



## Fiscal Estimate Narratives

DHFS 5/14/2007

LRB Number 07-2061/1	Introduction Number AB-0298	Estimate Type Original
<b>Description</b> Permitting certain individuals to make written requests for medication for the purpose of ending their lives, and providing penalties		

### 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. Total one-time costs for implementing the provisions in this bill will range from \$15,000 to \$22,000. These costs cannot be absorbed by the Department.

The Department estimates that the cost of mailing these two forms will not exceed \$500 annually, which can be absorbed. 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 - 2007 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

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**Description**  
 Permitting certain individuals to make written requests for medication for the purpose of ending their lives, and providing penalties

**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.

<b>II. Annualized Costs:</b>	<b>Annualized Fiscal Impact on funds from:</b>	
	Increased Costs	Decreased Costs

A. State Costs by Category		
State Operations - Salaries and Fringes	\$	\$
(FTE Position Changes)		
State Operations - Other Costs		
Local Assistance		
Aids to Individuals or Organizations		
<b>TOTAL State Costs by Category</b>	<b>\$</b>	<b>\$</b>

B. State Costs by Source of Funds		
GPR		
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, etc.)**

	Increased Rev	Decreased Rev
GPR Taxes	\$	\$
GPR Earned		
FED		
PRO/PRS		
SEG/SEG-S		
<b>TOTAL State Revenues</b>	<b>\$</b>	<b>\$</b>

NET ANNUALIZED FISCAL IMPACT		
	State	Local
NET CHANGE IN COSTS	\$	\$
NET CHANGE IN REVENUE	\$	\$

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