

Multiple Agency Fiscal Note Summary

Bill Number: 6237 E S SB AMH APPH H4375.4	Title: Medical assistants
---	----------------------------------

Estimated Cash Receipts

Agency Name	2011-13		2013-15		2015-17	
	GF- State	Total	GF- State	Total	GF- State	Total
Office of Attorney General	0	56,107	0	220,074	0	220,074
Department of Health	0	0	0	652,000	0	745,000
Total \$	0	56,107	0	872,074	0	965,074

Estimated Expenditures

Agency Name	2011-13			2013-15			2015-17		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Office of Attorney General	.3	0	56,107	1.0	0	220,074	1.0	0	220,074
Department of Health	.4	0	102,000	9.0	0	1,367,000	2.4	0	460,000
Total	0.7	\$0	\$158,107	10.0	\$0	\$1,587,074	3.4	\$0	\$680,074

Estimated Capital Budget Impact

NONE

Please note, expenditures related to central service agencies are correctly reflected twice in a fiscal note (i.e. double-counted). They are reflected one-time as a client billing to the provider agency and a second time as an expenditure from the provider agency. Both agencies require an appropriation, but the provider agency expenditures are offset by the revenue received from the client agency. Also note, provider agency billing estimates may differ from client agency estimates if they do not agree on workload assumptions.

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.

Prepared by: Ryan Black, OFM	Phone: 360-902-0417	Date Published: Final 3/ 6/2012
-------------------------------------	-------------------------------	---

* See Office of the Administrator for the Courts judicial fiscal note

** See local government fiscal note

FNPID 32461

FNS029 Multi Agency rollup

Individual State Agency Fiscal Note

Bill Number: 6237 E S SB AMH APPH H4375.4	Title: Medical assistants	Agency: 100-Office of Attorney General
---	----------------------------------	--

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2012	FY 2013	2011-13	2013-15	2015-17
Legal Services Revolving Account-State 405-1		56,107	56,107	220,074	220,074
Total \$		56,107	56,107	220,074	220,074

Estimated Expenditures from:

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years	0.0	0.5	0.3	1.0	1.0
Account					
Legal Services Revolving Account-State 405-1	0	56,107	56,107	220,074	220,074
Total \$	0	56,107	56,107	220,074	220,074

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.

Legislative Contact:	Phone:	Date: 02/28/2012
Agency Preparation: Gretchen Leanderson	Phone: 253-597-4434	Date: 03/05/2012
Agency Approval: Sarian Scott	Phone: (360) 586-2104	Date: 03/05/2012
OFM Review: Cheri Keller	Phone: 360-902-0563	Date: 03/06/2012

Request # 12-191-1

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.

Section 1 is a new section providing the legislative intent supporting the medical assistants, their unique training, and the importance in the delivery of health care.

Section 2 is a new section providing definitions that apply throughout this chapter.

Section 3 is a new section requiring certification for medical assistant-certified, medical assistant-hemodialysis technicians, and medical assistant-phlebotomists. It also requires medical assistant-registered to be registered under section 5 of this act.

Section 4 is a new section that requires the Secretary of the Department of Health (DOH) to adopt rules, and requires DOH to compile information from identified boards and commissions to provide a report to the legislature by December 15, 2012.

Section 5 is a new section that details the conditions that must be met for the Secretary of DOH to issue a certification or interim certification, registration or endorsement for medical assistants, medical assistant-hemodialysis technicians, and medical assistant-phlebotomists.

Section 6 is a new section that details the duties that a medical assistant-certified may perform.

Section 7 is a new section and provides a list that health care practitioners must determine, to the best of her/his ability, prior to delegation of any of the functions in section 6 of this act.

Section 8 is a new section that authorizes the Secretary of DOH to have rule making authority, establish forms, hire staff, establish procedures, and maintain records of applicants and credential holders. It also provides that the Uniform Disciplinary Act governs unlicensed practice, the issuance and denial of a registration or certification, and the discipline of persons registered or certified under this chapter.

