Fiscal Estimate - 2005 Session

Original Updated	Corrected Supplemental		
LRB Number 05-0832/3	Introduction Number AB-683		
Subject			
Advanced practice nurse prescribers and phy	ysician assistants		
Fiscal Effect			
Appropriations R Decrease Existing D	Increase Existing evenues ecrease Existing evenues Increase Costs - May be possible to absorb within agency's budget evenues Yes Decrease Costs		
Permissive Mandatory	5.Types of Local Government Units Affected Towns Village Citie Counties Others Ermissive Mandatory WTCS Districts		
Fund Sources Affected GPR FED PRO PRS	Affected Ch. 20 Appropriations SEG SEGS		
Agency/Prepared By	Authorized Signature Date		
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Fiscal Estimate Narratives DHFS 10/6/2005

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Subject						
Advanced practice nurse prescribers and physician assistants						

Assumptions Used in Arriving at Fiscal Estimate

Under current law, physicians or other health care professionals are authorized to provide certain medical services or authorization for medical services to patients under specific circumstances, including reviews of home health plans and referral to physical therapy services and to have access to unrestricted communication with patients in a nursing home. In the area of public health, a physician is required to notify the Department under certain circumstances if a patient has been diagnosed with tuberculosis or a sexually transmitted disease. Also under current law, for hospital patients, pharmacists are allowed to dispense therapeutic alternate drug selections if approved by the patient's physician and are exempted from the requirement that they provide certain information when dispensing an equivalent drug product if the patient's physician has approved the product.

AB 683 expands these provisions by allowing two categories of medical providers, advanced practice nurse prescribers (APNPs) and physician assistants, to authorize specific medical actions which physicians are currently allowed to authorize. In the case of therapeutic alternative drug selections authorization, an APNP or physicians assistant must enter into a written agreement to collaborate with a physician before being allowed to authorize these selections.

In the Medicaid program, APNPs and physician assistants are generally paid at a rate equal to 90% of the Medicaid physician fees. Allowing these professional staff to authorize medical activity may result in a slight decrease in costs to the Medicaid program. However, to the extent that additional providers are able to authorize medical care, there could also be a slight increase in costs in Medicaid.

The bill is not expected to have a fiscal effect in the area of public health. The fiscal effect on the Department that will result from this bill is not possible to estimate but is not expected to be significant.

Long-Range Fiscal Implications