			2009 Session	
FISCAL ESTIMATE	ORIGINAL	☐ UPDATED	LRB or Bill No./Adm. Rule No. Chapter PI 46	
DOA-2048 (R10/92)	CORRECTED	SUPPLEMENTAL	Amendment No. If Applicable	
Subject: Medication Administra	tion Training			
Fiscal Effect	_			
State:  No State Fiscal Effect Indeterminate Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation  Increase Existing Appropriation Increase Existing Revenues Decrease Existing Appropriation Decrease Existing Revenues Create New Appropriation			Increase Costs-May be possible to Absorb  Within Agency's Budget Yes No  Decrease Costs	
Local: No local government costs	Indete	rminate		
Increase Costs     Permissive    Mandate     Decrease Costs     Permissive    Mandate	ory 4. Dec	ease Revenues  Permissive	5. Types of Local Governmental Units Affected:  Towns Villages Cities  Counties Others  School Districts VTAE Districts	
Fund Sources Affected			20 Appropriations	
GPR FED PRO	PRS SEC	S ☐ SEG-		
Assumptions Used in Arriving at Fiscal Estimate  The proposed rules require individuals who administer medications to pupils under s. 118.29, Stats., to have medication skill training annually and medication knowledge training bi-annually. The rules require the skill training to be documented by a school nurse, medical provider or adequately trained parent. The rules do not specify what entity must provide the knowledge training only that it must be approved by the department.				
Local: The knowledge portion of the training may be obtained by using department resources (webcast and SchoolMeds On-Line Medication Training Program) free of charge. However, a school district may provide or contract for such training if approved by the department. It is assumed that most school districts will use the resources provided by the department. Therefore, any costs associated with providing the knowledge portion of the training by the school district will be voluntary and is indeterminate.				
The skill portion of the training will have to be provided by a school nurse, medical provider or adequately trained parent. For school districts that have hired or contracted school nursing services, the skill verification for medication administration would likely be the continued responsibility of the nurse at no additional cost. Eighty percent of school districts employ a school nurse. Of the remaining 20 percent, some school districts contract for nursing services and some school districts may have an adequately trained parent willing to verify the skill portion of training.				
For school districts that do not have a school nurse or parent, the cost of contracting with a nursing service is \$30 per hour. The time necessary for the nurse to verify the skill would take approximately 10 minutes for each route of medication. The rate of children with special health care needs in Wisconsin statewide is 13.9 percent. However, it is unknown how many different routes of medication may need to be administered to these students. It is also unknown how many of these students attend a school district that does not employ a school nurse. Therefore, costs associated				
Long-Range Fiscal Implications				

Agency/Prepared by: (Name & Phone No.)	Authorized Signature/Telephone No.	Date	l
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State: DPI provides the knowledge training as described above. If this training is not used by school districts, DPI must approve the training used. Costs associated with providing and reviewing training will be absorbed by the department.

Private schools: As with public school districts, the costs to private schools are indeterminate. However, the costs are not expected to have a significant economic impact on small businesses, as defined in s. 227.114 (1) (a), Stats.