

Fiscal Estimate - 2009 Session

Original Updated Corrected Supplemental

| | | |
|---|---|--------------------------|
| LRB Number 09-0061/1 | Introduction Number SB-127 | |
| Description Notification to the state and certain public agencies regarding a medical malpractice claim and limits on liability | | |
| Fiscal Effect | | |
| State: | | |
| <input type="checkbox"/> No State Fiscal Effect <input type="checkbox"/> Indeterminate <input type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Increase Existing Revenues <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Create New Appropriations <input type="checkbox"/> Decrease Costs | | |
| Local: | | |
| <input type="checkbox"/> No Local Government Costs <input type="checkbox"/> Indeterminate 1. <input type="checkbox"/> Increase Costs 3. <input type="checkbox"/> Increase Revenue 5. Types of Local Government Units Affected <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities 2. <input type="checkbox"/> Decrease Costs 4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts | | |
| Fund Sources Affected Affected Ch. 20 Appropriations | | |
| <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input checked="" type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS s. 20.505 (2) (k) | | |
| Agency/Prepared By DOA/ Dawn Soletski (608) 266-6497 | Authorized Signature Martha Kerner (608) 266-1359 | Date 2/18/2010 |

Fiscal Estimate Narratives

DOA 2/18/2010

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Assumptions Used in Arriving at Fiscal Estimate

If enacted, this bill removes the requirement that a person must serve a notice of claim on the state or a local governmental entity for medical malpractice within 180 days of an injury.

Based on Department of Justice estimates of claims activities, and cases that are currently dismissed due to notice of claim defects, claims exposure is estimated to be at least \$1 million annually. The actual claims amount may be higher, as it is difficult to estimate the number of cases that were previously not filed because they failed to meet statutory requirements.

Long-Range Fiscal Implications

Estimate of \$1 million annually subject to inflation.

Fiscal Estimate Worksheet - 2009 Session

Detailed Estimate of Annual Fiscal Effect

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|--|--------------------|--|-----------------|
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| Description Notification to the state and certain public agencies regarding a medical malpractice claim and limits on liability | | | |
| 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 | 1,000,000 | | |
| Local Assistance | | | |
| Aids to Individuals or Organizations | | | |
| TOTAL State Costs by Category | \$1,000,000 | | \$ |
| B. State Costs by Source of Funds | | | |
| GPR | | | |
| FED | | | |
| PRO/PRS (General) | 1,000,000 | | |
| 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 | \$1,000,000 | \$ | |
| NET CHANGE IN REVENUE | \$ | \$ | |
| Agency/Prepared By | | | |
| DOA/ Dawn Soletski (608) 266-6497 | | Authorized Signature | |
| | | Martha Kerner (608) 266-1359 | |
| | | | Date |
| | | | 2/18/2010 |