Section 9 is a new section.

Section 9(1) provides that DOH may not issue certifications for category C, D, E or F health care assistants on or after the effective date of this section, and should certify a medical assistant-certified if they were certified prior to the effective date of the section when he or she renews his or her certification.

Section 9(2) provides that DOH may not issue a new certification for category G health care assistants on or after the effective date of this new section, but shall certify those who were certified prior to the effective date of this section.

Section 9(3) provides that DOH may not issue a new certification for category A or B health care assistants on or after the effective date of this section, but shall certify them if they were certified prior to the effective date of this section.

Section 10 is new section that details what is not prohibited or affected under this chapter.

Section 11 is a new section that requires the DOH to develop recommendations regarding a career path plan for medical assistants, within existing resources, and report back to the legislature by December 15, 2012.

Section 12 is a new section providing that an applicant with military training or experience satisfies the training or experience requirements of this chapter unless the Secretary of DOH determines the training or experience is not substantially equivalent to the standard in this state.

Section 13 amends RCW 18.79.340(1) expanding the definition of “nursing technician”.

Section 14 amends RCW 18.120.020(4) expanding the definition of “health professions”.

Section 15 amends RCW 18.120.020(4) expanding the definition of “health professions”.

Section 16 amends RCW 18.130.040 to give the Secretary of DOH authority over medical assistants-certified and registered, medical assistant-hemodialysis technicians, and medical assistant-phlebotomists.

Section 17 amends RCW 18.130.040 to take away the Secretary of DOH’s authority over health care assistants-certified under RCW 18.135.

Section 18 amends RCW 18.135.055 to provide that health care assistants and persons registered and certified under chapter 18.--- RCW as one profession for the purpose of setting fees.

Section 19 is a new section and provides that sections 1 through 12 constitute a new chapter in Title 18 RCW.

Section 20 is a new section that delineates acts and parts of acts that are repealed effective July 1, 2016.

Section 21 is a new section giving DOH the authority to adopt rules necessary to implement this act.

Section 22 is a new section providing that sections 1 through 12, 14, 16, and 18 of this act take effect July 1, 2013.

Section 23 is a new section providing that sections 15 and 17 take effect July 1, 2016.

The Attorney General’s Office (AGO) estimates a workload impact of 0.3 Assistant Attorney General (AAG) and 0.2 Legal Assistant (LA) at a cost of \$56,107 in Fiscal Year (FY) 2013, 0.5 AAG, 0.2 Paralegal (PL) and 0.3 LA at a cost of \$110,037 in FY2014 and in each FY thereafter. The increase in staffing is to provide legal services for legal advice and defense of disciplinary proceedings.

We estimate direct litigation costs at \$500 in FY2014 and in each FY thereafter, which are included in this cost. Direct litigation costs are required for litigation related travel and court costs.

Sections 13, and 19 through 23 are assumed effective on July 1, 2012.

Sections 1 through 12, 14, 16, and 18 are assumed effective July 1, 2013.

Section 15 and 17 are assumed effective July 1, 2016.

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.

Funds are assumed to be Legal Service Revolving Account dollars. Legal services costs incurred by the AGO will be billed through the revolving fund to the client agency.

The client agency is assumed to be DOH. The AGO will bill DOH for legal services rendered.

Please note that these cash receipts represent the AGO authority to bill and are not a direct appropriation to the AGO. The direct appropriation is reflected in the client agencies fiscal note. Appropriation authority is necessary in the AGO budget.

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.

The AGO estimates a workload impact of 0.3 AAG and 0.2 LA at a cost of \$56,107 in FY2013, 0.5 AAG, 0.2 PL and 0.3 LA at a cost of \$110,037 in FY2014 and in each FY thereafter. The increase in staffing is to provide legal services for legal advice and defense of disciplinary proceedings. We estimate direct litigation costs at \$500 in FY2014 and in each FY thereafter, which are included in this cost. Direct litigation costs are required for litigation related travel and court costs.

