## Fiscal Estimate - 2003 Session

Original Updated	Corrected Sup	plemental			
LRB Number <b>03-2175/1</b>	Introduction Number SB-2	32			
Subject  Advanced Practice Nurse Prescribers					
Fiscal Effect					
Appropriations Rev	ease Existing venues  rease Existing venues  To absorb within ager	v be possible ncy's budget \B\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Local:  ☐ No Local Government Costs ☐ Indeterminate ☐ 1. ☐ Increase Costs ☐ Permissive ☐ Mandatory ☐ Andatory ☐ Decrease Costs ☐ Andatory ☐ Permissive ☐ Mandatory ☐ Districts ☐ Districts ☐ Districts					
Fund Sources Affected  Affected Ch. 20 Appropriations  GPR FED PRO PRS SEG SEGS					
Agency/Prepared By	Authorized Signature	Date			
R&L/ Elizabeth Reinwald (608) 266-0746	Elizabeth Reinwald (608) 266-0746	9/17/2003			

## Fiscal Estimate Narratives R&L 9/18/2003

LRB Number <b>03-2175/1</b>	Introduction Number	SB-232	Estimate Type	Original
Subject				
Advanced Practice Nurse Preso	cribers			

## Assumptions Used in Arriving at Fiscal Estimate

SB 232 will require the Department of Regulation and Licensing to incur some costs to amend administrative rules.

40 hours paralegal staff time @ 27 per hour including fringe @ 38.92% = \$ 1,080

The Department of Regulation and Licensing has no data to determine the fiscal impact of this proposal on local governments

**Long-Range Fiscal Implications** 

## Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

Original Updated	Corrected	Supplemental		
LRB Number 03-2175/1 Introduction Number SB-232				
Subject Advanced Practice Nurse Prescribers				
I. One-time Costs or Revenue Impacts for annualized fiscal effect):  \$ 1,080	State and/or Local Governm	ent (do not include in		
II. Annualized Costs:	Annualized Fisc	Annualized Fiscal Impact on funds from		
	Increased Costs	Decreased Costs		
A. State Costs by Category				
State Operations - Salaries and Fringes	\$			
(FTE Position Changes)				
State Operations - Other Costs				
Local Assistance				
Aids to Individuals or Organizations				
TOTAL State Costs by Category	\$	\$		
B. State Costs by Source of Funds				
GPR				
FED				
PRO/PRS				
SEG/SEG-S				
III. State Revenues - Complete this only w revenues (e.g., tax increase, decrease in I	hen proposal will increase or icense fee, ets.)	r decrease state		
	Increased Rev	Decreased Rev		
GPR Taxes	\$	\$		
GPR Earned				
FED				
PRO/PRS				
SEG/SEG-S				
TOTAL State Revenues	\$	\$		
NET ANNUA	ALIZED FISCAL IMPACT			
	<u>State</u>	Local		
NET CHANGE IN COSTS	\$	\$		
NET CHANGE IN REVENUE	\$	\$		
Agency/Prepared By	Authorized Signature	Date		
R&L/ Elizabeth Reinwald (608) 266-0746	Elizabeth Reinwald (608) 266-	-0746 9/17/2003		