

### Fiscal Estimate - 2019 Session

Original                     
  Updated                     
  Corrected                     
  Supplemental

|                             |                                    |
|-----------------------------|------------------------------------|
| LRB Number <b>19-2700/1</b> | Introduction Number <b>AB-0178</b> |
|-----------------------------|------------------------------------|

**Description**  
 eligibility for physician, dentist, and health care provider educational loan assistance programs

**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 type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS |                                       |

|   |  |                          |
|---|--|--------------------------|
| <b>Agency/Prepared By</b><br>UWS/ Mickie Krall (608) 262-9106 | <b>Authorized Signature</b><br>Renee Stephenson (608) 263-4422 | <b>Date</b><br>4/29/2019 |
|---|--|--------------------------|

## Fiscal Estimate Narratives

UWS 4/29/2019

|   |           |                     |         |               |          |
|---|-----------|---------------------|---------|---------------|----------|
| LRB Number  | 19-2700/1 | Introduction Number | AB-0178 | Estimate Type | Original |
| <b>Description</b><br>eligibility for physician, dentist, and health care provider educational loan assistance programs |           |                     |         |               |          |

### Assumptions Used in Arriving at Fiscal Estimate

Fiscal Estimate: AB 178

#### Introduction

This bill makes physicians and dentists who agree to practice in free or charitable clinics eligible to participate in an education loan assistance program administered by the Board of Regents of the University of Wisconsin System under current law.

The bill also expands the eligible clinics for other health care providers (physician assistants, nurse-midwives, and nurse practitioners) to include free or charitable clinics and includes a mental health shortage area.

#### Analysis

The Board of Regents has designated the Wisconsin Office of Rural Health, an office in the School of Medicine and Public Health, to administer the program on its behalf.

To implement this bill, the Wisconsin Office of Rural Health will have to develop criteria to evaluate free and charitable clinics. The bill defines "free or charitable clinic" as a safety-net health care organization that uses volunteers and staff to serve economically disadvantaged individuals who are uninsured, underinsured, or have limited or no health care access.

The current criteria is designed for the evaluation of clinics in primary care or mental health shortage areas. The new criteria must be applicable to both free and charitable clinics and clinics in primary care or mental health shortage areas, but remain neutral with respect to whether a clinic is a free and charitable clinic or a clinic in a primary or mental health shortage area.

The Wisconsin Office of Rural Health will also have to develop a methodology to determine the eligibility of free or charitable clinics.

Most of the cost associated with implementing this bill are one-time setup costs. Once the evaluation criteria and the clinic eligibility test has been established, continuing costs for the program will be similar to current levels.

The setup cost is estimated to be \$1,000 in staff time.

### Long-Range Fiscal Implications

## Fiscal Estimate Worksheet - 2019 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

|  |   |  |                 |
|--|---|--|-----------------|
| <b>LRB Number</b> 19-2700/1  |   | <b>Introduction Number</b> AB-0178             |                 |
| <b>Description</b><br>eligibility for physician, dentist, and health care provider educational loan assistance programs                                    |   |  |                 |
| <b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b><br><br>\$1,000 set up costs.   |   |  |                 |
| <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>  |   |  |                 |
|  |   | <u>State</u>                                   | <u>Local</u>    |
|  | NET CHANGE IN COSTS                     | \$   | \$              |
|  | NET CHANGE IN REVENUE                   | \$   | \$              |
| <b>Agency/Prepared By</b>  |   | <b>Authorized Signature</b>                    |                 |
| UWS/ Mickie Krall (608) 262-9106   |   | Renee Stephenson (608) 263-4422                |                 |
|  |   | <b>Date</b>                                    |                 |
|  |   | 4/29/2019                                      |                 |