

Rulemaking Fiscal Impact

Health and Human
Services Enterprise

June 2005

Agency Unit/Section/Division Dept. of State Health Services/Environmental Group-Policy/Standards/Quality Assurance Unit/Environmental & Consumer Safety Section/Regulatory Services Division	Council Meeting Date January 12/13, 2006
Agency Program Contact Michael J. Minoia	Telephone No. 512/834-6773, ext 2305
Rule Topic 25 TAC §265.11 and §§265.13-265.29 concerning Texas Youth Camps Safety and Health.	

1. Rule Summary.

(Briefly summarize the rule change and why the rule may or may not have fiscal implications.)

The repeal of 25 TAC §265.11 and §§265.13-265.27, and new 25 TAC §265.11 and §§265.13-265.29 are necessary to accommodate needed revisions specified in Senate Bill (SB) 1050, 77th Legislature, 2001; SB 253, 78th Legislature, 2003; House Bill (HB) 2350, 78th Legislature, 2003; HB 2075, 78th Legislature, 2003; SB 990, 79th Legislature, 2005; Government Code, Chapter 2054, Subchapter K to implement Government Code, §2001.039.

2. Fiscal Impact.

Does the rule have foreseeable fiscal implications to either costs or revenues of state government for the first five years the rule is in effect?

Yes **No** If yes, complete the following:

(a) If there are estimated additional costs to the department, explain (1) what new responsibilities will be required; (2) what additional staff will be needed (numbers and classifications); and (3) what other expenses, such as capital or professional services, will be required. Explain any key assumptions that will be needed to reach the figures in the chart in 2(d).

(b) If there is an estimated reduction in costs, explain how the reductions will be accomplished.

(c) If there is an estimated increase in revenue, describe the source and amount. If there is an estimated loss of revenue, describe the source and amount.

Note: Staff may provide the information in (d) on a separate spreadsheet. If spreadsheet is attached, please check here:

(d)	1. Fiscal Year <u>2006</u>	2. Fiscal Year <u>2007</u>	3. Fiscal Year <u>2008</u>	4. Fiscal Year <u>2009</u>	5. Fiscal Year <u>2010</u>
Estimated Additional/Reduction in Cost (specify reduction in parenthesis)					
STATE FUNDS					
FEDERAL FUNDS					
OTHER FUNDS					
TOTAL:	0	0	0	0	0
Estimated Increase/Loss of Revenue (specify loss in parenthesis)					
STATE FUNDS					
FEDERAL FUNDS					
OTHER FUNDS					
TOTAL:	0	0	0	0	0

3. Local Government Impact.

Does the rule have foreseeable positive or negative fiscal implications to either costs or revenues of local governments for the first five years the rule is in effect?

Yes No If yes, enter the amounts for each of the five years and explain key assumptions you used to reach the figures.

4. Small Businesses or Micro-Businesses Impact.

Does the rule have ANY adverse economic effect on small businesses or micro-businesses* (regardless of whether it will have an adverse effect on businesses in general)?

Yes No If yes, complete 4B-E. If no, complete 4A.

* A small business is a legal entity, including a corporation, partnership, or sole proprietorship, that is formed for the purpose of making a profit, is independently owned and operated, and has fewer than 100 employees OR less than \$1,000,000 in annual gross receipts.

A micro-business is a legal entity, including a corporation, partnership, or sole proprietorship, that is formed for the purpose of making a profit, is independently owned and operated, and has 20 or fewer employees.

A. If the rule **will not** have an adverse economic effect on either small businesses or micro-businesses, or both, explain why there will be no adverse effect on one or both.

There are no anticipated additional economic costs to small businesses or micro-businesses required to comply with the sections as proposed if they are currently practicing good industry standards.

Complete (B)-(E) if rule will have an adverse economic effect on small businesses or micro-businesses or both.

Note: You must discuss both small businesses and micro-businesses in your analysis regardless of whether the rule will have an adverse economic effect on either one or both.

B. Explain why there will be an adverse economic effect, such as new fees, reduced revenues, or new regulatory requirements that will increase the cost of doing business.

C. Give an analysis of the cost to small businesses or micro-businesses of complying with the rule. Explain what assumptions you used to calculate these projected costs (for example, a survey of randomly selected assisted living facilities).

D. Compare the cost to small businesses or micro-businesses of complying with the rule with the cost to the largest businesses affected by the rule, analyzing, when possible:

- cost per employee,
- cost per hour of labor, or
- cost per each \$100 of sales.

- E. Give an analysis of whether it is legal and feasible to reduce the economic effect of the rule on small businesses or micro-businesses, while still accomplishing the intent of the state or federal law being implemented with the rule.

5. Other Cost Impacts.

If there will be costs to persons who must comply with this rule change, other than costs identified in preceding sections, enter estimated costs for the first five fiscal years of implementation:

FY 1	FY 2	FY 3	FY 4	FY 5

Explain assumptions used to arrive at these costs.

6. Fiscal Impact on Local Employment:

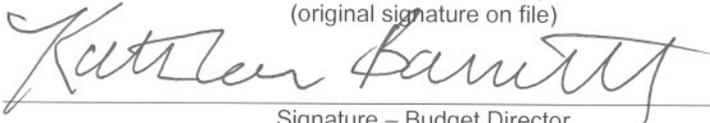
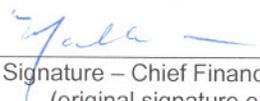
- Rule **will not** have an impact.
 Rule **will** have an impact. You must complete an Economic Impact Request and submit it to TWC at least 30 days before the Council meeting.

7. Takings Impact Assessment.

Does the proposed rule create a burden on private "real property" (i.e. real estate or the buildings and other structures attached to real estate)?

- Yes No If **yes**, contact Legal **immediately** to determine if you are required to complete a Takings Impact Assessment.

Approvals

<div style="text-align: center;">  _____ Signature – Budget Analyst (original signature on file) </div>	<div style="text-align: center;"> 12/19/05 _____ Date </div>	<div style="text-align: center;"> X2390 _____ Telephone No. </div>
<div style="text-align: center;">  _____ Signature – Budget Director (original signature on file) </div>	<div style="text-align: center;"> 12/19/05 _____ Date </div>	<div style="text-align: center;"> X6946 _____ Telephone No. </div>
<div style="text-align: center;">  _____ Signature – Chief Financial Officer (original signature on file) </div>	<div style="text-align: center;"> 12/19/05 _____ Date </div>	<div style="text-align: center;"> 458-762 _____ Telephone No. </div>
<div style="text-align: center;"> _____ Signature – Deputy Executive Commissioner (as appropriate) (original signature on file) </div>	<div style="text-align: center;"> _____ Date </div>	<div style="text-align: center;"> _____ Telephone No. </div>