


**Legislative
Council Staff**
Nonpartisan Services for Colorado's Legislature
FISCAL NOTE
Drafting Number: LLS 19-0377
Prime Sponsors: Sen. Ginal; Lee

Date: March 27, 2019
Bill Status: Senate Judiciary
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Bill Topic: SUNSET CONTINUE COLORADO MEDICAL PRACTICE ACT

**Summary of
Fiscal Impact:**

<input checked="" type="checkbox"/> State Revenue <input checked="" type="checkbox"/> State Expenditure <input type="checkbox"/> State Transfer	<input type="checkbox"/> TABOR Refund <input type="checkbox"/> Local Government <input type="checkbox"/> Statutory Public Entity
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Sunset bill. The bill continues the Colorado Medical Board in the Department of Regulatory Agencies, which is scheduled to repeal on July 1, 2019. State fiscal impacts include both increased workload from changes to the program under the bill, as well as the continuation of the program's current revenue and expenditures. The program is continued through September 1, 2026.

**Appropriation
Summary:** No appropriation is required.

**Fiscal Note
Status:** This fiscal note reflects the introduced bill.

Table 1
State Fiscal Impacts Under SB 19-193*

New Impacts	FY 2019-20	FY 2020-21
Revenue	-	-
Expenditures	-	-
TABOR Refund	-	-
Continuing Program Impacts	FY 2019-20	FY 2020-21
Revenue	Cash Funds	\$3,403,999
Expenditures	Cash Funds	\$3,403,999
	FTE	9.0 FTE
TABOR Refund	General Fund	-

* Table 1 shows the new impacts resulting from changes to the program under the bill and the continuing impacts from extending the program beyond its current repeal date. The continuing program impacts will end if the bill is not passed and the program is allowed to repeal.

Summary of Legislation

Under current law, the Colorado Medical Board and the regulation of physicians, physician assistants, and anesthesiologist assistants, which is housed in the Department of Regulatory Agencies (DORA), is scheduled to repeal on July 1, 2019. This bill extends the repeal date to September 1, 2026, and implements some of the recommendations in the sunset review. The bill eliminates the 60-day limit for physicians to practice with a pro bono license; removes the requirement that the board send a letter of admonition through certified mail; and adds resorting to fraud to secure a license to practice as an anesthesiologist assistant to the list of unprofessional conduct.

Continuing Program Impacts

Based on the department's FY 2019-20 budget request, DORA is expected to have revenue of \$3,403,999 and expenditures of \$3,403,999 and 9.0 FTE to administer the Colorado Medical Board. If this bill is enacted, current revenue and expenditures will continue for the program starting in FY 2020-21. This continuing revenue is subject to the state TABOR limits; however under the March 2019 Legislative Council Staff Forecast, a TABOR surplus is not expected in FY 2020-21. If this bill is not enacted, the program will end on July 1, 2020, following a wind-down period, and state revenue and expenditures will decrease starting in FY 2020-21 by the amounts shown in Table 1. The changes to the program that drive additional revenue and costs are discussed in the State Expenditures sections below.

State Expenditures

Starting in FY 2019-20, the bill will minimally decrease expenditures, and both minimally increase and decrease for DORA. To the extent DORA no longer uses certified mail to send letters of admonition, costs to DORA will decrease; however, due to the low number of letters sent in the last few fiscal years, the expected decrease in costs will be minimal. To the extent there are less complaints for a doctor with a pro bono license working more than 60 days, workload will decrease. Workload may also increase to the extent the additional unprofessional conduct the bill adds increases complaints to the Medical Board. The expected changes do not require a change in appropriations.

Effective Date

The bill takes effect July 1, 2019. The bill includes sections that take effect upon passage of HB19-1172, which recodifies parts of statute affected by this bill.

State and Local Government Contacts

Corrections
Human Services
Regulatory Agencies

Health Care Policy and Financing
Information Technology

Higher Education
Public Health and Environment