

Department of Planning and Budget

2022 Fiscal Impact Statement

1. Bill Number: SB317

House of Origin	<input type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
Second House	<input type="checkbox"/> In Committee	<input checked="" type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

2. Patron: Favola

3. Committee: Health, Welfare and Institutions

4. Title: Out-of-state health care practitioners; temporary authorization to practice.

5. Summary: Allows a health care practitioner licensed, certified, or registered in another state or the District of Columbia to practice in the Commonwealth for a period of up to 90 days provided certain conditions are met and provides that if such health care practitioner has applied for licensure, certification, or registration in the Commonwealth, the applicable health regulatory board shall expedite such application. The bill also requires the Board of Medicine to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process to facilitate the practice of medicine and to report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization created by the bill to practice in the Commonwealth pending licensure who have not subsequently been issued a full license to practice in the Commonwealth. The bill contains an emergency clause.

6. Budget Amendment Necessary: No.

7. Fiscal Impact Estimates: Minimal, see item 8.

8. Fiscal Implications: The provisions of this legislation, as amended, would have a minimal fiscal impact on the Board of Medicine. The Board, in conjunction with the Boards in another state or District of Columbia, will have to develop a tracking mechanism of those persons who are practicing under a temporary authorization for a 90-day period. Any costs associated with that tracking can be handled within existing resources.

9. Specific Agency or Political Subdivisions Affected: Department of Health Professions.

10. Technical Amendment Necessary: No.

11. Other Comments: None.