

# Fiscal Note

State of Alaska  
2015 Legislative Session

Bill Version: HB 99  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB099-DHSS-BVS-04-05-15  
Title: VOLUNTARY TERMINATION OF LIFE  
Sponsor: DRUMMOND  
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Public Health  
Allocation: Bureau of Vital Statistics  
OMB Component Number: 961

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2016	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Personal Services							
Travel							
Services	75.0		5.0	5.0	5.0	5.0	5.0
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>75.0</b>	<b>0.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>

## Fund Source (Operating Only)

1004 Gen Fund	75.0		5.0	5.0	5.0	5.0	5.0
<b>Total</b>	<b>75.0</b>	<b>0.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>

## Positions

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
---------------------------	--	--	--	--	--	--	--

**Estimated SUPPLEMENTAL (FY2015) cost:** 0.0 (separate supplemental appropriation required)  
(discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2016) cost:** 125.0 (separate capital appropriation required)  
(discuss reasons and fund source(s) in analysis section)

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/16

## Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Jay C. Butler, MD, Director/Chief Medical Officer  
Division: Public Health  
Approved By: Sarah Woods, Deputy Director Finance & Management Services  
Agency: Health & Social Services

Phone: (907)269-6680  
Date: 03/09/2015 12:00 AM  
Date: 04/05/15

## Analysis

This bill adds a new chapter Sec. 13.55 that allows terminally ill Alaska residents age 18 or older to use prescribed medications to voluntarily terminate their own life. The bill requires a health care provider to file with the Department of Health and Social Services a copy of the record of dispensing the medication.

Among the requirements of this bill the Department would be tasked to:

- Annually review a sample of the records required under this chapter.
- Develop and adopt regulations to facilitate the collection of information about compliance with this chapter.
- Develop and distribute the forms necessary to implement the new law.
- Collect and track the forms required by the new law.
- Generate a statistical report of the information collected under this chapter.

Alaska could expect between 10 and 19 voluntary termination-of-life deaths per year based on the experience of Oregon. Oregon is one of 5 states that allow voluntary termination of life. Oregon, Vermont and Washington have a "death with dignity act" similar to this bill. In Montana and New Mexico it was allowed by the courts (NM is under appeal). In the 2014 Oregon Death with Dignity Act report there were 155 death with dignity act prescriptions issued in Oregon. Of those, 105 or about two-thirds of the individuals died from ingesting the prescribed medication. For Oregon this corresponds to 31 death with dignity act deaths per 10,000 total deaths. If Alaska experienced about the same rate of participation, then we could expect about 29 applications per year and about 10 to 19 persons who died ingesting the prescribed medication.

The Bureau of Vital Statistics would be responsible for implementing the duties of the Department under a voluntary termination of life law. The bill allows the Department to adopt regulations after the effective date of January 1, 2016. Bureau staff do not have the capacity or expertise required to develop complex regulations and do extensive outreach. Therefore, a one-time contract for professional services would be needed in year one. Based on Washington's and Oregon's experience with their death with dignity laws, it is expected it will take six months to develop the preliminary draft regulations and forms required by this new chapter followed by a series of public meetings to get input from stakeholders, with a target of regulations being in place by July 1, 2016.

The Bureau would require a one-time capital appropriation to add a custom module to its existing electronic vital records database application. The module will store electronic copies, track the forms required by this law and produce the statistical report. Although only a small number of applications and deaths are anticipated annually, a simple spreadsheet will not be sufficient to collect, track and analyze forms. Washington State initially tried implementing their death with dignity act without a data base application, but that turned out to be an unwieldy solution.

The Department will have ongoing costs for training materials and travel to work with and train funeral homes, health care providers, and the State Medical Examiner's Office on the completion of death certificates for voluntary termination of life patients. The Bureau would also need to work with State Troopers, local law enforcement agencies, and the Medical Examiner's office on death investigations that appeared to be an accidental overdose, suicide, or attempted suicide since they may be voluntary termination of life events.