

HB

61

<TARGET><BILL>HB 61</BILL><SUBJECT>HB
61</SUBJECT><COMM>HHSS27</COMM></TARGET>



Representative Lindsey Holmes

House Bill 61 Sponsor Statement An Act relating to a registry for advance health care directives.

An advance health care directive is a document that allows a person to designate what health care they wish to receive and who can make medical decisions for them in the case that they are incapacitated. Alaska Statute 13.52.010 provides that anyone may fill out an advance health care directive, but it does not provide a system to store and access these important documents.

Medical emergencies can occur at any place at any time. A person may be on vacation and not have a copy of their advance health care directive with them, or family members may simply be too distraught to remember or find a copy of the directive. In cases like these, medical professionals and family members need an effective tool to locate and access information on a patient's health care wishes.

House Bill 71 would establish a voluntary registry of advance health care directives for the State of Alaska. The registry would be strictly voluntary—no person would ever be required to submit his or her advance health care directive to the registry, and directives not filed with the registry would remain every bit as valid. Other features of the registry include:

- Hospitals and similar health care facilities would have 24-hour online access to their patients' records in case of emergencies.
- A person or his or her agent, guardian or surrogate would be able to request copies of their directive.
- The Department of Health and Social Services would be able to charge modest fees to pay for administrative costs of the registry.
- All advance health care directives in the registry would be confidential.
- An individual could update or remove his or her advance health care directive from the registry at any time.

A number of other states already use an advance health care directive registry to ensure that patients' wishes are available to guide the decisions of doctors and loved ones during medical emergencies.

Please join me in helping to ensure that Alaskans' medical decisions are respected by supporting this legislation.



Representative Lindsey Holmes

House Bill 61 Sectional Analysis

“An Act relating to a registry for advance health care directives.”

- Section 1.** Protects a health care facility from civil or criminal liability for two listed types of actions related to the directive registry.
- Section 2.** This is the primary authorizing section for the directive registry. It has several subsections that do the following:
- (a) Directs the Department of Health and Social Services to create and maintain the registry. It indicates that the registry shall consist solely of the names and scanned copies of advance health care directives of individuals who register.
 - (b) Establishes that filing an advance health care directive in the registry is voluntary, through use of the term “may”.
 - (c) Makes it clear that the registry is completely confidential. It allows the Department to release a copy of a person’s directive to the individual who created it, the guardian or other agent of the individual, or a hospital in the state where the individual is a patient. Additionally, it allows the Department to provide a copy of the directive to a hospital in another state if it is requested by the individual or their guardian, agent or surrogate.
 - (d) Directs the Department to make the registry viewable online for hospitals here in the state (in case of emergencies).
 - (e) Clarifies that the Department will not review directives submitted to the registry for their legal validity.
 - (f) Allows that an individual can remove their directive from the registry at any time.
 - (g) Clarifies that filing a directive with the registry does not affect its validity and that a directive can be revoked or changed without informing the registry.
 - (h) Allows the Department to charge a fee for filing a registry to recoup administrative costs, but prohibits the Department from charging a fee for removing a directive from the registry.
 - (i) Empowers the Department to make regulations to ensure that people who attempt to access a directive in the registry are allowed to have access to a directive.

- (j) Empowers the Department to make regulations regarding regular maintenance on the registry, including removing directives that are old or out of date.
- (k) Protects the Department and its employees from legal liability for regular operation of the registry.
- (l) Provides definitions of registry and directive.

FISCAL NOTE

STATE OF ALASKA
2011 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB061
 () Publish Date: _____

Identifier (file name): HB061-DHSS-EP-04-06-11 Dept. Affected: Health and Social Services
 Title Advance Health Care Directives Registry Appropriation: Public Health
 Sponsor Rep. Lindsey Holmes Allocation: Emergency Programs
 Requester House HSS Committee OMB Component Number 2877

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2012	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
OPERATING EXPENDITURES								
Personal Services	124.8		124.8	93.6	62.4	62.4	62.4	62.4
Travel	10.0		5.0	5.0	4.0	4.0	4.0	4.0
Services	56.0		15.0	15.0	15.0	15.0	15.0	15.0
Commodities	4.0		2.0	2.0	1.0	1.0	1.0	1.0
Capital Outlay								
Grants								
Miscellaneous								
TOTAL OPERATING	194.8	0.0	146.8	115.6	82.4	82.4	82.4	82.4

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES								
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FUND SOURCE (Thousands of Dollars)

	FY 2012	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
1002 Federal Receipts							
1003 GF Match							
1004 GF	194.8	0.0	146.8	115.6	82.4	82.4	82.4
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other (please identify)							
TOTAL	194.8	0.0	146.8	115.6	82.4	82.4	82.4

Estimate of any current year (FY2011) cost: _____

POSITIONS

Full-time	1.0		1.0	0.75	0.5	0.5	0.5
Part-time							
Temporary							

Why this fiscal note differs from previous version (if initial version, please note as such)

Not applicable. Initial version.

