

### Fiscal Estimate - 2017 Session

Original     
  Updated     
  Corrected     
  Supplemental

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>LRB Number</b> 17-3622/1 | <b>Introduction Number</b> SB-635 |
|-----------------------------|-----------------------------------|

**Description**  
 certification of expanded function dental auxiliaries and granting rule-making authority

**Fiscal Effect**

**State:**

|                                                           |                                                     |                                                                                                                                                                              |
|-----------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No State Fiscal Effect           | <input type="checkbox"/> Increase Existing Revenues | <input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Indeterminate                    | <input type="checkbox"/> Decrease Existing Revenues |                                                                                                                                                                              |
| <input type="checkbox"/> Increase Existing Appropriations |                                                     | <input type="checkbox"/> Decrease Costs                                                                                                                                      |
| <input type="checkbox"/> Decrease Existing Appropriations |                                                     |                                                                                                                                                                              |
| <input type="checkbox"/> Create New Appropriations        |                                                     |                                                                                                                                                                              |

**Local:**

|                                                                        |                                                                                                                                                                                                                                                                                                                 |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> No Local Government Costs                     | <b>5. Types of Local Government Units Affected</b><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 |  |
| <input type="checkbox"/> Indeterminate                                 |                                                                                                                                                                                                                                                                                                                 |  |
| 1. <input type="checkbox"/> Increase Costs                             | 3. <input type="checkbox"/> Increase Revenue                                                                                                                                                                                                                                                                    |  |
| <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                                                                                                                                                                                                                                          |  |

|                                                                                                                                                                                                        |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Fund Sources Affected</b>                                                                                                                                                                           | <b>Affected Ch. 20 Appropriations</b> |
| <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)(g) |                                       |

|                                                                |                                                              |                           |
|----------------------------------------------------------------|--------------------------------------------------------------|---------------------------|
| <b>Agency/Prepared By</b><br>DSPS/ Andrew Potts (608) 267-1811 | <b>Authorized Signature</b><br>Kirsten Reader (608) 267-2435 | <b>Date</b><br>12/18/2017 |
|----------------------------------------------------------------|--------------------------------------------------------------|---------------------------|

**Fiscal Estimate Narratives**  
**DSPS 12/18/2017**

|                                                                                                                |                                   |                               |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|
| LRB Number <b>17-3622/1</b>                                                                                    | Introduction Number <b>SB-635</b> | Estimate Type <b>Original</b> |
| <b>Description</b><br>certification of expanded function dental auxiliaries and granting rule-making authority |                                   |                               |

**Assumptions Used in Arriving at Fiscal Estimate**

The department would have one-time costs related to: 1) creating a credential in the Integrated Credentialing and Enforcement (ICE) system database; 2) testing the changes to the ICE system; 3) creating new application forms; 4) updating the departmental website; 5) training staff; and, 6) drafting administrative rules.

**Long-Range Fiscal Implications**

## Fiscal Estimate Worksheet - 2017 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------|
| <b>LRB Number</b> 17-3622/1                                                                                                                                                                                                                                                                                                                                                                                | <b>Introduction Number</b> SB-635              |                               |
| <b>Description</b><br>certification of expanded function dental auxiliaries and granting rule-making authority                                                                                                                                                                                                                                                                                             |                                                |                               |
| <b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>                                                                                                                                                                                                                                                                                |                                                |                               |
| The department would have one-time costs related to: 1) creating a credential in the Integrated Credentialing and Enforcement (ICE) system database; 2) testing the changes to the ICE system; 3) creating new application forms; 4) updating the departmental website; 5) training staff; and, 6) drafting administrative rules. The department estimates these one-time costs at approximately \$11,200. |                                                |                               |
| <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                                                                                                                                                                                                                                                                                                                                                                    | \$                                             | \$                            |
| (FTE Position Changes)                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                               |
| State Operations - Other Costs                                                                                                                                                                                                                                                                                                                                                                             |                                                |                               |
| Local Assistance                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                               |
| Aids to Individuals or Organizations                                                                                                                                                                                                                                                                                                                                                                       |                                                |                               |
| <b>TOTAL State Costs by Category</b>                                                                                                                                                                                                                                                                                                                                                                       | <b>\$</b>                                      | <b>\$</b>                     |
| <b>B. State Costs by Source of Funds</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                |                               |
| GPR                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                               |
| FED                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                               |
| PRO/PRS                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                               |
| 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, ets.)</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                                                                                                                                                                                                                                                                                                                                                                                        | \$                                             | \$                            |
| NET CHANGE IN REVENUE                                                                                                                                                                                                                                                                                                                                                                                      | \$                                             | \$                            |
| <b>Agency/Prepared By</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                | <b>Authorized Signature</b>   |
| DSPS/ Andrew Potts (608) 267-1811                                                                                                                                                                                                                                                                                                                                                                          |                                                | Kirsten Reader (608) 267-2435 |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | <b>Date</b>                   |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | 12/18/2017                    |