

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

DHS 124.28 (2), DHS 131.38 (2), DHS 132.82 (1), and DHS 134.82 (1) of the Wisconsin Administrative Code, relating to hospitals, hospices, nursing homes and facilities serving people with developmental disabilities.

3. Subject

Adoption of the 2012 Life Safety Code (LSC) by hospitals, hospices, nursing homes and facilities serving people with developmental disabilities.

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

N/A

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

On May 4, 2016, the federal Centers for Medicare & Medicaid (CMS) adopted the 2012 Life Safety Code (LSC) by final rule. The LSC is published and periodically revised by the National Fire Protection Association (NFPA), which was founded in 1896 to promote the science and improve the methods of fire protection. The LSC establishes fire protection requirements that address construction, protection, and operational features, and that are intended to provide a reasonable degree of safety from fire, smoke, and panic.

All federally-certified health care providers must comply with the 2012 LSC within 60 days of the publication date of the final rule, unless otherwise stated in the rule. Affected providers in Wisconsin include federally-certified hospitals, hospices, nursing homes and facilities serving people with developmental disabilities. These providers are also regulated by Chapters DHS 124, DHS 131, DHS 132, and DHS 134, which currently adopt the 2000 edition of the LSC. The Department therefore proposes to adopt the 2012 edition of the LSC in these chapters in order to promote safe and adequate care for patients and residents in Wisconsin health care facilities, and to achieve consistency between federal and state rules.

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

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.

Entities that may be affected by the proposed rule revisions are hospitals, hospices, nursing homes and facilities serving people with developmental disabilities, health care providers receiving residents or patients from these providers, and consumers of these providers and their representatives.

The Department requested comments on the economic impact of the proposed rule by publishing a solicitation in the Administrative Register and by posting a draft of the rule revisions on its website. The department did not receive comments. There are no reasonable policy alternatives because all federally-certified hospitals, hospices, nursing homes and facilities serving people with developmental disabilities must comply with the 2012 Life Safety Code. If state rules are not updated, affected providers will be subject to inconsistent requirements, and fire protections for patients and residents in Wisconsin health care facilities will remain outdated.

11. Identify the local governmental units that participated in the development of this EIA.

None.

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)

None.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

These rules will be consistent with the rules recently adopted by the federal Centers for Medicare & Medicaid (CMS) for federally-certified hospitals, hospices, nursing homes and facilities serving people with developmental disabilities. If state rules are not updated, affected providers will be subject to inconsistent requirements, and fire protections for patients and residents in Wisconsin health care facilities will remain outdated.

14. Long Range Implications of Implementing the Rule

The rules will be consistent with the 2012 Life Safety Code (LSC) adopted by the federal Centers for Medicare & Medicaid (CMS) on May 4, 2016. These revisions are necessary because all federally-certified hospitals, hospices, nursing homes and facilities serving people with developmental disabilities must comply with the 2012 Life Safety Code.

15. Compare With Approaches Being Used by Federal Government

The proposed rules will be consistent with the federal rules for federally-certified hospitals, hospices, nursing homes and facilities serving people with developmental disabilities

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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

Illinois:

Effective May 4, 2016, all federally certified hospitals, hospices, nursing homes and intermediate care facilities for individuals with intellectual disabilities must comply with the 2012 edition of the LSC.

Iowa:

Effective May 4, 2016, all federally certified hospitals, hospices, nursing homes and intermediate care facilities for individuals with intellectual disabilities must comply with the 2012 edition of the LSC.

Michigan:

Effective May 4, 2016, all federally certified hospitals, hospices, nursing homes and intermediate care facilities for individuals with intellectual disabilities must comply with the 2012 edition of the LSC.

Minnesota:

Effective May 4, 2016, all federally certified hospitals, hospices, nursing homes and intermediate care facilities for individuals with intellectual disabilities must comply with the 2012 edition of the LSC.

All searches conducted October 2016.

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