

## **Department of Planning and Budget 2013 Fiscal Impact Statement**

**1. Bill Number:** HB 1796

<b>House of Origin</b>	<input checked="" type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
<b>Second House</b>	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

**2. Patron:** Cosgrove, John A.

**3. Committee:** Health, Welfare and Institutions

**4. Title:** Death certificate; timely return to funeral director

**5. Summary:** The proposed legislation requires a funeral director to report to the Board of Medicine any physician required to complete a medical certification of death who fails or refuses to do so within 24 hours of the death, and requires the Board of Medicine to promulgate regulations requiring continuing education related to the requirements for completion and return of a medical certification to a funeral director for any physician who knowingly and willfully fails or refuses to complete a medical certification of death and return it to a funeral director within 24 hours of the death for a third or subsequent time.

**6. Budget Amendment Necessary:** No. There is no clear estimate as to the additional expenditure required by this legislation, however additional nongeneral fund appropriation can be provided administratively once such spending needs are determined.

**7. Fiscal Impact Cannot Be Determined**

**8. Fiscal Implications:** This bill would require the Board of Medicine to keep track of all reports associated with the failure of practitioners complete a death certificate within 24 hours and subsequently require continuing education upon the third and each subsequent finding.

The Department of Health Professions maintains that the implementation this proposal would require a tracking system that can be included within existing agency databases. The cost of the creation and maintenance of such a system is expected to modest. To make a finding against a practitioner, a proceeding would have to be held thereby increasing the Board of Medicine's caseload. This is no way to estimate the number or magnitude of additional cases. However, it is assumed that the Board of Medicine would adjust its regulatory fee structure (raise fee revenue) to cover any potential fiscal impact associated with the provisions of this bill.

**9. Specific Agency or Political Subdivisions Affected:** Department of Health Professions

**10. Technical Amendment Necessary:** No

**11. Other Comments:** None

**Date:** 1/21/13

**Document:** G:\2013 Fiscal Year\2013 GA Session\EFIS\HB1796.docx