

### Fiscal Estimate - 2005 Session

Original                  Updated                  Corrected                  Supplemental

<b>LRB Number</b> <b>05-3452/4</b>			<b>Introduction Number</b> <b>SB-394</b>		
<b>Description</b> Electromyography					
<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 checked="" 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"/> Create New Appropriations				<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		5. Types of Local Government Units Affected	
<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>			<b>Authorized Signature</b>		<b>Date</b>
R&L/ Elizabeth Reinwald (608) 266-0746			Elizabeth Reinwald (608) 266-0746		11/11/2005

**Fiscal Estimate Narratives**

**R&L 11/11/2005**

LRB Number <b>05-3452/4</b>	Introduction Number <b>SB-394</b>	Estimate Type <b>Original</b>
<b>Description</b> Electromyography		

**Assumptions Used in Arriving at Fiscal Estimate**

This bill provides that a chiropractic neurologist licensed in this state may perform a needle electromyography. A "needle electromyography" is the recording for diagnostic purposes of electrical activity generated by a muscle using a needle electrode.

The Department of Regulation and Licensing will incur one time costs of \$6,950 to implement the provisions of this bill.

[All staff costs include fringe benefits @40.64% of salary]

**Promulgate rules**

80 hours paralegal @ \$27 hour 2,160  
40 hours legal counsel @ \$53 hour 2,120  
40 hours program manager @ \$36 hour 1,440

**Develop certification forms**

10 hours legal counsel @53 hour 530  
10 hour program manager @ 36 hour 360  
20 hours program assistant @ 17 hour 340

**Long-Range Fiscal Implications**

## Fiscal Estimate Worksheet - 2005 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

<b>LRB Number</b> <b>05-3452/4</b>		<b>Introduction Number</b> <b>SB-394</b>	
<b>Description</b> Electromyography			
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>  \$6,950			
<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, 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>			
		State	Local
NET CHANGE IN COSTS		\$	\$
NET CHANGE IN REVENUE		\$	\$
<b>Agency/Prepared By</b>		<b>Authorized Signature</b>	<b>Date</b>
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