ADMINISTRATIVE RULES – FISCAL ESTIMATE

| 1. Fiscal Estimate Version | | | | | |
|--|--------------------------------------|-----------------------------------|--|--|--|
| Original Updated Corrected | | | | | |
| 2. Administrative Rule Chapter Title and Number | | | | | |
| Chpt Ins 18, Grievances and Independent Review Organizations Certification and Review Procedures | | | | | |
| 3. Subject | | | | | |
| Repeal of EmR 1117 | | | | | |
| 4. State Fiscal Effect: | | | | | |
| 🛛 No Fiscal Effect | Increase Existing Revenues | □ Increase Costs | ☐ Increase Costs ☐ Yes ⊠ No May be possible to absorb | | |
| Indeterminate | | | within agency's budget. | | |
| | | Decrease Costs | Decrease Costs | | |
| 5. Fund Sources Affected: | | 6. Affected Ch. 20, Stats. Approp | 6. Affected Ch. 20, Stats. Appropriations: | | |
| □ GPR □ FED □ PRO □ PRS □ SEG □ SEG-S | | SEG-S NA | NA | | |
| 7. Local Government Fiscal Effect: | | | | | |
| No Fiscal Effect | Increase Revenues | Increase Costs | se Costs | | |
| Indeterminate | Decrease Revenues Decrease Costs | | | | |
| | | | | | |
| 8. Local Government Units Affected: | | | | | |
| \Box Towns \Box Villages \Box Cities \Box Counties \Box School Districts \Box WTCS Districts \Box Others: NA | | | | | |
| 9. Private Sector Fiscal Effect (small businesses only): | | | | | |
| ☑ No Fiscal Effect 	☐ Increase Revenues | | | | | |
| Decrease Revenues Yes X No May have significant | | | | | |
| Indeterminate economic impact on a | | | | | |
| ☐ Yes 	☐ No May have significant substantial number of | | | | | |
| economic impact on a small businesses | | | | | |
| substantial number of Decrease Costs small businesses | | | | | |
| 10. Types of Small Businesses Affected: | | | | | |
| Independent review organizations. | | | | | |
| 11. Fiscal Analysis Summary | | | | | |
| No fiscal impact on the state, insurers or small businesses regulated by OCI | | | | | |
| | | | | | |
| 12. Long-Range Fiscal Implications None | | | | | |
| | | Telephone Number 608-264-8101 | Date 12/27/2011 | | |
| 14. Name – Analyst Reviewer | | Telephone Number | Date | | |
| Signature –Secretary or Designee | | Telephone Number 608-267-3782 | Date | | |
| | | | | | |

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