

# **Fiscal Note**



Fiscal Services Division

<u>SF 477</u> – Medical License, Internationally Trained Doctors (LSB1866SV.2) Staff Contact: Xavier Leonard (515.725.0509) <u>xavier.leonard@legis.iowa.gov</u> Fiscal Note Version – As amended by House amendment <u>S-5075</u>

<u>Senate File 477</u> as amended by House amendment <u>S-5075</u> relates to the licensure of internationally trained physicians and the disclosure of electronic protected health information (EPHI) of a minor to a legal guardian and does the following:

- Makes changes to the licensure standards for internationally trained physicians.
- Requires EPHI to be disclosed to the legal guardian of a minor, with some exceptions.

# Division I — Licensure of Internationally Trained Physicians

## **Description**

**Division I** directs the lowa Board of Medicine to grant a license to practice medicine and surgery or osteopathic medicine and surgery to an international physician who is licensed to practice outside of the United States and meets additional requirements. **Division I** states that licenses may be granted with no additional training or residency requirements, as long as the training and residency requirements of the international physician were substantially similar.

Division I takes effect January 1, 2025.

## **Background**

The Board is funded entirely through fees charged by its members, without a General Fund appropriation. Additional costs for administering the Board and carrying out the duties assigned to the Board would result in increased fees to licensees.

## **Assumptions**

Senate File 477 as amended requires the creation of a new type of medical practitioner license in the licensing system used by the Board. The Board is currently procuring a new system and anticipates that the requirements of **Division I** can be implemented in the new system for no additional cost.

The Board estimates that approximately 422 individuals will apply for the license created by the Bill as amended. The Board estimates the fee for the new provisional license to be \$340. Processing these licenses will require an additional 1.0 full-time equivalent (FTE) position. Overseeing the implementation of the program is expected to require approximately 25.0% of the 1.0 FTE position currently attributed to the Board's Licensing Director and 10.0% of the 1.0 FTE position currently assigned to the Board's Executive Director. Because the Board is funded entirely by fee revenue, the Board will need to add the work hours for these FTE positions to the cost of establishing and administering the license when estimating the required license fee.

#### **Fiscal Impact**

Ongoing FTE position costs include \$50,000 for 1.0 FTE position for a Clerk Specialist to process the additional licenses, as well as additional supervisory time from the Board's Licensure Director and the Board's Executive Director. The 10.0% of the Executive Director's 1.0 FTE position is estimated to add approximately \$17,000 to the cost of administering the

license. The 25.0% of the Licensing Director's 1.0 FTE position is estimated to add approximately \$28,000 to the cost of administering the license. These supervisory requirements are expected to decrease after the first two years of the license. **Figure 1** shows a complete estimate of approximate costs.

Figure 1 — Total Implementation and Administration Costs

Expense	FY 2025 Est. Cost	FY 2026 Est. Cost
0.25 FTE Position — Licensing Director	\$ 14,000	\$ 28,000
0.10 FTE Position — Executive Director	9,000	17,000
1.0 FTE Position — Clerk Specialist	25,000	50,000
Other Board Costs Attributed to the New License	2,000	2,000
Total Costs	\$ 50,000	\$ 97,000

The new license type is estimated to result in approximately \$143,000 deposited into the Licensing and Regulation Fund.

# **Sources**

Department of Inspections, Appeals, and Licensing Board of Medicine Legislative Services Agency

## Division II — Electronic Protected Health Information

## **Description and Background**

**Division II** requires a health care provider or facility that maintains or transmits EPHI to disclose to the legal guardian of a minor the minor's EPHI. The EPHI must relate to health care for which the minor is allowed to provide consent without a legal guardian. Currently legal guardians are allowed to request paper copies of a minor's medical records.

## **Assumptions and Fiscal Impact**

**Division II** of the Bill as amended is not estimated to have a fiscal impact to the State.

# <u>Source</u>

Iowa Hospital Association

/s/ Jennifer Acton	
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The fiscal note for this Bill was prepared pursuant to <u>Joint Rule 17</u> and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.