

### Fiscal Estimate - 2023 Session

Original
  Updated
  Corrected
  Supplemental

<b>LRB Number</b> <b>23-5899/1</b>	<b>Introduction Number</b> <b>SB-1074</b>	
<b>Description</b> reimbursement of emergency services under the Medical Assistance program when a patient is not transported; emergency medical services education; tuition and materials reimbursement for emergency medical responders and emergency medical services practitioners; reporting on changes to the scope of practice of emergency medical responders and emergency medical services practitioners; a levy limit exemption for regional emergency medical systems; eligible expenses of fire dues program; a live 911 pilot program; eligibility for the expenditure restraint incentive program; and making an appropriation		
<b>Fiscal Effect</b>  <b>State:</b> <input type="checkbox"/> No State Fiscal Effect <input type="checkbox"/> Indeterminate <input checked="" 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		
<b>Local:</b> <input type="checkbox"/> No Local Government Costs <input checked="" 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		
<b>Fund Sources Affected</b> <b>Affected Ch. 20 Appropriations</b> <input checked="" type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS    20.235		
<b>Agency/Prepared By</b> HEAB/ Sherrie Nelson (608) 267-2944	<b>Authorized Signature</b> Sherrie Nelson (608) 267-2944	<b>Date</b> 2/29/2024

**Fiscal Estimate Narratives**

**HEAB 2/29/2024**

LRB Number	<b>23-5899/1</b>	Introduction Number	<b>SB-1074</b>	Estimate Type	<b>Original</b>
<b>Description</b> reimbursement of emergency services under the Medical Assistance program when a patient is not transported; emergency medical services education; tuition and materials reimbursement for emergency medical responders and emergency medical services practitioners; reporting on changes to the scope of practice of emergency medical responders and emergency medical services practitioners; a levy limit exemption for regional emergency medical systems; eligible expenses of fire dues program; a live 911 pilot program; eligibility for the expenditure restraint incentive program; and making an appropriation					

**Assumptions Used in Arriving at Fiscal Estimate**

The bill requires the Higher Educational Aids Board to develop a program to reimburse individuals or their employers for the cost of tuition and materials necessary for the individual to qualify for initial certification or initial licensure as an emergency medical responder or an emergency medical services practitioner. To be eligible for reimbursement for the costs necessary to qualify for an initial certification or license, the individual must satisfactorily complete any required course of instruction, pass any required examination, satisfy any further requirement established by HEAB, and receive a certification or license from DHS.

**Long-Range Fiscal Implications**

## Fiscal Estimate Worksheet - 2023 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

<b>LRB Number</b> 23-5899/1	<b>Introduction Number</b> SB-1074	
<b>Description</b> reimbursement of emergency services under the Medical Assistance program when a patient is not transported; emergency medical services education; tuition and materials reimbursement for emergency medical responders and emergency medical services practitioners; reporting on changes to the scope of practice of emergency medical responders and emergency medical services practitioners; a levy limit exemption for regional emergency medical systems; eligible expenses of fire dues program; a live 911 pilot program; eligibility for the expenditure restraint incentive program; and making an appropriation		
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>		
<b>II. Annualized Costs:</b>		
	<b>Annualized Fiscal Impact on funds from:</b>	
	Increased Costs      Decreased Costs	
<b>A. State Costs by Category</b>		
State Operations - Salaries and Fringes	\$62,316	\$
(FTE Position Changes)	(1.0 FTE)	
State Operations - Other Costs	67,000	
Local Assistance		
Aids to Individuals or Organizations	3,500,000	
<b>TOTAL State Costs by Category</b>	<b>\$3,629,316</b>	<b>\$</b>
<b>B. State Costs by Source of Funds</b>		
GPR	3,629,316	
FED		
PRO/PRS		
SEG/SEG-S		
<b>III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)</b>		
	Increased Rev	Decreased Rev
GPR Taxes	\$	\$
GPR Earned		
FED		
PRO/PRS		
SEG/SEG-S		
<b>TOTAL State Revenues</b>	<b>\$</b>	<b>\$</b>
<b>NET ANNUALIZED FISCAL IMPACT</b>		
	<u>State</u>	<u>Local</u>
NET CHANGE IN COSTS	\$3,629,316	\$
NET CHANGE IN REVENUE	\$	\$
<b>Agency/Prepared By</b>		
<b>Authorized Signature</b>		<b>Date</b>
HEAB/ Sherrie Nelson (608) 267-2944		2/29/2024
Sherrie Nelson (608) 267-2944		