

### Fiscal Estimate - 2001 Session

Original                       Updated                       Corrected                       Supplemental

<b>LRB Number</b> <b>01-2133/1</b>	<b>Introduction Number</b> <b>SB-184</b>	
<b>Subject</b> Authorizing written requests for medication for the purpose of ending life		
<b>Fiscal Effect</b> <b>State:</b> <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"/> Decrease Existing Revenues <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Create New Appropriations <input type="checkbox"/> Decrease Costs		
<b>Local:</b> <input checked="" type="checkbox"/> No Local Government Costs <input type="checkbox"/> Indeterminate 1. <input type="checkbox"/> Increase Costs                      3. <input type="checkbox"/> Increase Revenue                      5. Types of Local Government Units Affected <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities 2. <input type="checkbox"/> Decrease Costs                      4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts		
<b>Fund Sources Affected</b> <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	<b>Affected Ch. 20 Appropriations</b>	
<b>Agency/Prepared By</b> DHFS/ Ellen Hadidian (608) 266-8155	<b>Authorized Signature</b> Freda Ellen Bove (608) 266-2907	<b>Date</b> 6/18/01

**Fiscal Estimate Narratives**

**DHFS 6/18/01**

LRB Number <b>01-2133/1</b>	Introduction Number <b>SB-184</b>	Estimate Type <b>Original</b>
<b>Subject</b> Authorizing written requests for medication for the purpose of ending life		

**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 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 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**

## Fiscal Estimate Worksheet - 2001 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

<b>LRB Number</b> 01-2133/1		<b>Introduction Number</b> SB-184	
<b>Subject</b>			
Authorizing written requests for medication for the purpose of ending life			
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>			
\$14,000 GPR to \$20,000 GPR			
<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		Fredi Ellen Bove (608) 266-2907	6/18/01