Iowa Legislative Fiscal Bureau

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State Capitol Des Moines, IA 50319 February 25, 2003

Public Health Professional Licensure Boards

<u>ISSUE</u>

This *Issue Review* provides background on the professional licensure boards of the Department of Public Health.

AFFECTED AGENCIES

Department of Public Health

CODE AUTHORITY

Chapters 147 through 158 Code of Iowa

BACKGROUND

Five professional licensing boards, the Boards of Medical Examiners, Dental Examiners, Pharmacy Examiners, Nursing Examiners, and the Bureau of Professional Licensure are located within the Department of Public Health. **Attachment A** details the number of licensees by profession as well as the cost of the license and length of time the license is valid. Common functions of the boards include:

- Licensure: Verifying education and work experience qualifications and conducting examinations.
- Continuing Education: Approving continuing education programs and auditing continuing education records.
- Public Information Requests: Answering calls regarding licensing procedure and licensure status of individual professionals.
- Complaint Investigations: Tracking and investigating complaints that may lead to hearings and possible disciplinary action.

| Board | Licensees | Avg. Complaints filed per year | Avg. Complaint Resolution | Authorized FTEs | Staff/Management Ratio |
|---------------------------|-----------|--------------------------------|------------------------------|--------------------|---------------------------|
| Dental | 6,863 | 145 | 6 months | 7.0 | 6 to 1 |
| Medical | 10,380 | 915 | Years/Backlogged | 20.4 | 10.2 to 1 |
| Pharmacy | 23,946 | 120 | 16 months | 12.0 | 11 to 1 |
| Nursing | 49,310 | 400 | 12- 18 months | 18.0 | 8 to 1 |
| Professional Licensure | 94,952 | 360 | 13 months | 15.0 | 14 to 1 |

The table below provides general information on each board.

In FY 1978, the General Assembly approved statutory language requiring the boards to be selfsupporting. Licensing boards were required to adjust fee schedules so that revenues generated would match expenditures.

Prior to State government reorganization in 1986, the Boards of Dental Examiners, Medical Examiners, Nursing Examiners and Pharmacy Examiners were autonomous departments, responsible for preparing, presenting and justifying their individual budgets and appropriations. Reorganization relocated these Boards to be placed in the Department of Public Health. However, the individual Boards retained responsibility for their respective line item appropriations within the Public Health Department's budget.

In FY 1999, the budget process changed again for the Boards when the Department of Public Health implemented Budgeting for Results, bringing the Boards under the Budgeting for Results area titled "Public Protection." This resulted in the elimination of separate line item appropriations for each board.

CURRENT SITUATION

Currently the Boards generate fees, most of which are deposited into the General Fund. They then receive an allocation from an appropriation made to the Public Protection Budgeting for Results area. Many of the Boards have stated the following concerns with the current budgeting practice:

- Lack of correlation between revenues and expenditures. If a board projects a necessary
 increase in expenditures for the upcoming fiscal year, statute requires that board to raise its
 fees. However, raising fees will not necessarily result in an increased appropriation or
 allocation and thus the projected expenditures will be out of balance with the projected
 revenues. The only way to bring the revenues and expenditures back in balance would be
 to reduce expenditures. This lack of correlation makes it hard to justify the fee charged to
 health professionals as well as takes away the incentive to raise or lower fees.
- Disparity between revenues generated and appropriations received. When the Public Protection appropriation is reduced, the boards retain less and less of a percentage of the revenues generated. **Attachment B** shows the two-year average of fee revenue generated, appropriations received, the percentage the appropriation is of the fees generated and the

expenditures of each board. This is calculated on a two-year average due to the cyclical nature of licensing and renewal.

 Combining several separate line item appropriations into one line item appropriation has made the funding and needs of the boards somewhat invisible to legislators. The Boards also state that this has raised a barrier in the lines of communication between the Boards and legislators regarding regulatory priorities, processes, and critical issues. Many parties to this issue have been interested in seeking an alternative method of providing funding to the Boards. Any alternatives explored must take into consideration the amount of fees retained each year by the General Fund for any indirect costs incurred, if the alternative is to be cost neutral.