Assumptions:

1. We assume legal advice for DOH and the boards and commissions with the authority and responsibility to register and authorize scopes of practice for medical assistants. This legal advice is assumed ongoing.
2. In FY2014, we assume applications will begin and a large number of applications anticipated. This will trigger disciplinary proceedings.
3. We assume in FY2015 and in each FY thereafter that legal services will be necessary for primarily litigation (disciplinary proceedings).

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years		0.5	0.3	1.0	1.0
A-Salaries and Wages		32,949	32,949	129,832	129,832
B-Employee Benefits		9,804	9,804	38,772	38,772
C-Personal Service Contracts				1,000	1,000
E-Goods and Services		11,724	11,724	44,570	44,570
G-Travel		680	680	2,400	2,400
J-Capital Outlays		950	950	3,500	3,500
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total:	\$0	\$56,107	\$56,107	\$220,074	\$220,074

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
Assistant Attorney General	82,284		0.3	0.2	0.5	0.5
Legal Assistant II	41,316		0.2	0.1	0.3	0.3
Paralegal II	56,892				0.2	0.2
Total FTE's	180,492		0.5	0.3	1.0	1.0

III. C - Expenditures By Program (optional)

Program	FY 2012	FY 2013	2011-13	2013-15	2015-17
Agriculture and Health Division (AHD)		56,107	56,107	220,074	220,074
Total \$		56,107	56,107	220,074	220,074

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.

None

Individual State Agency Fiscal Note

Bill Number: 6237 E S SB AMH APPH H4375.4	Title: Medical assistants	Agency: 303-Department of Health
---	----------------------------------	---

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				652,000	745,000
Total \$				652,000	745,000

Estimated Expenditures from:

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years	0.0	0.7	0.4	9.0	2.4
Account					
Health Professions Account-State 02G-1	1,000	101,000	102,000	1,367,000	460,000
Total \$	1,000	101,000	102,000	1,367,000	460,000

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.

Legislative Contact:	Phone:	Date: 02/28/2012
Agency Preparation: Danny Howard	Phone: (360) 236-4625	Date: 02/29/2012
Agency Approval: Wendi Gunther	Phone: 360-236-4530	Date: 02/29/2012
OFM Review: Ryan Black	Phone: 360-902-0417	Date: 02/29/2012

Request # 12-151-1

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 has not changed since the previous fiscal note, ESSB 6237 AMH HCW H-4375.2, FN12-142.

Section 3: Prohibits anyone from practicing as a certified medical assistant (MA) unless certified by the Department of Health (DOH) and prohibits anyone from practicing as a registered medical assistant unless registered by DOH.

Section 4: Requires DOH to adopt rules specifying the minimum qualifications for a medical assistant-certified, medical assistant-hemodialysis technician and medical assistant-phlebotomist. DOH will also establish minimum requirements necessary for a health care practitioner, clinic, or group practice to endorse a medical assistant qualified to perform the duties authorized by the bill and be able to file an attestation of endorsement with DOH.

The Medical Quality Assurance Commission, the Board of Osteopathic Medicine and Surgery, the Podiatric Medical Board, the Nursing Care Quality Assurance Commission, the Board of Naturopathy, and Optometry Board will review and identify other specialty assistant personnel not included in this chapter and the tasks they perform. DOH will compile the information from each board or commission and submit the information to the legislature no later than December 15, 2012.

Section 5: Requires DOH to issue a certification as a medical assistant-certified, medical assistant-hemodialysis technician or medical assistant phlebotomist to any person who has satisfactorily completed MA training program approved by the department, passed an examination approved by the department and met any other additional qualifications established in rule. DOH will issue an interim certification to any person who has met all the qualifications for medical assistant-certified except for passage of the examination. A person holding an interim permit possesses the full scope of practice of a medical assistant-certified. The interim permit expires upon passage of the examination or after one year, whichever occurs first and may not be renewed. In addition, requires DOH to issue a registration as a medical assistant-registered to any person who has a current endorsement from a health care practitioner, clinic, or group practice.

