

### Fiscal Estimate - 2003 Session

Original       Updated       Corrected       Supplemental

<b>LRB Number</b> 03-4208/2		<b>Introduction Number</b> AB-864	
<b>Subject</b> Practice of physical therapist assistants			
<b>Fiscal Effect</b>			
<b>State:</b> <input type="checkbox"/> No State Fiscal Effect <input type="checkbox"/> Indeterminate <input type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Create New Appropriations <input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decrease Costs			
<b>Local:</b> <input type="checkbox"/> No Local Government Costs <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 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			
<b>Fund Sources Affected</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>Affected Ch. 20 Appropriations</b>	
<b>Agency/Prepared By</b> R&L/ Elizabeth Reinwald (608) 266-0746		<b>Authorized Signature</b> Elizabeth Reinwald (608) 266-0746	<b>Date</b> 2/20/2004

**Fiscal Estimate Narratives**

**R&L 2/20/2004**

LRB Number <b>03-4208/2</b>	Introduction Number <b>AB-864</b>	Estimate Type <b>Original</b>
<b>Subject</b> Practice of physical therapist assistants		

**Assumptions Used in Arriving at Fiscal Estimate**

AB 864 requires the Physical Therapists Affiliated Credentialing Board to define "direct or general supervision" of Physical Therapy Assistants by Physical Therapists by rule.

The Board has already drafted and submitted this rule.

There may be a slight increase in complaints that DRL deems would be settled after investigation. On-going costs of \$1,470

[All staff time costs include estimates of fringe benefit costs at 38.92% of salary.]

5 hours of Attorney time @ 53 per hour \$265  
30 hours of Investigator time @ 26 per hour \$780  
25 hours of Program Assistant time @ 17 per hour \$425

**Long-Range Fiscal Implications**

## Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

LRB Number <b>03-4208/2</b>		Introduction Number <b>AB-864</b>	
<b>Subject</b>			
Practice of physical therapist assistants			
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>			
<b>II. Annualized Costs:</b>		<b>Annualized Fiscal Impact on funds from:</b>	
		Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>			
<input type="checkbox"/>	State Operations - Salaries and Fringes	\$1,470	
<input type="checkbox"/>	(FTE Position Changes)		
<input type="checkbox"/>	State Operations - Other Costs		
<input type="checkbox"/>	Local Assistance		
<input type="checkbox"/>	Aids to Individuals or Organizations		
<input type="checkbox"/>	<b>TOTAL State Costs by Category</b>	<b>\$1,470</b>	<b>\$</b>
<b>B. State Costs by Source of Funds</b>			
<input type="checkbox"/>	GPR		
<input type="checkbox"/>	FED		
<input type="checkbox"/>	PRO/PRS	1,470	
<input type="checkbox"/>	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
<input type="checkbox"/>	GPR Taxes	\$	\$
<input type="checkbox"/>	GPR Earned		
<input type="checkbox"/>	FED		
<input type="checkbox"/>	PRO/PRS		
<input type="checkbox"/>	SEG/SEG-S		
<input type="checkbox"/>	<b>TOTAL State Revenues</b>	<b>\$</b>	<b>\$</b>
<b>NET ANNUALIZED FISCAL IMPACT</b>			
		State	Local
NET CHANGE IN COSTS		\$1,470	\$
NET CHANGE IN REVENUE		\$	\$
<b>Agency/Prepared By</b>		<b>Authorized Signature</b>	<b>Date</b>
R&L/ Elizabeth Reinwald (608) 266-0746		Elizabeth Reinwald (608) 266-0746	2/20/2004