ALTERNATIVES

- Status Quo. The General Fund benefited on average approximately \$868,000 for FY 2001 and FY 2002, which went to pay for indirect costs of the Boards and to support other activities of State government.
- 2. Allow the boards to retain a set percentage of the fee revenue generated each year. The percentage could be set such that the General Fund would not be affected. This would eliminate the appropriation process for the Boards. Reasons for doing this include: predictable, stable budgets for the Boards; direct correlation between projected revenues and expenditures; better justification of fees charged to licensees; and a level playing field for all the Boards. Reasons for not pursuing this alternative include: less oversight for legislators; across-the-board budget reductions would force the Department of Public Health to spread the reductions over fewer programs; one board's loss may be another's gain initially (Example Board x currently receives 80% of the fee revenues it generates in the way of an appropriation, and Board y receives 90% of the fee revenues it generates. If the set percentage discussed by this alternative allows all boards to retain 85% of the fee revenues generated, then Board x will receive an increase at the expense of Board y assuming the revenues retained by the General Fund remain unaffected). This would encourage the Boards to raise fees when funding is needed for a project and may provide more of a gap in funding between Boards as some will be able to easily raise revenues and some will not.
- 3. Combination of number one and two above. Continue the current budget practice, but allow the Boards to retain a set percentage of any revenues generated from new or increased fees. Reasons for doing this include: revenues deposited into the General Fund would not be affected and may increase from new or increased fees; improved correlation between projected revenues and expenditures; help the Boards justify fees to licensees; and continued legislative oversight. Reasons for not pursuing this alternative include: an incentive to raise fees and may increase the gap in funding between Boards as some will be able to easily raise revenues and some will not.

STAFF CONTACT: Russell Trimble (Ext. 14613)

Public Health Professional Licensure Boards <u>http://staffweb.legis.state.ia.us/lfb/ireview/ireview.htm</u> LFB: IRRIT001.Doc/02/25/2003/9:9:05 am 3

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| · | | | | | |
| | | Estheticians | 97 | \$50 | |

| Board | Profession | Licensees | Cost of License | License Period |
|--------------|--|-----------|--------------------|---------------------|
| Professional | Licensure (cont.) | | | |
| | Dietetic | 1,536 | \$100 | 2 years |
| | Hearing Aide Dealers | 815 | \$130 | 2 years |
| | Massage Therapy | 2,214 | \$100 | 2 years |
| | Mortuary Science | | | |
| | Funeral Directors | 2,292 | \$100 | 2 years |
| | Nursing Home Administrator | | • · • • | |
| | Nursing Home Adminstrator Provisional Administrator | 2,178 | \$100 \$100 | 2 years 6 months |
| | FIONSIONAL AUMINISTRATO | | \$100 | 6 monuns |
| | Optometry | 1,210 | \$250 | 2 years |
| | Physical & Occupational Therapy | | | |
| | Physical Therapist | 3,389 | \$100 | 2 years |
| | Physical Therapist Assistant | 883 | \$100 | 2 years |
| | Occupational Therapist | 1,486 | \$100 | 2 years |
| | Occupational Therapist Assistant | 653 | \$100 | 2 years |
| | Physician Assistant | 816 | \$150 | 1 years |
| | Podiatry | | | |
| | Podiatrist | 623 | \$100 | 2 years |
| | Podiatric Radiologist | 133 | \$25 | 2 years |
| | Psychology | | | |
| | Psychologist | 931 | \$100 | 2 years |
| | Health Service Provider | 417 | \$50 | 2 years |
| | Respiratory Care | | | |
| | Respiratory Care Provider | 1,788 | \$100 | 2 years |
| | Social Worker | 6,050 | \$100 | 2 years |
| | Speech Pathology & Audiology | | | |
| | Speech Pathologist | 1,487 | \$100 | 2 years |
| | Audiologist | 548 | \$100 | 2 years |

