

<b>FISCAL ESTIMATE</b> <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> UPDATED	LRB or Bill No./Adm. Rule No. Chapter PI 46
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DOA-2048 (R 10/92) <input type="checkbox"/> CORRECTED <input type="checkbox"/> SUPPLEMENTAL	Amendment No. If Applicable
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**Subject: Medication Administration Training**

<p><b>Fiscal Effect</b></p> <p><b>State:</b>   <input type="checkbox"/> No State Fiscal Effect   <input checked="" type="checkbox"/> Indeterminate</p> <p>Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation</p> <p><input type="checkbox"/> Increase Existing Appropriation     <input type="checkbox"/> Increase Existing Revenues</p> <p><input type="checkbox"/> Decrease Existing Appropriation     <input type="checkbox"/> Decrease Existing Revenues</p> <p><input type="checkbox"/> Create New Appropriation</p>	<p><input checked="" type="checkbox"/> Increase Costs-May be possible to Absorb Within Agency's Budget   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><input type="checkbox"/> Decrease Costs</p>
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<p><b>Local:</b>   <input type="checkbox"/> No local government costs     <input checked="" type="checkbox"/> Indeterminate</p> <p>1.   <input type="checkbox"/> Increase Costs       <input type="checkbox"/> Permissive   <input type="checkbox"/> Mandatory</p> <p>2.   <input type="checkbox"/> Decrease Costs       <input type="checkbox"/> Permissive   <input type="checkbox"/> Mandatory</p>	<p>3.   <input type="checkbox"/> Increase Revenues       <input type="checkbox"/> Permissive   <input type="checkbox"/> Mandatory</p> <p>4.   <input type="checkbox"/> Decrease Revenues       <input type="checkbox"/> Permissive   <input type="checkbox"/> Mandatory</p>	<p>5. Types of Local Governmental Units Affected:</p> <p><input type="checkbox"/> Towns   <input type="checkbox"/> Villages   <input type="checkbox"/> Cities</p> <p><input type="checkbox"/> Counties   <input type="checkbox"/> Others _____</p> <p><input checked="" type="checkbox"/> School Districts     <input type="checkbox"/> VTAE Districts</p>
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<p><b>Fund Sources Affected</b></p> <p><input type="checkbox"/> GPR   <input type="checkbox"/> FED   <input type="checkbox"/> PRO   <input type="checkbox"/> PRS   <input type="checkbox"/> SEG   <input type="checkbox"/> SEG-S</p>	<p><b>Affected Ch. 20 Appropriations</b></p>
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**Assumptions Used in Arriving at Fiscal Estimate**

The proposed rules require individuals who administer medications to pupils under s. 118.29, Stats., to have medication *skill* training annually and medication *knowledge* training bi-annually. The rules require the *skill* training to be documented by a school nurse, medical provider or adequately trained parent. The rules do not specify what entity must provide the knowledge training only that it must be approved by the department.

Local: The knowledge portion of the training may be obtained by using department resources (webcast and SchoolMeds On-Line Medication Training Program) free of charge. However, a school district may provide or contract for such training if approved by the department. It is assumed that most school districts will use the resources provided by the department. Therefore, any costs associated with providing the knowledge portion of the training by the school district will be voluntary and is indeterminate.

The *skill* portion of the training will have to be provided by a school nurse, medical provider or adequately trained parent. For school districts that have hired or contracted school nursing services, the *skill* verification for medication administration would likely be the continued responsibility of the nurse at no additional cost. Eighty percent of school districts employ a school nurse. Of the remaining 20 percent, some school districts contract for nursing services and some school districts may have an adequately trained parent willing to verify the *skill* portion of training.

For school districts that do not have a school nurse or parent, the cost of contracting with a nursing service is \$30 per hour. The time necessary for the nurse to verify the *skill* would take approximately 10 minutes for each route of medication. The rate of children with special health care needs in Wisconsin statewide is 13.9 percent. However, it is unknown how many different routes of medication may need to be administered to these students. It is also unknown how many of these students attend a school district that does not employ a school nurse.

**Long-Range Fiscal Implications**

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State: DPI provides the knowledge training as described above. If this training is not used by school districts, DPI must approve the training used. Costs associated with providing and reviewing training will be absorbed by the department.

Private schools: As with public school districts, the costs to private schools are indeterminate. However, the costs are not expected to have a significant economic impact on small businesses, as defined in s. 227.114 (1) (a), Stats.