

Fiscal Estimate Narratives

DHS 11/30/2009

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|---------|---------------|----------|
| LRB Number | 09-1703/3 | Introduction Number | AB-0526 | Estimate Type | Original |
| Description Requiring informed consent before administration of psychotropic medication to a nursing home resident who has degenerative brain disorder | | | | | |

Assumptions Used in Arriving at Fiscal Estimate

Current law prescribes the situations and procedures under which a guardian may consent to the voluntary or involuntary administration of psychotropic medications to his or her ward.

Under this bill, a nursing home would need to obtain written informed consent, with certain exceptions, before the administration of psychotropic medication to a nursing home resident. The bill requires that a form be signed by the nursing home resident or representative/guardian consenting to the administration of these drugs. The form can be one prepared by the Department of Health Services (DHS) or by the nursing home itself. The form must include space for such things as a description of the benefits of the proposed treatment and the way the medication will be administered to the nursing home resident; a description of the medication, using the most recently issued information from the federal Food and Drug Administration (FDA); a description of the side effects or risks of side effects of the medication; and any warnings about the medication as well as other information prescribed by the bill.

The bill allows emergency administration of psychotropic drugs without written consent under certain circumstances for a period of up to 10 days, at which time written consent must be obtained.

Currently, DHS has forms available to nursing homes and other state agencies available on its website for over 80 different psychotropic drugs. Under AB 526, all of the forms would need to be updated to reflect the changes in this legislation. Each drug and informed consent form would need to be reviewed at least annually and, possibly, at times, more frequently because of FDA changes and additions to existing drug labeling.

Initial One-Time Tasks:

The Department estimates it will take approximately 100 hours to review and update current forms to meet the requirements of the bill, review FDA changes and additions on all existing drugs, create new forms as indicated, and update the DHS website. DHS is able to absorb this workload.

On-going:

1. The Department would need to form a review committee to include no more than 8 members from private and public sector which would meet quarterly, either by telephone or web-based technology, to review each form to ensure that it is up-to-date with FDA changes and labeling. In addition, general maintenance of the website will need to be continued. DHS is able to absorb this workload.

2. Nursing home surveyors will need to be trained regarding this new legislation and an additional hour of survey time for state licensure will be required. The number of complaint surveys that may arise from the proposed legislation is unknown. The additional survey time and an estimated 10 full complaints annually will require an additional .50 FTE GPR Nursing Consultant 1 at a cost of \$39,500 annually for salary, fringe, and supplies and services. These costs would need to be funded with GPR with no federal matching funds as this is a state legislature requirement.

If a nursing homes opts to use its own form, the cost to create and maintain the form would be borne by the facility. The nursing home would also need to have access to the FDA to access drug information to supply to the nursing home resident or representative/guardian when the administration of a psychotropic drug is indicated. DHS does not have the ability to determine the cost of access to FDA drug information or the cost of creating the new form for the nursing homes. There would be no cost for state, county, or municipally-owned nursing homes that choose to use a DHS-issued form.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2009 Session

Detailed Estimate of Annual Fiscal Effect

Original
 Updated
 Corrected
 Supplemental

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| I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect): \$1,000 one-time costs. | | | |
| II. Annualized Costs: | | Annualized Fiscal Impact on funds from: | |
| | | Increased Costs | Decreased Costs |
| A. State Costs by Category | | | |
| State Operations - Salaries and Fringes | \$34,500 | | \$ |
| (FTE Position Changes) | (0.5 FTE) | | |
| State Operations - Other Costs | 5,000 | | |
| Local Assistance | | | |
| Aids to Individuals or Organizations | | | |
| TOTAL State Costs by Category | \$39,500 | | \$ |
| B. State Costs by Source of Funds | | | |
| GPR | 39,500 | | |
| 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 | | | |
| TOTAL State Revenues | \$ | | \$ |
| NET ANNUALIZED FISCAL IMPACT | | | |
| | State | | Local |
| NET CHANGE IN COSTS | \$39,500 | | \$ |
| NET CHANGE IN REVENUE | \$ | | \$ |
| Agency/Prepared By Authorized Signature Date | | | |
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