| Board | FY 9 | Fees 99 & 00 Avg. | | oropriations 99 & 00 Avg. | | penditures 99 & 00 Avg. | in Ger | Retained eral Fund & 00 Avg. | Approp. as a % of fees generated FY 99 & 00 Avg. |
|----------------------------------|------|----------------------|-------|------------------------------|---------|---------------------------------|--------|------------------------------------|--|
| Bureau of Professional Licensure | \$ | 1,562,326 | \$ | 1,188,528 | \$ | 1,184,155 | \$ | 373,799 | 76.07% |
| Board of Dental Examiners | | 461,220 | | 389,084 | | 406,792 | | 72,136 | 84.36% |
| Board of Medical Examiners | | 1,368,817 | | 1,403,769 | | 1,402,024 | | -34,952 | 102.55% |
| Board of Nursing Examiners | | 1,335,105 | | 1,209,329 | | 1,191,341 | | 125,776 | 90.58% |
| Board of Pharmacy Examiners | | 892,793 | | 851,487 | | 830,741 | | 41,306 | 95.37% |
| Total | \$ | 5,620,260 | \$ | 5,042,196 | \$ | 5,015,052 | \$ | 578,065 | 89.71% |
| Board | FY 0 | Fees 01 & 02 Avg. | | propriations 01 & 02 Avg. | | penditures 01 & 02 Avg. | Gene | iined in ral Fund & 02 Avg. | Percent of fees Retained by boards FY 01 & 02 Avg. |
| Bureau of Professional Licensure | \$ | 1,482,432 | \$ | 1,226,936 | \$ | 1,135,757 | \$ | 255,496 | 82.77% |
| Board of Dental Examiners | | 544,678 | | 526,733 | | 504,759 | | 17,945 | 96.71% |
| Board of Medical Examiners | | 1,877,945 | | 1,669,939 | | 1,540,441 | | 208,006 | 88.92% |
| Board of Nursing Examiners | | 1,474,662 | | 1,197,773 | | 1,126,364 | | 276,890 | 81.22% |
| Board of Pharmacy Examiners | | 924,415 | | 814,409 | | 756,094 | | 110,007 | 88.10% |
| Total | \$ | 6,304,131 | \$ | 5,435,789 | \$ | 5,063,414 | \$ | 868,342 | 86.23% |
| | | (| See A | ssumptions a | t botto | om) | | | |
| Board | FY 0 | Fees 03 & 04 Avg. | Арр | propriations 03 & 04 Avg. | Ex | , penditures 03 & 04 Avg. | Gene | ained in eral Fund & 04 Avg. | Percent of fees Retained by boards FY 03 & 04 Avg. |
| Bureau of Professional Licensure | \$ | 1,500,000 | \$ | 1,175,852 | \$ | 1,158,707 | \$ | 324,148 | 78.39% |
| Board of Dental Examiners | | 600,000 | | 558,584 | | 553,497 | | 41,417 | 93.10% |
| Board of Medical Examiners | | 1,727,500 | | 1,639,174 | | 1,618,945 | | 88,327 | 94.89% |
| Board of Nursing Examiners | | 1,454,450 | | 1,158,179 | | 1,133,409 | | 296,271 | 79.63% |
| Board of Pharmacy Examiners | | 907,790 | | 810,625 | | 788,461 | | 97,166 | 89.30% |

D () |

Assumptions

Total

1) Data for FY 03 and FY 04 are estimates.

2) The FY 04 budget request for the boards will be fully funded.

3) Salary Adjustment dollars for FY 04 will be the same amount as FY 03.

\$

4) No policy or budget change will occur in FY 04.

NOTE:

1) The spreadhseet provides two-year averages due the cyclical nature of licensing and renewal.

6,189,740

2) Special fees retained by the boards have been added to both the Fee column and Appropriation column above.

\$

5,342,413

\$

5,253,018

\$

847,328

86.31%