



**Fiscal Estimate Narratives**

**DHFS 6/20/2005**

|  |                                   |                               |
|--|-----------------------------------|-------------------------------|
| LRB Number <b>05-2588/1</b>  | Introduction Number <b>SB-224</b> | Estimate Type <b>Original</b> |
| <b>Subject</b><br>Permit persons to make written 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

Original     
  Updated     
  Corrected     
  Supplemental

|  |               |  |                 |
|--|---------------|--|-----------------|
| <b>LRB Number</b> 05-2588/1  |               | <b>Introduction Number</b> SB-224              |                 |
| <b>Subject</b>   |               |  |                 |
| Permit persons to make written requests for medication for purpose of ending their lives   |               |  |                 |
| <b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>                                |               |  |                 |
| Between \$15,000 and \$22,000 GPR to design, print, and distribute forms   |               |  |                 |
| <b>II. Annualized Costs:</b>   |               | <b>Annualized Fiscal Impact on funds from:</b> |                 |
|  |               | Increased Costs                                | Decreased Costs |
| <b>A. State Costs by Category</b>  |               |  |                 |
| State Operations - Salaries and Fringes  |               | \$   |                 |
| (FTE Position Changes)   |               |  |                 |
| State Operations - Other Costs   | 500           |  |                 |
| Local Assistance   |               |  |                 |
| Aids to Individuals or Organizations   |               |  |                 |
| <b>TOTAL State Costs by Category</b>   | <b>\$500</b>  |  | <b>\$</b>       |
| <b>B. State Costs by Source of Funds</b>   |               |  |                 |
| GPR  | 500           |  |                 |
| FED  |               |  |                 |
| PRO/PRS  |               |  |                 |
| SEG/SEG-S  |               |  |                 |
| <b>III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)</b> |               |  |                 |
|  | Increased Rev | Decreased Rev                                  |                 |
| GPR Taxes  | \$            |  | \$              |
| GPR Earned   |               |  |                 |
| FED  |               |  |                 |
| PRO/PRS  |               |  |                 |
| SEG/SEG-S  |               |  |                 |
| <b>TOTAL State Revenues</b>  | <b>\$</b>     |  | <b>\$</b>       |
| <b>NET ANNUALIZED FISCAL IMPACT</b>  |               |  |                 |
|  | State         | Local  |                 |
| NET CHANGE IN COSTS  | \$500         |  | \$              |
| NET CHANGE IN REVENUE  | \$            |  | \$              |
| <b>Agency/Prepared By</b>  |               | <b>Authorized Signature</b>                    | <b>Date</b>     |
| DHFS/ Ellen Hadidian (608) 266-8155  |               | Andy Forsaith (608) 266-7684                   | 6/17/2005       |