

FISCAL IMPACT OF PROPOSED LEGISLATION**Measure: HB 3611 - A**Seventy-Sixth Oregon Legislative Assembly – 2011 Regular Session
Legislative Fiscal Office

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Measure Description:

Requires person who submits death certificate after decedent's death caused by suicide to make reasonable efforts to ascertain and to indicate on death certificate whether decedent was a veteran, and whether decedent served in combat and where decedent served if decedent served in combat.

Government Unit(s) Affected:

Oregon Health Authority (OHA)

Summary of Fiscal Impact:

See Analysis

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

House Bill 3611 modifies the statute related to filing Oregon death certificates. If a decedent's death was caused by suicide, the bill requires the person submitting a death certificate to notify the State Registrar of the Center for Health Statistics through the electronic death certificate system if the decedent was a veteran, and if so, if the decedent served in combat and where s/he served. The bill is effective on January 1, 2012

This bill is anticipated to have a \$14,500 Other Fund impact on the Oregon Health Authority (OHA) which can be absorbed within the agency's existing resources. OHA's Public Health Division's Center for Health Statistics is responsible for preparing and distributing the Oregon Death Certificate forms as well as registering, storing, securing and issuing death certificates for all persons who die in Oregon. Currently, veteran status of the decedent is collected on the Oregon Death Certificate for all decedents. This bill would require that two additional pieces of information be collected when the manner of death is suicide: [1] if the decedent served in combat; and [2] where s/he served.

If this bill passes, OHA will need to modify the Oregon Vital Events Registration System and the Electronic Death Registration System. The agency estimates this one-time contractor cost to be approximately \$14,500 Other Funds which can be absorbed within the agency's existing resources. Currently, the existing program and staff are funded by vital records fees. OHA reports that current fees are adequate to cover this one-time cost without a fee increase.

OHA notes that it may have difficulty completing system modification work in time to comply with the January 1, 2012 effective date of the bill.