Section 6: DOH will periodically update the diagnostic testing allowed by a medical assistant-certified based on changes by the federal clinical laboratory improvement amendments program. In addition, rules will be adopted related to what each MA is allowed to perform or administer based on their credential type.

Section 8: Allows DOH to: 1) adopt rules necessary to implement this bill; 2) establish forms and procedures necessary to administer the profession; 3) establish administrative procedures, administrative requirements and fees. Until July 1, 2016, for purposes of setting fees, the department will consider any person registered or certified under this bill and health care assistants as one profession; 4) hire administrative and investigative staff to implement and administer the profession; 5) maintain the official record of all applicants and registrants; 6) establish requirements for inactive status; and 7) places medical assistants under the Uniform Disciplinary Act unlicensed practice, issuance and denial of certification or registration and discipline.

Section 9: DOH may not issue new certifications for category C, D, E, or F health care assistants on or after July 1,

Request # 12-151-1

2013, but will certify category C, D, E, or F health care assistants who were certified prior to July 1, 2013 as a medical assistant-certified upon renewal.

DOH may not issue certifications for category G health care assistants on or after July 1, 2013, but will certify category G health care assistant who was certified prior to July 1, 2013 as a medical assistant-hemodialysis technician upon renewal.

DOH may not issue new certification for category A or B health care assistants on or after July 1, 2013, but will certify category A and B health care assistants who were certified prior to July 1, 2013 as a medical assistant-phlebotomist upon renewal.

Section 11: Within existing resources, DOH will develop recommendations regarding a career path for medical assistants. Working with stakeholders, DOH will propose a plan to map career paths, identify barriers, and training for medical assistants and other entry-level professionals to transition into the medical assistant profession or other health care professions and report its recommendations to the legislature no later than December 15, 2012.

Section 13: Adds clinics to the places a nursing technician may be employed.

Section 16: Places medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist and medical assistants-registered under the UDA chapter and gives the Secretary of Health disciplinary authority.

Section 18: Stipulates that when setting fees, health care assistants and medical assistants certified or registered are to be considered one profession. All fees collected under this section will be deposited into the Health Professions Account.

Section 21: The Secretary of Health will adopt rules as necessary to implement the bill.

Section 22: Sections 1 through 12, 14, 16 and 18 take effect July 1, 2013.

Section 23: Sections 15 and 17 take effect July 1, 2016.

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 8: Current law requires that health professions be fully self-supporting and that sufficient revenue be collected through fee increases to fund expenditures in the Health Professions Account. Revenue will be collected, starting in fiscal year (FY) 2014 based on the application estimates which are based on the Washington Department of Employment Security, Washington Occupational Employment Projections May 2011 Report.

Section 18: Fee amounts are developed during the rulemaking process. With the stipulation that health care assistants and medical assistants be considered as one profession, fees will be set for a two-year renewal cycle.

Fee amounts will be developed during the rulemaking process. For fiscal note proposes, the department assumes a

two-year renewal cycle for the medical assistants, based on the current renewal cycle for existing health care assistants (17,880 as of July 1, 2011). DOH assumes no increase or decrease in revenue as a result of the existing 17,880 certified health care assistants changing their title to certified medical assistants.

In addition, DOH is estimating there are approximately 4,850 additional individuals working as medical assistants or in educational programs that will seek certification. Using these assumptions and an average annual growth rate of 1.6 percent, growth is calculated on existing health care assistants in addition to the individuals working to seek a medical assistant certification. Below are the total estimated new applications and renewals by fiscal year.

FY 2014 – 4,850 new applications

FY 2015 – 364 new applications

FY 2016 – 5,220 (370 new applications, 4,850 renewals)

FY 2017 – 739 (375 new applications, 364 renewals)

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: DOH assumes no increase or decrease in programmatic costs as a result of certified health care assistants changing their title to certified medical assistants. The only costs associated with this bill are for rulemaking and programmatic costs to certify the new workers who will apply due to this bill; people who are currently medical assistants and those enrolled in medical assistant training.

