ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis ⊠ Original □ Updated □Corrected		
2. Administrative Rule Chapter, Title and Number $Med\ 13$		
3. Subject Continuing medical education for prescribing opioids		
4. Fund Sources Affected □ GPR □ FED □ PRO ⊠ PRS □ SEG □ SEG-S	5. Chapter 20, Stats. Appropriations Affected $20.165(1)(hg)$	
6. Fiscal Effect of Implementing the Rule ☑ No Fiscal Effect □ Increase Existing Revenues □ Indeterminate □ Decrease Existing Revenues	 Increase Costs Could Absorb Within Agency's Budget Decrease Cost 	
Local Government Units Publ	sific Businesses/Sectors ic Utility Rate Payers Il Businesses (if checked, complete Attachment A)	
8. Would Implementation and Compliance Costs Be Greater Than \$20 million?		
9. Policy Problem Addressed by the Rule The proposed rules will establish continuing education requirements for physicians relating to the opioid prescribing guidelines issued by the Board. These requirements will be another component to the current statewide initiatives addressing prescription drug abuse, and are in the best interest of public health and safety.		
 10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments. The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received. 		
11. Identify the local governmental units that participated in the development of this EIA. No local governmental units participated in the development of this EIA.		
 12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) This proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole. 		
13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit to implementing the rule is adding a component to the current statewide initiatives addressing prescription drug abuse. Not implementing the rule would be inconsistent with these initiatives.		
14. Long Range Implications of Implementing the Rule The long range implication of implementing the rule is increased physician awareness of prescription drug abuse.		
15. Compare With Approaches Being Used by Federal Governmen None	t	

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota) **Illinois**:

Rules of the Illinois Department of Financial and Professional Regulation establish continuing medical education requirements for physicians licensed in Illinois (68 Ill. Adm. Code 1285.110). The rules do not require continuing education for prescribing opioids.

Iowa:

Rules of the Iowa Board of Medicine establish continuing education requirements for physicians licensed in Iowa (653 IAC 11). The rules do not require continuing education for prescribing opioids.

Michigan:

Rules of the Michigan Department of Licensing and Regulatory Affairs establish continuing medical education requirements for physicians licensed in Michigan (Mich Admin Code, R 338.2371 to R 338.2382). The rules do not require continuing education for prescribing opioids.

Minnesota:

Rules of the Minnesota Board of Medical Practice establish continuing education requirements for physicians licensed in Minnesota (Minnesota Rules, chapter 5605). The rules do not require continuing education for prescribing opioids.

17. Contact Name	18. Contact Phone Number
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This document can be made available in alternate formats to individuals with disabilities upon request.