.20.435	<b>Ch. 20 Appr</b> (1)(a)	ropriations	
Agend	y/Prepared	Ву	Au	thorized S	Signature		Date	
DHFS	/ Ellen Hadidi	an (608) 266-8	155 An	dy Forsaith	n (608) 266-76	84	6/17/2005	j

## Fiscal Estimate Narratives DHFS 6/20/2005

LRB Number	05-2588/1	Introduction Number SB-224	Estimate Type Original
Subject			
Permit persons	s to make writter	requests for medication for purpose of	ending their lives

## **Assumptions Used in Arriving at Fiscal Estimate**

This bill permits an individual, under certain conditions, to request in writing medication for the purpose of ending his or her life.

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 association, 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

$\boxtimes$	Original		Updated		Corrected		Supplemental		
LRB	Number	05-2588	/1	Intro	duction Nu	mber :	SB-224		
Subjec	ot								
Permit	persons to m	nake written r	equests for r	medication fo	r purpose of en	nding their I	lives		
			Impacts for	State and/or	r Local Govern	ment (do	not include in		
annua	lized fiscal e	ffect):							
Betwee	en \$15,000 ai	nd \$22,000 C	SPR to desig	ın, print, and	distribute forms	<b>i</b>			
II. Ann	ualized Cost	ts:			Annualized Fiscal Impact on funds from:				
				1	Increased Cost	ts	Decreased Costs		
A. Sta	te Costs by (	Category			e i de la				
State	e Operations	- Salaries an	d Fringes			\$			
(FTE	E Position Cha	anges)							
State	e Operations	- Other Costs	S		50	00			
Loca	al Assistance								
Aids	to Individuals	s or Organiza	ations						
T	OTAL State (	Costs by Car	tegory		\$50	00	\$		
B. Sta	te Costs by S	Source of Fu	ınds						
GPF	}		· .		50	0			
FED	ra Já								
PRC	)/PRS								
SEG	S/SEG-S								
	te Revenues ues (e.g., tax				al will increase ets.)	or decrea	se state		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e fer		Increased Re	<b>&gt;</b> V	Decreased Rev		
GPF	R Taxes				9	\$	\$		
GPF	R Earned								
FED	ř .								
PRC	)/PRS								
	S/SEG-S								
TOTAL State Revenues						\$	\$		
			NET ANNUA	LIZED FISC	AL IMPACT				
	***************************************				Stat		<u>Local</u>		
NET CHANGE IN COSTS				\$50		\$			
NET CHANGE IN REVENUE				9	\$	\$			
Agenc	Agency/Prepared By Authorized Signature Date								
DHFS/	DHFS/ Ellen Hadidian (608) 266-8155 Andy Forsaith (608) 266-7684 6/17/2005								