

### Fiscal Estimate - 2011 Session

Original     
  Updated     
  Corrected     
  Supplemental

|   |   |                              |
|---|---|------------------------------|
| <b>LRB Number</b> <b>11-3952/1</b>  | <b>Introduction Number</b> <b>SB-450</b>                      |                              |
| <b>Description</b><br>Collecting workforce survey information from health care providers  |   |                              |
| <b>Fiscal Effect</b>  |   |                              |
| <b>State:</b><br><input type="checkbox"/> No State Fiscal Effect<br><input type="checkbox"/> Indeterminate<br><input checked="" type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget<br><input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Create New Appropriations <input type="checkbox"/> Decrease Costs |   |                              |
| <b>Local:</b><br><input type="checkbox"/> No Local Government Costs<br><input type="checkbox"/> Indeterminate<br>1. <input type="checkbox"/> Increase Costs      3. <input type="checkbox"/> Increase Revenue<br><input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory<br>2. <input type="checkbox"/> Decrease Costs      4. <input type="checkbox"/> Decrease Revenue<br><input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory                 |   |                              |
| 5. Types of Local Government Units Affected<br><input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities<br><input type="checkbox"/> Counties <input type="checkbox"/> Others<br><input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts  |   |                              |
| <b>Fund Sources Affected</b> <b>Affected Ch. 20 Appropriations</b><br><input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS 20.165(1)(hg);20.165(1)(g)  |   |                              |
| <b>Agency/Prepared By</b><br><br>DSPS/ Karen Van Schoonhoven (608) 261-2392   | <b>Authorized Signature</b><br><br>Bill Wendle (608) 267-2435 | <b>Date</b><br><br>2/23/2012 |

**Fiscal Estimate Narratives**  
**DSPS 2/23/2012**

|  |           |                     |        |               |          |
|--|-----------|---------------------|--------|---------------|----------|
| LRB Number   | 11-3952/1 | Introduction Number | SB-450 | Estimate Type | Original |
| <b>Description</b><br>Collecting workforce survey information from health care providers |           |                     |        |               |          |

**Assumptions Used in Arriving at Fiscal Estimate**

There would be ongoing costs to prepare and mail the surveys, as well as answer customer questions about the surveys. In addition, there would be significant postage and envelope costs. Refer the fiscal estimate worksheet for additional information on costs.

**Long-Range Fiscal Implications**

## Fiscal Estimate Worksheet - 2011 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

|  |                 |  |                 |
|--|-----------------|--|-----------------|
| <b>LRB Number</b> 11-3952/1  |                 | <b>Introduction Number</b> SB-450              |                 |
| <b>Description</b><br>Collecting workforce survey information from health care providers   |                 |  |                 |
| <b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>                                |                 |  |                 |
| There would be significant Information Technology costs incurred to prepare, configure and test the system. These costs are estimated to be \$69,900.      |                 |  |                 |
| <b>II. Annualized Costs:</b>   |                 | <b>Annualized Fiscal Impact on funds from:</b> |                 |
|  |                 | Increased Costs                                | Decreased Costs |
| <b>A. State Costs by Category</b>  |                 |  |                 |
| State Operations - Salaries and Fringes  | \$67,100        |  | \$              |
| (FTE Position Changes)   | (1.0 FTE)       |  |                 |
| State Operations - Other Costs   | 23,200          |  |                 |
| Local Assistance   |                 |  |                 |
| Aids to Individuals or Organizations   |                 |  |                 |
| <b>TOTAL State Costs by Category</b>   | <b>\$90,300</b> |  | <b>\$</b>       |
| <b>B. State Costs by Source of Funds</b>   |                 |  |                 |
| GPR  |                 |  |                 |
| FED  |                 |  |                 |
| PRO/PRS (20.165(1)(g);(1)(hg))   | 90,300          |  |                 |
| SEG/SEG-S  |                 |  |                 |
| <b>III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)</b> |                 |  |                 |
|  | Increased Rev   | Decreased Rev                                  |                 |
| GPR Taxes  | \$              | \$   |                 |
| GPR Earned   |                 |  |                 |
| FED  |                 |  |                 |
| PRO/PRS  |                 |  |                 |
| SEG/SEG-S  |                 |  |                 |
| <b>TOTAL State Revenues</b>  | <b>\$</b>       | <b>\$</b>                                      |                 |
| <b>NET ANNUALIZED FISCAL IMPACT</b>  |                 |  |                 |
|  | <u>State</u>    | <u>Local</u>                                   |                 |
| NET CHANGE IN COSTS  | \$90,300        | \$   |                 |
| NET CHANGE IN REVENUE  | \$              | \$   |                 |
| <b>Agency/Prepared By</b>  |                 | <b>Authorized Signature</b>                    | <b>Date</b>     |
| DSPS/ Karen Van Schoonhoven (608) 261-2392   |                 | Bill Wendle (608) 267-2435                     | 2/23/2012       |