The department is assuming a start date of July 1, 2012, to begin rulemaking activities. Certification and registration will begin July 1, 2013, after rulemaking is completed. DOH will accept a current national exam, like the exam administered by the American Association of Medical Assistants, to meet the examination requirements. The cost associated with the exam will be paid by the applicant directly to the exam company and will not be factored in as part of the certification fee.

Rulemaking

Sections 4, 6, 8, & 21: In FY 2013, there will be one-time costs for rulemaking. Staff will develop and adopt rules to establish the new medical assistant certified and registered professions, including rules to, but not limited to: 1) establish minimum qualifications; 2) establish forms; 3) replace all references to health care assistant to the appropriate medical assistant; 4) provide for the transition of health care assistants to the newly established medical assistant credentials; and 5) set all certification and renewal fees.

This will include four stakeholder meetings and one formal rules hearing at free facilities. Costs will include minimal travel for staff to travel to locations outside of the Olympia area. This allows stakeholders the opportunity to participate and provide comments during the rulemaking process. Costs include staff and associated costs, printing, and Office of Attorney General time. Total one-time rulemaking costs will be 0.1 FTE Health Services Consultant 3 (HSC3) and \$15,000 in FY 2013.

Section 13: In FY 2013, there will be one-time costs for rulemaking. The Nursing Care Quality Assurance Commission

Request # 12-151-1

(NCQAC) will need to modify existing rules to allow nurse technicians to work in clinics. NCQAC estimates this rulemaking will take 12 months to complete. Rulemaking will include two stakeholder meetings in Tumwater with video conferences in Shoreline and Spokane. The stakeholder meetings will take place during regularly scheduled business meetings in effort to minimize costs. The formal rule hearing will be held in Tumwater, allowing stakeholders provide comments. These meetings will be held in free facilities. Costs include staff and associated costs and Office of Attorney General time. Total one-time costs will be 0.1 FTE Health Care Investigator and \$10,000.

Legislative Report

Section 4: In FY 2012 and FY 2013, there will be one-time costs for DOH to work with the appropriate boards, commissions, and other stakeholders to review and identify other specialty assistant personnel not included in this chapter and the tasks they perform. This will include two stakeholder meetings held at free facilities. These meetings allow stakeholders to participate in the development of the report to the legislature. DOH will then compile the information and submit to the legislature. Total one-time costs to develop the report will be will be \$1,000 in FY 2012 and 0.1 FTE HSC3 and \$6,000 in FY 2013.

Program Implementation and Management

Sections 4 & 8: After the rules are adopted in late FY 2013, there will be one-time costs to implement four new programs. This will include conducting a business analysis, configuration, and testing each new credential type. Tasks include establishing credentialing workflows, user defined fields, templates, fee tables, renewals and modification or creation of reports in the department's Integrated Licensing and Regulatory System. In addition, the department will develop the initial applications, renewal forms, create a Web site and develop communications. The department plans to send two communications to existing credential holders to assist with their transition to the new medical assistant credential, one mailing in FY 2013 and one mailing FY 2014. Ongoing, staff will be required to manage the medical assistant profession. This will include being a resource for applicants, certified and registered MA's and other stakeholders, case management, and monitoring monthly expenditures. Costs in FY 2013 will include program, IT staff and associated costs, one communication mailing and one-time equipment costs, for a total of 0.3 FTE and \$70,000. Costs in FY 2014 will include staff and associated costs and the second communication mailing for a total 0.1 FTE HSC3 and \$43,000. Starting in FY 2015 and ongoing, costs will be 0.1 FTE HSC3 and \$11,000 each year.

