

FISCAL ESTIMATE
DOA-2048 N(R10/94)

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
-0046/AB 297
Amendment No. if Applicable

Subject
Permitting Written Application for Medication to End a Life

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation
or affects a sum sufficient appropriation.

Increase Costs - May be possible to Absorb
Within Agency's Budget Yes No

Increase Existing Appropriation Increase Existing Revenues
 Decrease Existing Appropriation Decrease Existing Revenues
 Create New Appropriation

Decrease Costs

Local: No local government costs

1. Increase Costs
 Permissive Mandatory
2. Decrease Costs
 Permissive Mandatory

3. Increase Revenues
 Permissive Mandatory
4. Decrease Revenues
 Permissive Mandatory

5. Types of Local Governmental Units Affected:
 Towns Villages Cities
 Counties Others _____
 School Districts WTCS Districts

Fund Sources Affected
 GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations
20.435 (1)(a)

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, multipurpose senior centers, county clerks and local bar associations and to private persons. The one-time cost of this is estimated at approximately \$4,000 GPR. This estimate assumes that 40,000 forms will be printed initially and that forms will be shipped in large quantities to provider sites for a minimal cost. The Department would also have to design, print and distribute the certification form to be used by physicians. The one-time cost of printing 40,000 of these forms is estimated at \$1,000. The Department estimates that the cost of mailing these two forms will be less than \$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

Agency/Prepared by: (Name & Phone No.)
DHFS/OSF Ellen Hadidian 266-8155

Authorized Signature/Telephone No.
John Kiesow 266-0667
John Kiesow

Date *10*
May 6, 1999

FISCAL ESTIMATE WORKSHEET

1997 Session

Detailed Estimate of Annual Fiscal Effect
DOA-2047 (R10/94)

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB or Bill No./Adm. Rule No
AB 297

Amendment No.

Subject

Permitting written application for medication to end a life

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

\$5,000

II. Annualized Costs:		Annualized Fiscal impact on State funds from:	
		Increased Costs	Decreased Costs
A. State Costs by Category			
State Operations - Salaries and Fringes		\$	\$ -
(FTE Position Changes)		(FTE)	(- FTE)
State Operations - Other Costs		\$500	-
Local Assistance			-
Aids to Individuals or Organizations			-
TOTAL State Costs by Category		\$	\$ -
B. State Costs by Source of Funds		Increased Costs	Decreased Costs
GPR		\$ 500	\$ -
FED			-
PRO/PRS			-
SEG/SEG-S			-
III. State Revenues -		Increased Rev.	Decreased Rev.
Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)			
GPR Taxes		\$	\$ -
GPR Earned			-
FED			-
PRO/PRS			-
SEG/SEG-S			-
TOTAL State Revenues		\$	\$ -

NET ANNUALIZED FISCAL IMPACT

STATE

LOCAL

NET CHANGE IN COSTS \$ 500 \$

NET CHANGE IN REVENUES \$ \$

Agency/Prepared by: (Name & Phone No.)

Ellen Hadidian 266-8155

Authorized Signature/Telephone No.

John Riesow
John Riesow 266-0667

Date

May 8, 1999