Fiscal Note

State of Alaska 2013 Legislative Session

KELLER

Requester: House Health and Social Services

HB053-DCCED-CBPL-01-24-13

CONSULTATION FOR OPIATE PRESCRIPTION

Identifier:

Sponsor:

Title:

Bill Version:	HB 53 (A)			
Fiscal Note Numbe	r:			
() Publish Date:				
Department: Department of	Department of Commerce, Community and			
Economic Deve	elopment			
Appropriation: Corporations, E	Business and Professional			
Licensing				
Allocation: Corporations, E	Business and Professional			
Licensing				
OMB Component Number: 2	2360			

Expenditures/Revenues

Note: Amounts do not include ir	nflation unless of	otherwise noted b	elow.			(Thousand	s of Dollars)
		Included in					
	FY2014	Governor's					
	Appropriation	FY2014	Out-Year Cost Estimates				
	Requested	Request					
OPERATING EXPENDITURES	FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Fund Source (Operating Only) None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0	0.0	0.0	0.0	010	010	0.0
Positions							
Full-time							
Part-time							
Temporary							
Change in Revenues							
Estimated SUPPLEMENTAL (F	FY2013) cost:	0.0					
Estimated CAPITAL (FY2014)	cost:	0.0					
ASSOCIATED REGULATIONS							
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Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, Initial version.

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Division	Corporations, Business and Professional Licensing	Date:	01/24/2013 09:45 PM
Approved By:	JoEllen Hanrahan, Director	Date:	01/25/13
	Administrative Services Division	_	

FISCAL NOTE ANALYSIS

STATE OF ALASKA 2013 LEGISLATIVE SESSION

BILL NO. HB 53

Analysis

HB 53 would require physicians, osteopaths, podiatrist, or advanced nurse practitioners to consult a "pain management specialist" prior to prescribing 120 milligrams or more a day of an opiate to a patient.

The division does not anticipate a fiscal impact from this legislation.