

Fiscal Estimate Narratives

DHFS 2/17/2004

| | | |
|--|-----------------------------------|-------------------------------|
| LRB Number 03-3862/1 | Introduction Number AB-844 | Estimate Type Original |
| Subject | | |
| Waiver, for religious reasons, from applying for other coverage under the hemophilia treatment program | | |

Assumptions Used in Arriving at Fiscal Estimate

The Department is responsible for the administration of the Wisconsin Chronic Disease Program (WCDP), which provides reimbursement for medical costs to individuals with renal disease, adult cystic fibrosis, and hemophilia. Individuals applying for WCDP benefits must first apply to other health care coverage programs for which they might qualify before they can apply for or be eligible for WCDP benefits.

Under this bill, an applicant for benefits under the hemophilia program within WCDP could request a religious exemption from the requirement to apply to other health care coverage programs before applying for WCDP. The Department would be allowed, but not required, under this bill, to waive this requirement for these individuals.

It is estimated that approximately 21% of the current hemophilia program caseload might apply for a religious exemption from WCDP program requirements. In FY 03, the cost of the benefits paid by the hemophilia program was approximately \$500,000. In FY 03, the requirement to apply to other programs was not in effect, and it will not be until July 2004 that this requirement applies to all participants. If this bill is enacted and the Department chooses to waive this requirement for individuals seeking a religious exemption, a potential \$105,000 GPR savings may be given up.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

Original
 Updated
 Corrected
 Supplemental

| | | | |
|--|--|--|-----------------|
| LRB Number 03-3862/1 | | Introduction Number AB-844 | |
| Subject | | | |
| Waiver, for religious reasons, from applying for other coverage under the hemophilia treatment program | | | |
| I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect): | | | |
| II. Annualized Costs: | | 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 | | 105,000 | |
| TOTAL State Costs by Category | | \$105,000 | \$ |
| B. State Costs by Source of Funds | | | |
| GPR | | 105,000 | |
| FED | | | |
| PRO/PRS | | | |
| 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, etc.) | | | |
| | | Increased Rev | Decreased Rev |
| GPR Taxes | | \$ | \$ |
| GPR Earned | | | |
| FED | | | |
| PRO/PRS | | | |
| SEG/SEG-S | | | |
| TOTAL State Revenues | | \$ | \$ |
| NET ANNUALIZED FISCAL IMPACT | | | |
| | | State | Local |
| NET CHANGE IN COSTS | | \$105,000 | \$ |
| NET CHANGE IN REVENUE | | \$ | \$ |
| Agency/Prepared By | | Authorized Signature | Date |
| DHFS/ Ellen Hadidian (608) 266-8155 | | Fredi Ellen Bove (608) 266-2907 | 2/17/2004 |