

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date October 17, 2018
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 20	
4. Subject Respiratory care practitioners	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected 20.165(1)(hg)
7. Fiscal Effect of Implementing the Rule <input type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input checked="" type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule A comprehensive review of ch. Med 20 was conducted to ensure the rules are consistent with current examination and licensing practices and applicable Wisconsin statutes. As a result, the following updates have been made: <ul style="list-style-type: none">• The reference to "CRTT" (Certified Respiratory Therapy Technician) in s. Med 20.02 (3) is replaced with "CRT" (Certified Respiratory Therapist) to reflect current terminology.• A definition is created under s. Med 20.02 (5) and terminology throughout the rules is revised to reflect that, effective January 2015, the National Board for Respiratory Care (NBRC) changed the Certified Respiratory Technician examination from the Entry Level CRT Examination to the Therapist Multiple-Choice Examination (TMC).• Section Med 20.03 (1) is revised to remove requirements for applications submitted prior to January 1, 1992 and an obsolete requirement that an applicant provide a recent passport type photograph. The section is also revised to reflect that the current accreditation organization for schools with a course of instruction in respiratory care is the Commission on Accreditation for Respiratory Care.• Section Med 20.04 is revised to, as required under s. 448.05 (6) (a), Stats., specify the passing score for the TMC, the statutes and rules examination, and the oral examination.• Section Med 20.04 (7) is revised to clarify the requirement to complete further professional training or education prescribed by the Board before retaking an exam after a third failure does not apply to the NBRC examination.• Section Med 20.05 is repealed. This provision was created at a time when results of an examination could take several months. As results of the current NBRC examination are available immediately, the temporary certificate under s. Med 20.05 is no longer necessary.• Section Med 20.06 (5m) is created to void the application of an applicant who uses a recording device when reviewing an examination, and requires the applicant to reapply for licensure. A provision is created under s. Med 20.04 (4) that will allow the Board to require an applicant who has violated s. Med 20.06 (5m) to complete an oral examination.• Other provisions throughout ch. Med 20 have been updated to revise or remove outdated notes, provide clarity, and conform to current drafting standards.	

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12. 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.

13. Identify the Local Governmental Units that Participated in the Development of this EIA.

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

14. 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)

The 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. The Department estimates one-time administrative costs of \$1,518.17, which may be absorbed in the agency budget.

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

The benefit to implementing the rule is reflecting current examination and licensing practices and applicable Wisconsin statutes. If the rule is not implemented, it will continue to contain outdated references.

16. Long Range Implications of Implementing the Rule

The long range implication of implementing the rule is updated references and conformity with the Wisconsin Statutes.

17. Compare With Approaches Being Used by Federal Government

None

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

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation address the practice of respiratory care and the licensure of respiratory care practitioners (68 Ill. Adm. Code 1456.05 to 1456.120). The rules do not provide for a temporary license to practice respiratory care.

Iowa:

Rules of the Iowa Board of Respiratory Care and Polysomnography address the practice of respiratory care and the licensure of respiratory care practitioners (654 IAC Chapters 261 to 265). The rules do not provide for a temporary license to practice respiratory care.

Michigan:

Rules of the Michigan Department of Licensing and Regulatory Affairs address the practice of respiratory care and the licensure of respiratory care practitioners (Mich Admin Code, R 338.2201 to R 338.2207). Under these rules, as of December 1, 2006, Michigan stopped accepting applications for a temporary respiratory therapist license (Mich Admin Code, R 338.2203). However, Michigan statutes provide a board, including the Michigan Board of Respiratory Care, may issue a temporary license to an applicant who has completed all requirements for licensure except for examination or other required evaluation procedure or is married to a member of the armed forces (Section 16181, Public Health Code).

Minnesota:

Minnesota statutes address the practice of respiratory care and the licensure of respiratory care practitioners (2017 Minn. Stat. Chapter 147C). The statutes allow the Minnesota Board of Medical Practice to issue a temporary permit to practice as a respiratory therapist to an applicant eligible for licensure if the application for licensure is complete, all applicable requirements have been met, and a nonrefundable fee set by the Board has been paid. The permit remains valid only until the meeting of the Board at which a decision is made on the respiratory therapist's application for licensure (2017 Minn. Stat. Section 147C.15, Subdivision 3).

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19. Contact Name

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ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
- Less Stringent Schedules or Deadlines for Compliance or Reporting
- Consolidation or Simplification of Reporting Requirements
- Establishment of performance standards in lieu of Design or Operational Standards
- Exemption of Small Businesses from some or all requirements
- Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
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