

Fiscal Estimate - 2003 Session

Original
 Updated
 Corrected
 Supplemental

LRB Number 03-0289/2	Introduction Number AB-772
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Subject

Expand volunteer health care provider program to include services in public elementary and secondary schools

Fiscal Effect

State:

No State Fiscal Effect
 Indeterminate

<input type="checkbox"/> Increase Existing Appropriations	<input type="checkbox"/> Increase Existing Revenues	<input type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget
<input type="checkbox"/> Decrease Existing Appropriations	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Create New Appropriations		<input type="checkbox"/> Decrease Costs

Local:

No Local Government Costs
 Indeterminate

1. <input type="checkbox"/> Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	3. <input type="checkbox"/> Increase Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	5. Types of Local Government Units Affected <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
2. <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	

Fund Sources Affected	Affected Ch. 20 Appropriations
<input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS	

Agency/Prepared By	Authorized Signature	Date
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Fiscal Estimate Narratives

DHFS 2/9/2004

LRB Number	03-0289/2	Introduction Number	AB-772	Estimate Type	Original
Subject					
Expand volunteer health care provider program to include services in public elementary and secondary schools					

Assumptions Used in Arriving at Fiscal Estimate

Under current law, a health care provider and nonprofit agency can petition DOA to allow the provider to provide, without charge to low-income patients, health care services, including health education, office visits, prescriptions and, for dentists, simple tooth extracting and necessary related suturing. The health care provider is a state agent of the Department for the provision of these services. If a civil action arises out of an act committed by the provider during the lawful course of that person's duties, the state provides legal counsel and any judgements against the provider are paid by the state and capped at \$250,000.

This bill expands the volunteer health care provider program to authorize the provision of volunteer health care services, without charge, in a public elementary or secondary school, charter schools, and a charter school in Milwaukee, if DOA approves the joint application of a health care provider and a school board. The volunteer may provide such services as first aid for illness or injury, health education, office visits, health screenings and any other health care services designated by DPI.

Liability claims against the state are paid from funds administered by the Department of Administration. The Department pays premiums to DOA for liability insurance. Currently the Department pays \$879,282 annually for liability insurance and \$45,914 annually for medical malpractice insurance. It is possible that, if these volunteer health care providers were added to the Department for liability purposes, the number of liability claims to the state would increase. If this happened, the Department's liability premiums would also increase. It is not possible to project what the amount of this increase would be because the extent of possible increased liabilities is not known.

This bill directs that any volunteer health services provided without charge at a school shall be available to all students regardless of income. It is expected that the impact on state MA would be minimal since most children who are MA recipients are in managed care programs, which are reimbursed by a fixed monthly rate.

Long-Range Fiscal Implications