

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: HB 54
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB054SS-DHSS-BVS-1-25-18
Title: TERMINALLY ILL: ENDING LIFE OPTION
Sponsor: DRUMMOND
Requester: House HSS

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)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2019	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Personal Services							
Travel	1.8		1.8				
Services	5.0		40.4	36.4	37.5	37.5	37.5
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	6.8	0.0	42.2	36.4	37.5	37.5	37.5

Fund Source (Operating Only)

1004 Gen Fund (UGF)	6.8		42.2	36.4	37.5	37.5	37.5
Total	6.8	0.0	42.2	36.4	37.5	37.5	37.5

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 140.0 (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If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/20

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

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Phone: (907)269-6680
Date: 01/25/2018
Date: 01/25/18

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. SSHB054

Analysis

HB54 version "O" adds a new statutory chapter, Sec. 13.55, *Voluntary termination of life* (effective January 1, 2019) that allows terminally ill Alaska residents age 18 or older to request and use prescribed medications to voluntarily terminate their own life. Under current Alaska law, it is illegal to intentionally aid another person in committing suicide. 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.

Given passage of this bill, Alaska would join six states and the District of Columbia in allowing voluntary termination of life for residents: Oregon, Washington, Vermont, Montana, California, and Colorado. As is true in these other states, this bill requires the Department 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.

If Alaska experienced about the same rate of participation as Oregon per year, it would be expected that less than 40 voluntary termination of life applications would be submitted and less than 20 deaths would result. According to the 2015 Oregon Death with Dignity Act report, there were 218 Death with Dignity Act prescriptions written to requesting individuals in Oregon; of those, 125 individuals, or just over half, ingested the prescribed medication and died as expected. No individual that ingested the medication regained consciousness nor died first of the terminal condition. For Oregon, this corresponds to 38.6 Death with Dignity Act deaths per 10,000 total deaths.

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, 2018. Bureau staff does not have the capacity or expertise required to develop complex regulations and do extensive outreach. Therefore, a \$5.0 contract for professional services would be needed for the latter half of FY2019 and again in the first part of FY2020. 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 January 1, 2020. A small amount of travel would be associated with stakeholder meeting facilitation in several areas of the state.

The Bureau would require a one-time capital appropriation to add a custom module to its existing Electronic Vital Records System. Additional funds would be required in the out years to maintain and license the system module as an addition to a current, ongoing contract with an automatic 3% increase annually through FY2021. After 2021, the contract must be re-negotiated; therefore, FY2022-2024 do not include the 3% increase. The module would 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.

Given passage of this bill, the Department would provide training, register forms received by health care providers, and prepare the annual report. This training would be provided to funeral homes and health care providers regarding the proper completion of death certificates for voluntary termination of life patients to ensure confidentiality is maintained. Based off Oregon's ongoing FTE estimates, less than 1/10th of one FTE is required to register the forms; the personal services costs can be absorbed within the current appropriation.