Prepared by: Ward B. Hurlburt, M.D., MPH, Chief Medical Officer/Director
 Division Public Health
 Approved by: Alison Elgee, Assistant Commissioner
 DHSS Finance & Management Services

Phone 269-6680
 Date/Time 2/2/11 12:00 AM
 Date 4/6/2011

FISCAL NOTE

STATE OF ALASKA
2011 LEGISLATIVE SESSION

BILL NO. HB061

Analysis:

The intent of this bill is to construct an advance health care directive system by creating a central registry for access by health care facilities, hospitals, and individuals. Modeled after the State of Washington's *Living Will Registry* system, Alaska will contract with a national registry to maintain the data securely with 24/7 access. There will be no cost to the individual to register or to the provider to access. Start up contractual costs of \$56.0 include training, software, licensing, and system configuration. Ongoing, there is an annual license of \$15.0 based on less than 749 participants. Actual costs vary slightly depending on the number of participants. One FTE, a Public Health Specialist II (R20/A) at a salary of \$79.9 plus \$44.9 fringe benefits will be necessary to establish a secure system, respond to a toll-free hotline, support users with technical assistance, and travel to provide community outreach. Additional costs include office supplies and promotional materials. By the third year, the program will be fully operational and outreach efforts can be scaled back to 0.75 FTE and level off at 0.5 FTE thereafter.

FISCAL NOTE

STATE OF ALASKA cost # codes
 2012 LEGISLATIVE SESSION

Bill Version HB061
 Fiscal Note Number _____
 Publish Date _____

Identifier (file name) HB061-DHSS-EP-12-16-11 Dept. Affected Health and Social Services
 Title Advance Health Care Directives Registry Appropriation Public Health
 Allocation Emergency Programs
 Sponsor Rep. Holmes
 Requester House HSS Committee OMB Component Number 2877

Expenditures/Revenues (Thousands of Dollars)

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

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates					
			FY13	FY14	FY15	FY16	FY17	FY18
OPERATING EXPENDITURES								
Personal Services	110.0		110.0	82.5	55.0	55.0	55.0	
Travel	10.0		5.0	5.0	4.0	4.0	4.0	
Services	56.0		15.0	15.0	15.0	15.0	15.0	
Commodities	4.0		2.0	2.0	1.0	1.0	1.0	
Capital Outlay								
Grants, Benefits								
Miscellaneous								
TOTAL OPERATING	180.0	0.0	132.0	104.5	75.0	75.0	75.0	

FUND SOURCE		(Thousands of Dollars)						
1002	Federal Receipts							
1003	GF Match							
1004	GF	180.0	132.0	104.5	75.0	75.0	75.0	
1005	GF/Prgm (DGF)							
1037	GF/MH (UGF)							
1178	temp code (UGF)							
TOTAL		180.0	0.0	132.0	104.5	75.0	75.0	75.0

POSITIONS							
Full-time	1.0		1	0.75	0.5	0.5	0.5
Part-time							
Temporary							

CHANGE IN REVENUES							
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Estimated SUPPLEMENTAL (FY12) operating costs _____ (separate supplemental appropriation required;
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs _____ (separate capital appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

Updated fiscal note to reflect current fiscal year.

Prepared by Ward B. Hurlburt, M.D., MPH, Chief Medical Officer/Director
 Division Public Health
 Approved by Nancy Rolfzen, Assistant Commissioner
DHSS Finance & Management Services

Phone 269-6680
 Date/Time 12/15/11 12:00 AM
 Date 12/16/2011

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

BILL NO. HB061

Analysis

The intent of this bill is to construct an advance health care directive system by creating a central registry for access by health care facilities, hospitals, and individuals. Modeled after the State of Washington's *Living Will Registry* system, Alaska will contract with a national registry to maintain the data securely with 24/7 access. There will be no cost to the individual to register or to the provider to access. Start up contractual costs of \$56.0 include training, software, licensing, and system configuration. Ongoing, there is an annual license of \$15.0 based on less than 749 participants. Actual costs vary slightly depending on the number of participants. One FTE, a Public Health Specialist II (R20/A), will be necessary to establish a secure system, respond to a toll-free hotline, support users with technical assistance, and travel to provide community outreach. Additional costs include office supplies and promotional materials. By the third year, the program will be fully operational and outreach efforts can be scaled back to 0.75 FTE and level off at 0.50 FTE thereafter.

**Representative
Lindsey Holmes**

Capitol Room 405
465-4919
465-2137 fax



MEMORANDUM

Date: 1 February 2011

To: Representative Wes Keller,
Chair of House Health & Social Services Committee

From: Representative Lindsey Holmes

RE: HB 61 Hearing Request

Representative Keller, I would like to request a hearing for House Bill 61, "An act relating to a registry for advance healthcare directives" in the Health and Social Services committee. HB 61 is very similar to the version of HB 71 from the 26th Legislature that moved from the House HSS committee last year. I expect that the Department of Health and Social Services and AARP will testify on the bill again. James R. Waldo in my office is carrying this bill for me and he can be reached via his direct line 465-6597 or his email james.waldo@legis.state.ak.us. If you have any questions relating to this bill please contact me or my staff assigned to this legislation. Thank you for your time.

In this packet you will find:

- 1) This memo requesting a hearing for HB 61;
- 2) A copy of the sponsor statement for the bill;
- 3) A copy of the bill in its initial form, and;
- 4) A sectional analysis for the bill prepared by my staff.