

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 5620 E 2S SB	<b>Title:</b> Dental anesthesia assistants	<b>Agency:</b> 303-Department of Health
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## Part I: Estimates

No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	FY 2012	FY 2013	2011-13	2013-15	2015-17
Health Professions Account-State 02G-1				91,000	95,000
<b>Total \$</b>				91,000	95,000

### Estimated Expenditures from:

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years	0.0	0.2	0.1	0.5	0.3
<b>Account</b>					
Health Professions Account-State 02G-1	0	28,000	28,000	104,000	74,000
<b>Total \$</b>	0	28,000	28,000	104,000	74,000

### Estimated Capital Budget Impact:

NONE

This bill was identified as a proposal governed by the requirements of RCW 43.135.031 (Initiative 960). Therefore, this fiscal analysis includes a projection showing the ten-year cost to tax or fee payers of the proposed taxes or fees.

*The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.*

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

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Agency Preparation: Danny Howard	Phone: (360) 236-4625	Date: 02/15/2012
Agency Approval: Wendi Gunther	Phone: 360-236-4530	Date: 02/15/2012
OFM Review: Ryan Black	Phone: 360-902-0417	Date: 02/15/2012

Request # 12-130-1

## Part II: Narrative Explanation

### II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

*Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.*

Note: The fiscal impact is the same as the previous fiscal note (FN12-025, 2SSB 5620).

Section 2: Prohibits anyone from practicing or representing themselves as a dental anesthesia assistant unless they are certified by the Department of Health's, Dental Quality Assurance Commission (DQAC). A certified dental anesthesia assistant may not practice or represent themselves as being registered without having met the standards for registration and being registered by DQAC.

Section 3: Requires the Department of Health (DOH) establish certification requirements and forms, set fees, and establish administrative procedures for dental anesthesia assistants, and gives the DQAC authority to adopt rules for certification renewal requirements, including continuing education consistent with national standards.

Section 5: States that the dental anesthesia assistants are governed by the uniform disciplinary act and that the DQAC has the right for issuance or denial of a certification under this chapter.

Section 6: Authorizes the DQAC as the disciplinary authority under this chapter. The DQAC will adopt procedures regarding the discipline for dental anesthesia assistants.

### II. B - Cash receipts Impact

*Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.*

Section 3: allows the Secretary of Health to establish fees for the dental anesthesia assistant certification under RCW 43.70.250 and RCW 43.70.280. Current law requires that health professions be fully self-supporting and that sufficient revenue be collected through fees to fund expenditures in the Health Professions Account. Revenue will be collected, starting in fiscal year (FY) 2014.

Based on 189 dentists holding active dental anesthesia permits, and an assumption of two to three applicants for certified dental anesthesia assistants per permit holder, the estimated number of dental anesthesia assistants is as follows:

FY 2014 – 500 new applications  
FY 2015 – 519 (19 new applications, 500 renewals)  
FY 2016 – 538 (19 new applications, 519 renewals)  
FY 2017 – 558 (20 new applications, 538 renewals)  
FY 2018 – 579 (21 new applications, 558 renewals)  
FY 2019 - 600 ongoing with the majority being renewals

Note: Actual fees will be determined during the rulemaking process.

### II. C - Expenditures

*Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.*

Assumptions: The department is assuming a start date of July 1, 2012 to begin rulemaking activities. For purposes of this fiscal note, certifying the new dental anesthesia assistants (DAAs) is assumed to begin July 1, 2013, after rulemaking is completed.

### Rulemaking

Sections 3 & 6: In FY 2013, there will be one-time costs for rulemaking. The DQAC will develop and adopt rules to establish certification requirements and continuing education requirements for dental anesthesia assistants. This will include two stakeholder meetings and one formal rules hearing, all meetings will be held in free facilities. The stakeholder meetings and the formal rule hearing will be held during regularly scheduled business meetings in an effort to minimize costs. Costs will include minimal travel for staff to travel to locations outside of the Olympia area. By having stakeholder meetings at different locations throughout the state, it allows stakeholders an opportunity to participate and provide comments during the rulemaking process. One-time costs in FY 2013 include staff and associated costs, printing, minimal travel and Office of Attorney General time for a total of 0.1 FTE Health Services Consultant 3 (HSC 3) and \$11,000.

### Information Technology

Section 3: During FY 2013, staff will be required for implementing the new certification program. This will include conducting a business analysis, configuration, and testing a new credential type. Tasks include establishing credentialing workflows, user defined fields, templates, fee tables, renewals and modification or creation of reports in the DOH Integrated Licensing and Regulatory System. One-time costs in FY 2013 include staff and associated cost for a total of \$6,000.

### Program Implementation and Administration

Sections 2 & 3: To implement and administer the Dental Anesthesia Assistant (DAA) Program, the department will develop the initial application, renewal form and create a Web site. One-time program implementation costs in FY 2013 include staff and associated costs for a total of 0.1 FTE HSC 3 and \$11,000.

