

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

Med 13

3. Subject

Continuing medical education for prescribing opioids

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165(1)(hg)

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses (if checked, complete Attachment A)

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

The proposed rules will establish continuing education requirements for physicians relating to the opioid prescribing guidelines issued by the Board. These requirements will be another component to the current statewide initiatives addressing prescription drug abuse, and are in the best interest of public health and safety.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.

11. Identify the local governmental units that participated in the development of this EIA.

No local governmental units participated in the development of this EIA.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit to implementing the rule is adding a component to the current statewide initiatives addressing prescription drug abuse. Not implementing the rule would be inconsistent with these initiatives.

14. Long Range Implications of Implementing the Rule

The long range implication of implementing the rule is increased physician awareness of prescription drug abuse.

15. Compare With Approaches Being Used by Federal Government

None

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation establish continuing medical education requirements for physicians licensed in Illinois (68 Ill. Adm. Code 1285.110). The rules do not require continuing education for prescribing opioids.

Iowa:

Rules of the Iowa Board of Medicine establish continuing education requirements for physicians licensed in Iowa (653 IAC 11). The rules do not require continuing education for prescribing opioids.

Michigan:

Rules of the Michigan Department of Licensing and Regulatory Affairs establish continuing medical education requirements for physicians licensed in Michigan (Mich Admin Code, R 338.2371 to R 338.2382). The rules do not require continuing education for prescribing opioids.

Minnesota:

Rules of the Minnesota Board of Medical Practice establish continuing education requirements for physicians licensed in Minnesota (Minnesota Rules, chapter 5605). The rules do not require continuing education for prescribing opioids.

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