Fiscal Estimate - 2001 Session

\boxtimes	Original		Updated		Corrected		Supplei	mental
LRB	Number	01-3346/1		Introd	duction Numb	er S l	B-211	
Subje	ct							
Manda	atory overtime	for health care	workers					
Fiscal	Effect							
Local	No Local Gov Indeterminate 1. Increase Permiss 2. Decrease Permiss	Existing tions Existing tions ew Appropriation vernment Costs e e Costs sive Mandato se Costs	Reven Decre Reven 3. Increas ry Permis 4. Decre	ase Existing nues se Revenue ssive Mancase Revenue	5.Types of Units Afformation Interpretation School Interpretation School Interpretation Interpretation School Interpretation Interpre	within ago Yes se Costs Local Go ected ns nties ool	overnmen Village Others WTCS Districts	dget No Cities
Fund Sources Affected Affected Ch. 20 Appropriations								
⊠ G	PR 🛭 FED	PRO [PRS 🔳	SEG SE	EGS			
Agen	cy/Prepared	Ву		Authorized	Signature			Date
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Fiscal Estimate Narratives DHFS 09/05/2001

LRB Number	01-3346/1	Introduction Number	SB-211	Estimate Type	Original		
Subject							
Mandatory overtime for health care workers							

Assumptions Used in Arriving at Fiscal Estimate

This bill prohibits a health care facility from requiring a direct care employe to work more than 40 hours per week without the employe's consent. Currently direct care staff, such as nurses and residential care treatment staff, can be required to work overtime when other staff is not available.

The Department operates five health care facilities: Mendota Mental Health Institute, Winnebago Mental Health Institute, Southern Wisconsin Center, Northern Wisconsin Center and Central Wisconsin Center. The Mental Health Institutes (MHIs) are funded by GPR and PR, with Medical Assistance contributing approximately 50% of the revenue for program revenue expenses. The remaining 50% is funded by charges to counties and other third-party payers. The Centers for the Developmentally Disabled are funded by program revenue. The Medical Assistance program is the primary source of revenue for the Centers.

Currently the state mandates that state facilities must budget a 3% vacancy rate annually. Facilities' salary budgets are reduced by 3% to reflect this requirement. In order to ensure that no mandatory overtime is required, it is assumed that this turnover savings would be eliminated, because positions that provide direct care to patients would have to be filled at all times. The cost of ending turnover reductions at the MHIs and Centers is estimated at \$1,493,000 GPR, \$2,215,000 PR and \$1,160,100 FED annually.

Even if the vacancy rate is reduced to 0%, additional staff would be required to provide coverage for workers who are sick, on vacation, maternity leave, etc. Although each facility has an overtime budget, current overtime costs generally exceed this budget. It is assumed that additional staff would have to be hired to make sure that no overtime is forced. The amount that facilities currently expend on overtime would be converted to salary to fund new positions. Funding for the fringe costs of these positions would also have to be added.

It is estimated that it would require \$1,363,700 GPR and 17.35 GPR FTE, \$2,531,400 PR and 118.26 PR FTE and \$1,421,300 FED annually to provide sufficient staff to ensure that no mandatory overtime is required at the MHIs or Centers, including the Medical Assistance costs of supporting the positions at the Centers and MHIs. The total cost of this provision to the state would be \$2,856,700 GPR and 17.35 GPR FTE, \$4,746,400 PR and 118.26 PR FTE and \$2,581,400 FED.

At health care facilities, the number of direct care positions is inflated by .65, referred to as the post-shift factor, to provide extra positions to cover care that must be provided on each shift, even when employes are on vacation or using sick leave. However, since these absences do not occur evenly thoughout the year, it is likely that facilities would still incur overtime costs, even when overtime is no longer mandatory. It is not possible to estimate what these costs would be.

It is estimated that the increased cost to the counties will be \$127,500. This increase would result from the increased cost of care to those patients at the Mental Health Institutes for which the counties are responsible.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2001 Session

Detailed Estimate of Annual Fiscal Effect

☑ Original ☐ Updated		Corrected	Supplemental				
LRB Number 01-3346/1		Introduction Number	er SB-211				
Subject							
Mandatory overtime for health care workers							
I. One-time Costs or Revenue Impacts for annualized fiscal effect):	r State	and/or Local Government	(do not include in				
II. Annualized Costs:		[°] Annualized Fiscal Impact on funds from:					
		Increased Costs	Decreased Costs				
A. State Costs by Category							
State Operations - Salaries and Fringes		\$5,821,300					
(FTE Position Changes)		(135.6 FTE)					
State Operations - Other Costs							
Local Assistance							
Aids to Individuals or Organizations		4,363,200					
TOTAL State Costs by Category		\$10,184,500	\$				
B. State Costs by Source of Funds							
GPR		2,856,700					
FED		2,581,400					
PRO/PRS		4,746,400					
SEG/SEG-S							
III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)							
		Increased Rev	Decreased Rev				
GPR Taxes		\$	\$				
GPR Earned							
FED							
PRO/PRS							
SEG/SEG-S							
TOTAL State Revenues		\$	\$				
NET ANN	UALIZ	ED FISCAL IMPACT					
		<u>State</u>	Loca				
NET CHANGE IN COSTS		\$10,184,500	\$				
NET CHANGE IN REVENUE		\$	\$				
Agency/Prepared By	Au	thorized Signature	Date				
DHFS/ Ellen Hadidian (608) 266-8155		edi Ellen Bove (608) 266-2907 08/3					