

## **Department of Planning and Budget 2012 Fiscal Impact Statement**

**1. Bill Number:** HB 1289

<b>House of Origin</b>	<input checked="" type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
<b>Second House</b>	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

**2. Patron:** Jones, S. Chris

**3. Committee:** Health, Welfare and Institutions

**4. Title:** Impaired health care providers; amends definition of impairment

**5. Summary:** The proposed legislation provides that the term “impairment” includes psychological and behavioral disabilities, including the mismanagement of countertransference, for the purposes of determining eligibility for the Health Practitioners' Monitoring Program.

**6. Budget Amendment Necessary:** No. There is no clear estimate as to the additional expenditure required by this legislation, however additional nongeneral fund appropriation can be provided administratively once such spending needs are determined.

**7. Fiscal Impact Cannot Be Determined**

**8. Fiscal Implications:** The provisions of this bill would make licensees with psychological and behavioral disabilities eligible for monitoring by the Health Practitioner Monitoring Program (HPMP). While there is no way to estimate the number of new practitioners that might enter HPMP based on this expanded definition of impairment; it is assumed that program costs would increase significantly. Health Practitioner Monitoring Program costs are allocated to the boards by which the participating practitioner is licensed. Therefore, as program participation increases, associated board costs go up and have to be covered by revenue generated from regulatory fees imposed on all of that board's licensees. The Department of Health Professions maintains that it is likely that the provisions of this bill would enable a significant number of new practitioners from all health regulatory boards to enter HPMP. Further, the cost associated with this increase will likely necessitate fee increases for all health regulatory boards.

**9. Specific Agency or Political Subdivisions Affected:** Department of Health Professions

**10. Technical Amendment Necessary:** No

**11. Other Comments:** None

**Date:** 1/31/12

**Document:** G:\2012 Fiscal Year\Efis\HB1289.doc