

FISCAL NOTE

(Return original and 10 copies)

Bill / Resolution No.: SB 2060

Amendment to: _____

Requested by Legislative Council

Date of Request: 12/23/98

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

This bill would require the Department to modify the state plan for the Medicaid Program to provide certified nurse midwives be paid at least ninety-seven percent of the fee paid to physicians for the same service. A certified nurse midwife can become a medicaid provider and directly bill the Department or the physician supervising the midwife can bill for the services. Currently, nurse practitioners, physician assistants, or certified nurse midwives under the supervision of a physician are paid at seventy-five percent of the physician fee schedule. The Department's records do not identify which type of provider performs the services under the supervision of a physician.

Since we can not identify which provider type performed the service, the fiscal impact of services specifically provided by a certified nurse midwife is unknown. However, if the payment method for the providers identified above was increased from seventy-five to ninety-seven percent of the physician fee schedule, the total fiscal impact for the 1999-2001 biennium would be \$92,256, of which \$27,442 is general funds.

2. State fiscal effect in dollar amounts:

	1997-1999		1999-2001		2001-2003	
	Biennium		Biennium		Biennium	
	General	Special	General	Special	General	Special
	Fund	Funds	Fund	Funds	Fund	Funds
Revenues:						
Expenditures:	-0-		27,442	64,814	28,680	67,303

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

a. For rest of 1997-99 biennium:	-0-
b. For the 1999-01 biennium:	92,256
c. For the 2001-03 biennium:	95,983

4. County, City, and School District fiscal effect in dollar amounts:

	1997-1999			1999-2001			2001-2003		
	Biennium			Biennium			Biennium		
	Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
	-0-			-0-			-0-		

If additional space is needed, attach a supplemental sheet.

Signed

Brenda M. Weisz

Typed Name

Brenda M. Weisz

Date Prepared: January 5, 1999

Department

Human Services

Phone No.

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