Credentialing

Sections 5, 8, & 9: Starting in FY 2014, there will be costs for additional staff to review and process initial applications, run background checks through the Washington State Patrol (all new applicants) provide technical assistance, and issue certifications, registrations and interim permits for qualified applicants. The majority of initial applications will be received in FY 2014, which takes much more time to process. In subsequent years, DOH will process more renewals than initial applications which take less time. For the certified health care assistants transitioning into the new MA credential starting in FY 2014, their renewals will have to be processed manually only on the first renewal. This will take much more time to process; however, once transitioned, future renewals will be automated and take less time to process. Costs in FY 2014 and FY 2015 will be much higher than future years due to all the application and renewal process workload. Costs will include staff and associated costs, and one-time equipment costs in the amount of \$26,000 for new staff. Total costs in FY 2014 will be 8.1 FTE and \$691,000. Total costs in FY 2015 will be 3.7 FTE and \$285,000. Starting

in FY 2016, ongoing costs will decrease to 0.5 FTE and \$43,000 each year.

Discipline

Sections 3, 8, 9, & 16: Based on experience in the Certified Health Care Assistant Program, DOH is estimating a complaint rate of 1 percent of certifications and registrations per year.

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 are calculated using the department's Disciplinary Workload Model. With the number of MA's increasing each fiscal year, costs will increase each fiscal year to reflect the increase in workload. Costs include staff and associated costs, Office of Attorney General time, travel, and equipment costs for new staff. Total costs will be 1.2 FTE and \$169,000 in FY 2014, 1.3 FTE and \$168,000 in FY 2015, 1.3 FTE and \$174,000 in FY 2016, and 1.3 FTE and \$178,000 in FY 2017.

In FY 2013, total DOH expenditures also include salary, benefits and related staff costs for 0.1 FTE Health Services Consultant 1 and 0.1 FTE Fiscal Analyst 2 to assist with the increased workload.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years	0.0	0.7	0.4	9.0	2.4
A-Salaries and Wages	1,000	46,000	47,000	775,000	258,000
B-Employee Benefits		13,000	13,000	240,000	81,000
C-Personal Service Contracts					
E-Goods and Services		41,000	41,000	300,000	115,000
G-Travel					
J-Capital Outlays		1,000	1,000	30,000	
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements				22,000	6,000
9-					
Total:	\$1,000	\$101,000	\$102,000	\$1,367,000	\$460,000

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				0.1	0.1
CUSTOMER SVCS SPEC 2	36,756				5.5	0.4
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	0.1	1.0	0.3
FISCAL TECHNICIAN 2	34,260				0.1	0.1
FORMS & RECORDS ANALYST 2	42,588				0.0	0.0
HEALTH CARE INVESTIGATOR 3	60,120				0.5	0.5
HEALTH CARE INVESTIGATOR 4	63,192		0.1	0.0	0.1	0.1
Health Svcs Conslt 1	44,712		0.1	0.1	0.8	0.2
HEALTH SVCS CONSLT 3	61,632	0.0	0.3	0.2	0.5	0.2
HEALTH SVCS CONSLT 4	68,016				0.0	0.0
HEARINGS EXAMINER 3	78,900				0.2	0.2
INFORMATION TECH SPEC 5	78,900		0.1	0.1		
LEGAL SECRETARY 2	42,588				0.2	0.2
LEGAL SECRETARY 3	45,828				0.0	0.0
PARALEGAL 2	58,656				0.0	0.0
WMS02	78,900		0.0	0.0	0.1	0.1
Total FTE's	966,636	0.0	0.7	0.4	9.0	2.4

III. C - Expenditures By Program (optional)

Program	FY 2012	FY 2013	2011-13	2013-15	2015-17
Hlth Systems Quality Assurance (060)	1,000	89,000	90,000	1,219,000	410,000
Administration (090)		12,000	12,000	148,000	50,000
Total \$	1,000	101,000	102,000	1,367,000	460,000

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 4: DOH will adopt rules specifying the minimum qualifications and establishing the minimum requirements for the new MA professions.

Section 6: DOH will adopt rules related to what each MA is allowed to perform or administer based on their credential type.

Section 8: DOH may adopt any rules necessary to implement this bill including fees.

Section 13: NCQAC will amend rules to allow nurse technicians to work in clinic.

Section 21: DOH will adopt rules as necessary to implement the bill.