Starting in FY 2014, ongoing costs for program administration will include being a resource for applicants, certified DAAs and other stakeholders, case management, monitoring monthly expenditures and performing other duties necessary to administer the program. Ongoing costs include staff and associated costs for a total of 0.2 FTE HSC 3 and \$16,000 each year.

### Credentialing

Sections 2 & 3: Credentialing costs starting in FY 2014 will be for staff to review and process applications, conduct background checks by running queries with the National Practitioner Databank and Washington State Patrol, verify supervision by dentist with a general anesthesia permit, provide technical assistance, and issue certifications for qualified

applicants. Costs in FY 2014 will include staff and associated costs for a total of 0.4 FTE and \$39,000. Starting in FY 2015, ongoing costs will be 0.1 FTE and \$9,000 each year.

Discipline

Sections 3, 5 & 6: Based on experience in the surgical technologist program, DOH is estimating a complaint rate of 1.6 percent of certifications per year. If a complaint involves lack of supervision, then a complaint will be opened against the supervising dentist as well.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff will review the complaint, identify the history of the person about whom the complaint was made, and help assess whether an investigation is needed. In more than half the cases, investigation is needed. The investigator obtains information about the complaint, and the respondent and prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, and other staff develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order.

Cost estimates for the complaint response process associated with this bill were calculated using the department's Disciplinary Workload Model. Starting in FY 2014, ongoing estimated discipline costs will include staff and associated costs, increased commission member time, minimal travel, and minimal equipment costs, for a total of 0.1 FTE and \$12,000 each year.

**Part III: Expenditure Detail**

**III. A - Expenditures by Object Or Purpose**

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years		0.2	0.1	0.5	0.3
A-Salaries and Wages		14,000	14,000	54,000	38,000
B-Employee Benefits		5,000	5,000	16,000	10,000
C-Personal Service Contracts					
E-Goods and Services		9,000	9,000	32,000	26,000
G-Travel					
J-Capital Outlays				1,000	
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements				1,000	
9-					
<b>Total:</b>	\$0	\$28,000	\$28,000	\$104,000	\$74,000

**III. B - Detail:** List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2012	FY 2013	2011-13	2013-15	2015-17
ADMINISTRATIVE ASST 3	40,524				0.0	0.0
CUSTOMER SVCS SPEC 2	36,756				0.2	0.1
CUSTOMER SVCS SPEC 3	40,524				0.0	0.0
CUSTOMER SVCS SPEC 4	44,712				0.0	0.0
Fiscal Analyst 2	45,828				0.1	
FISCAL TECHNICIAN 2	34,260				0.0	0.0
HEALTH SVCS CONSLT 2	53,148				0.0	
HEALTH SVCS CONSLT 3	61,632		0.2	0.1	0.2	0.2
INFORMATION TECH SPEC 5	78,900		0.0	0.0		
LEGAL SECRETARY 2	42,588				0.0	0.0
WMS02	78,900				0.0	0.0
<b>Total FTE's</b>	<b>557,772</b>		<b>0.2</b>	<b>0.1</b>	<b>0.5</b>	<b>0.3</b>

**III. C - Expenditures By Program (optional)**

Program	FY 2012	FY 2013	2011-13	2013-15	2015-17
Hlth Systems Quality Assurance (060)		25,000	25,000	93,000	66,000
Administration (090)		3,000	3,000	11,000	8,000
<b>Total \$</b>		<b>28,000</b>	<b>28,000</b>	<b>104,000</b>	<b>74,000</b>

**Part IV: Capital Budget Impact**

NONE

**Part V: New Rule Making Required**

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 3: The DQAC will adopt rules for the requirements for renewal of the certification and the department will establish administrative procedures, requirements, and fees for application and renewal.

Section 6: Authorizes the DQAC to adopt procedures regarding discipline for dental anesthesia assistants.



# Ten-Year Analysis

<b>Bill Number</b> 5620 E 2S SB	<b>Title</b> Dental anesthesia assistants	<b>Agency</b> 303 Department of Health
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

## Estimates

No Cash Receipts                       Indeterminate Cash Receipts

## Estimated Cash Receipts

Name of Tax or Fee	Acct Code	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020	Fiscal Year 2021	2012-21 TOTAL
Dental Anesthesia Assistants	02G			45,000	46,000	47,000	48,000	49,000	50,000	50,000	50,000	385,000
<b>Total</b>				<b>45,000</b>	<b>46,000</b>	<b>47,000</b>	<b>48,000</b>	<b>49,000</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>385,000</b>
<b>Biennial Totals</b>				<b>91,000</b>	<b>95,000</b>	<b>99,000</b>	<b>100,000</b>					<b>385,000</b>

## Narrative Explanation (Required for Indeterminate Cash Receipts)

Section 3: This bill allows the Secretary of Health to establish fees for the dental anesthesia assistant certification under RCW 43.70.250 and RCW 43.70.280. Current law requires that health professions be fully self-supporting and that sufficient revenue be collected through fees to fund expenditures in the Health Professions Account. Revenue will be collected, starting in fiscal year (FY) 2014. Actual fees will be determined during the rulemaking process.

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# Ten-Year Analysis

Revised

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