

Fiscal Estimate - 2005 Session

Original Updated Corrected Supplemental

LRB Number 05-3637/1		Introduction Number SB-354
Subject Advanced practice nurse prescribers and physician assistants		
Fiscal Effect		
State:		
<input type="checkbox"/> No State Fiscal Effect		
<input checked="checked" type="checkbox"/> Indeterminate		
<input type="checkbox"/> Increase Existing Appropriations	<input type="checkbox"/> Increase Existing Revenues	<input type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget
<input type="checkbox"/> Decrease Existing Appropriations	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Create New Appropriations		<input type="checkbox"/> Decrease Costs
Local:		
<input checked="checked" type="checkbox"/> No Local Government Costs		
<input type="checkbox"/> Indeterminate		
1. <input type="checkbox"/> Increase Costs	3. <input type="checkbox"/> Increase Revenue	5. Types of Local Government Units Affected <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	
2. <input type="checkbox"/> Decrease Costs	4. <input type="checkbox"/> Decrease Revenue	
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	
Fund Sources Affected		Affected Ch. 20 Appropriations
<input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS		
Agency/Prepared By	Authorized Signature	Date
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Fiscal Estimate Narratives

DHFS 10/18/2005

LRB Number	05-3637/1	Introduction Number	SB-354	Estimate Type	Original
Subject					
Advanced practice nurse prescribers and physician assistants					

Assumptions Used in Arriving at Fiscal Estimate

Under current law, physicians or other health care professionals are authorized to provide certain medical services or authorization for medical services to patients under specific circumstances, including reviews of home health plans and referral to physical therapy services and to have access to unrestricted communication with patients in a nursing home. In the area of public health, a physician is required to notify the Department under certain circumstances if a patient has been diagnosed with tuberculosis or a sexually transmitted disease. Also under current law, for hospital patients, pharmacists are allowed to dispense therapeutic alternate drug selections if approved by the patient's physician and are exempted from the requirement that they provide certain information when dispensing an equivalent drug product if the patient's physician has approved the product.

SB 354 expands these provisions by allowing two categories of medical providers, advanced practice nurse prescribers (APNPs) and physician assistants, to authorize specific medical actions which physicians are currently allowed to authorize. In the case of therapeutic alternative drug selections authorization, an APNP or physician assistant must enter into a written agreement to collaborate with a physician before being allowed to authorize these selections.

In the Medicaid program, APNPs and physician assistants are generally paid at a rate equal to 90% of the Medicaid physician fees. Allowing these professional staff to authorize medical activity may result in a slight decrease in costs to the Medicaid program. However, to the extent that additional providers are able to authorize medical care, there could also be a slight increase in costs in Medicaid.

The bill is not expected to have a fiscal effect in the area of public health. The fiscal effect on the Department that will result from this bill is not possible to estimate but is not expected to be significant.

Long-Range Fiscal Implications