

Fiscal Estimate Narratives

DHS 2/22/2016

LRB Number	15-4750/1	Introduction Number	SB-748	Estimate Type	Original
Description Informed consent for psychotropic medications in nursing homes and community-based residential facilities					

Assumptions Used in Arriving at Fiscal Estimate

This bill requires a community-based residential facility (CBRF) to obtain signed acknowledgment from the resident or, if the resident is incapacitated, a person acting on behalf of the resident, before administering a psychotropic medication to a resident of a CBRF who has a degenerative brain disorder. The signed acknowledgement must be obtained on a form developed by the Department of Health Services (DHS). The form must state that the resident has been prescribed a medication that has a boxed warning, include an information sheet from the FDA for the specific psychotropic medication and provide contact information for the prescriber of the medication.

Under this bill DHS is required to develop and maintain the acknowledgement form, create a website for CBRFs to provide regulatory guidance, including links to acknowledgement forms and other information, develop training materials and provide technical assistance to CBRFs, trade associations and other interested stakeholders. This bill directs DHS to develop and make available acknowledgement forms to CBRFs via the internet and by mail.

This bill is not expected to significantly increase or decrease the Department's overall workload and therefore will not have a measurable fiscal effect on DHS.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2015 Session

Detailed Estimate of Annual Fiscal Effect

Original
 Updated
 Corrected
 Supplemental

LRB Number 15-4750/1	Introduction Number SB-748	
Description Informed consent for psychotropic medications in nursing homes and community-based residential facilities		
I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):		
II. Annualized Costs:		
Annualized Fiscal Impact on funds from:		
	Increased Costs	Decreased Costs
A. State Costs by Category		
State Operations - Salaries and Fringes	\$0	\$
(FTE Position Changes)	(0.0 FTE)	
State Operations - Other Costs	0	
Local Assistance	0	
Aids to Individuals or Organizations		
TOTAL State Costs by Category	\$0	\$
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		
TOTAL State Revenues	\$	\$
NET ANNUALIZED FISCAL IMPACT		
	<u>State</u>	<u>Local</u>
NET CHANGE IN COSTS	\$0	\$
NET CHANGE IN REVENUE	\$	\$
Agency/Prepared By		
Authorized Signature		Date
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