ADMINISTRATIVE RULES – FISCAL ESTIMATE

DHFS					
🛛 Original	Updated	Corrected	d E] Supplemental	
Administrative Rule Number					
HFS 148					
CANCER DRUG and CHRONIC DISEASES REPOSITORY PROGRAM					
Fiscal Effect					
State:					
No State Fiscal Effect					
Increase Existing Appropriation Increase Existing Revenues				Increase Costs – May be possible to absorb within agency's budget.	
☐ Decrease Existing Appropriation ☐ Decrease Existing Revenues				☐ Yes	□ No
Create New Appropriation				Decrease Costs	
Local:					
⊠ No Local Government Costs					
1. Increase Costs 3. Increase Costs 5. Types of Local Government Units Affected:					
Permissive Mandatory Permissive Mandatory Towns Villages Cities					
2. Decrease Costs Counties Others:					
Permissive Mandatory Permissive Mandatory School Districts WTCS Districts					
Fund Sources Affected Affected Chapter 20 Appropriations					
□ GPR □ FED □ PRO □ PRS □ SEG □ SEG-S					
Private:					
☑ No Anticipated Significant Fiscal Effect on the Private Sector					
Anticipated Significant Fiscal Effect on the Private Sector					
Industry Sector Affected					
Health Care and Social Assistance (Sector 62) Administrative and Support and					
 Retail Trade (Sector 44 – 45) Waste Management and Remediation Services (Sector 56) Arts, Entertainment and Recreation (Sector 71) Other Services (Sector 81) 					
Aris, Entertainment and Recreation (Sector 71) Other Services (Sector 81) Other Specify Sector					
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SIGNATURE – DHFS Secretary or Designee					Date

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Administrative Rule Number

HFS 148 Subject

CANCER DRUG and CHRONIC DISEASES REPOSITORY PROGRAM

Assumptions Used in Arriving at Fiscal Estimate

Based on a pharmacy study commissioned by the Department in 2002, it is estimated that prescription dispensing fees currently range from between \$9.30 to \$11.56 per prescription. The current Medicaid dispensing fee is \$4.38. Pharmacies dispensing donated drugs will be permitted to charge a maximum fee equal to 300% of the Medicaid dispensing fee (\$13.14, based on the current Medicaid fee) to recipients of the drugs.

Given this option, it appears that pharmacies that elect to participate in the program will be able to cover the direct costs of administering the program. Since the program is voluntary, pharmacies with higher dispensing fees or an unmanageable number of transactions can elect to opt out of the program. These rules should not have a negative effect on small businesses.

Long-Range Fiscal Implications

None anticipated given that this is a voluntary program and that pharmacies are allowed to charge a fee to cover direct costs of the program.