## Department of Planning and Budget 2022 Fiscal Impact Statement

| 1. | Bill Number: SB676  |
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|    | House of Origin   |
|    | Second House  |
| 2. | Patron: DeSteph   |
| 3. | Committee: Education and Health   |
| 4. | Title: Licensure and practice of associate physicians.  |
| 5. | <b>Summary:</b> Authorizes the Board of Medicine to issue a two-year license to practice as an associate physician to an applicant who is 18 years of age or older, is of good moral character, has graduated from an accredited medical school, has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination, and has not completed a medical internship or residency program. The bill requires all associate physicians to practice in accordance with a practice agreement entered into between the associate physician and a physician licensed by the Board and provides for prescriptive authority of associate physicians in accordance with regulations of the Board.   |
| 6. | Budget Amendment Necessary: Yes.  |
| 7. | Fiscal Impact Estimates: See item 8.  |
| 8. | <b>Fiscal Implications:</b> The provisions of this legislation will have a fiscal impact on the Board of Medicine. DHP asserts that the Board of Medicine will need an additional licensing specialist to handle the increase in licensing workload to meet the provisions of the bill. This position will cost \$73,500 annually including salary and fringe benefits. The Board is at capacity reviewing applications for the certified and licensed professions they presently regulate and therefore do not have sufficient staff to absorb this additional population. Fees to issue a two-year license to practice as an associate physician would be comparable to fees for professions licensed by the Board of Medicine and would be set sufficient to cover the costs of the position. Any impact on the Board to adopt regulations can be handled within existing resources. |
| 9. | Specific Agency or Political Subdivisions Affected: Department of Health Professions.   |
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11. Other Comments: None.