Multiple Agency Ten-Year Analysis Summary

Bill Number	Title
6237 E S SB AMH APPH H4375.4	Medical assistants

This ten-year analysis is limited to the estimated cash receipts associated with the proposed tax or fee increases.

Estimated Cash Receipts

	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
Office of Attorney General	0	0	0	0	0	0	0	0	0	0	0
Department of Health	0	0	606,000	46,000	653,000	92,000	698,000	94,000	790,000	95,000	3,074,000
Total	0	0	606,000	46,000	653,000	92,000	698,000	94,000	790,000	95,000	3,074,000



Ten-Year Analysis

Bill Number 6237 E S SB AMH APPH H4375.4	Title Medical assistants	Agency 100 Office of Attorney General
--	------------------------------------	---

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**

Name of Tax or Fee	Acct Code											

Narrative Explanation (Required for Indeterminate Cash Receipts)

None

Agency Preparation: Gretchen Leanderson	Phone: 253-597-4434	Date: 3/5/2012 5:12:18 pm
Agency Approval: Sarian Scott	Phone: (360) 586-2104	Date: 3/5/2012 5:12:18 pm
OFM Review: Ryan Black	Phone: 360-902-0417	Date: 2/29/2012 12:34:13 pm



Ten-Year Analysis

Bill Number 6237 E S SB AMH APPH H4375.4	Title Medical assistants	Agency 303 Department of Health
--	------------------------------------	---

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
Medical Assistant Program	02G			606,000	46,000	653,000	92,000	698,000	94,000	790,000	95,000	3,074,000
Total				606,000	46,000	653,000	92,000	698,000	94,000	790,000	95,000	3,074,000
Biennial Totals				652,000	745,000	792,000	885,000	3,074,000				

Narrative Explanation (Required for Indeterminate Cash Receipts)

Section 8: Allows the Department of Health (DOH) to adopt rules necessary to create four new medical assistant certifications, establish forms and procedures necessary to administer the professions, and allows DOH to create new fees to recover costs. Health Care Assistants currently certified with DOH will transition into this new certification upon their renewals. Current law requires that health professions be fully self-supporting and that sufficient revenue be collected through fee increases to fund expenditures in the Health Professions Account. Revenue will be collected, starting in fiscal year (FY) 2014 based on the application estimates which are based on the Washington Department of Employment Security, Washington Occupational Employment Projections May 2011 Report.

Section 18: Fee amounts are developed during the rulemaking process. With the stipulation that health care assistants and medical assistants be considered as one profession, fees will be set for a two-year renewal cycle.

Fee amounts will be developed during the rulemaking process. For fiscal note proposes, the department assumes a two-year renewal cycle for the medical assistants, based on the current renewal cycle for existing health care assistants (17,880 as of July 1, 2011). DOH assumes no increase or decrease in revenue as a result of the existing 17,880 certified health care assistants changing their title to certified medical assistants.

In addition, DOH is estimating there are approximately 4,850 additional individuals working as medical assistants or in educational programs that will seek certification. Using these assumptions and an average annual growth rate of 1.6 percent, growth is calculated on existing health care assistants in addition to the individuals working to seek a medical assistant certification. Below are the total estimated new applications and renewals by fiscal year.



Ten-Year Analysis

Revised

Bill Number 6237 E S SB AMH APPH H4375.4	Title Medical assistants	Agency 303 Department of Health
--	------------------------------------	---

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>.

Narrative Explanation (Required for Indeterminate Cash Receipts)

FY 2014 – 4,850 new applications FY 2015 – 364 new applications FY 2016 – 5,220 (370 new applications, 4,850 renewals) FY 2017 – 739 (375 new applications, 364 renewals)
--

Agency Preparation: Danny Howard	Phone: (360) 236-4625	Date: 2/29/2012 12:08:13 pm
Agency Approval: Wendi Gunther	Phone: 360-236-4530	Date: 2/29/2012 12:08:13 pm
OFM Review: Ryan Black	Phone: 360-902-0417	Date: 2/29/2012 12:34:13 pm