

Impact Certification and OSBM Fiscal Note

OSBM 4 Rev. (7/97)

(See G.S. 150B-21.4 and the State Budget Manual for requirements. Attach additional sheets as needed.)

- I. Agency and/or Division North Carolina Board of Physical Therapy Examiners
 II. General Topic Matter of Rules Physical Therapy Scope of Practice and Fee Increase
 III. Rule Citation Numbers:

		Economic Impact Certification				
		State	Local	Private	Sub.	None
1	21 NCAC 48C .0101 (a, b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
2	21 NCAC 48C .0102 (k,l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3	21 NCAC 48C .0103 (a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
4	21 NCAC 48C .0201 (e,f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
5	21 NCAC 48C .0402 (b,c,d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
6	21 NCAC 48D .0107 (b,c,d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
7	21 NCAC 48E .0110 (c) (4) (B,C,D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
8	21 NCAC 48F .0102 (a) (1,2,3,6,8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
9	21 NCAC 48F .0103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
10	21 NCAC 48G .0306 (a,b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
11	21 NCAC 48G .0601 (a) 26, 27,28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
12	21 NCAC 48G .0602 (b) (c) (1,2,3,4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- IV. If no fiscal note is required, attach Explanation of how the agency made this determination, and sign block XIII.

- V. STATE FUNDS 150B-21.4(a) Proposed rule change increases or (decreases) expenditures or changes the distribution of State funds subject to the Executive Budget Act, Article 1, Chapter 143.

Show amount affected by Source and Fiscal Year

	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR
State					
Federal					
Other					
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- VI. LOCAL FUNDS 150B-21.4(b) Proposed rule increases or (decreases) expenditures or revenue of a unit of local government.

Show amount affected by Source and Fiscal Year

	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR
Local					
Federal					
Other					
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- VII. PRIVATE SECTOR Proposed rule change increases or (decreases) expenditures on the private sector.

	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR
Total					

- VIII. TOTAL IMPACT Aggregate of the absolute value of Total in sections V, VI, VII.

	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR	FISCAL YR
Total	\$0	\$0	\$0	\$0	\$0

- IX. If state or Local funds are affected, attach the following information.

- ☐ 1 Methodology for how the amounts, including private sector if any, were computed.
☐ 2 Explanation of program impacts (e.g. eligibility, duration).
☐ 3 Explanation if state funds are currently budgeted by Fund Source & Code, or if budget revision or transfer is required.

- X. If rule has a substantial economic impact (section VIII \geq \$3,000,000 in any one year) attach the following information.

- ☐ 1 Describe the persons who would be affected by the proposed rule change.
☐ 2 Describe the types of expenditures (savings) the persons affected by the proposed rule change would incur to comply with the rule(s) and an estimate of these amount(s).
☐ 3 Describe purpose and benefits of the proposed rule change.
☐ 4 Methodology of how the amounts were computed, if not provided under section IX.

- XI. Check one of the following boxes.

☒ Agency determined impact. ☐ OSBM determined impact. ☐ Agency and OSBM jointly determined impact.

XII. Required Signatures

A.

Certification of Economic Impacts, State fund Availability, Local Fiscal Review, and/or Substantial Impact:



(Responsible Fiscal Officer Signature)

on Mar. 23, 2006 (Date)

B.

Certification of State Fund Availability, and/or Local Fiscal Review:

(Director of OSBM Signature)

on _____ (Date)

C.

Substantial economic impact analysis:

☐ Approved ☐ Disapproved

(Director of OSBM Signature)

on _____ (Date)

Explanation:

The following proposed rule changes are related to physical therapy scope of practice issues and will not involve fees or have fiscal implications.

21 NCAC 48C .0101 (a, b)
21 NCAC 48C .0102 (k,l)
21 NCAC 48C .0103 (a)
21 NCAC 48C .0201 (e,f)
21 NCAC 48C .0402 (b,c,d)
21 NCAC 48D .0107 (b,c)
21 NCAC 48E .0110 (c) (4) (B,C,D)
21 NCAC 48F .0103
21 NCAC 48G. 0306 (a,b)
21 NCAC 48G .0601 (a) 26, 27,28)
21 NCAC 48G .0602 (b) (c) (1,2,3,4)

The following rule is a routine fee increase that applies to current licensees and applicants within the statutory authority to fund ongoing operations of the Board; therefore, it has no state, federal, or local fiscal implications.

21 NCAC 48F .0102 (a) (1,2,3,6,8)



Signature

March 23, 2006

Date

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