

Department of Legislative Services
 Maryland General Assembly
 2018 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 1087 (Senator Zucker)
 Education, Health, and Environmental Affairs

State Board of Physicians - Invasive Cardiovascular Professionals

This bill requires an individual to be registered by Cardiovascular Credentialing International (CCI) before performing authorized functions as a cardiovascular invasive specialist (CIS). A CIS may perform specified functions only under the supervision of a licensed physician. The failure of a licensed physician to properly supervise a registered CIS constitutes unprofessional conduct in the practice of medicine. The State Board of Physicians (MBP) must keep a list of registered CISs and adopt implementing regulations.

Fiscal Summary

State Effect: Special fund expenditures increase by \$21,100 in FY 2019. Future years reflect elimination of the contractual employee in FY 2020, though special fund expenditures may continue to increase minimally. Special fund revenues increase beginning in FY 2019, which likely offset expenditures. General fund revenues may also increase beginning in FY 2019 from civil fines.

(in dollars)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
GF Revenue	-	-	-	-	-
SF Revenue	-	-	-	-	-
SF Expenditure	\$21,100	-	-	-	-
Net Effect	(\$21,100)	\$0	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Meaningful.

Analysis

Bill Summary: Under the supervision of a licensed physician, in relation to a cardiac catheterization laboratory procedure, a CIS may:

- perform or review a baseline patient assessment;
- evaluate patient response to diagnostic or interventional maneuvers and medications;
- provide patient care and drug administration commonly used in the cardiac catheterization laboratory;
- provide scrub assistance;
- operate imaging, physiologic monitoring, or recording equipment;
- perform circulating duties; and
- perform pre-cardiac and post-cardiac catheterization activities and procedures.

CISs must be registered by CCI before performing authorized functions.

Current Law/Background:

State Board of Physicians and Allied Health Professions

MBP is charged with enforcing the Maryland Medical Practice Act and the Maryland Physician Assistants Act. Among its duties, MBP must (1) adopt regulations to carry out the provisions of law for which it is responsible; (2) establish policies for board operations; (3) oversee licensing of physicians and allied health professionals; (4) review and investigate complaints; (5) report on all disciplinary actions, license denials, and license surrenders; (6) appoint members of the disciplinary panels; and (7) develop and approve an annual report. The board consists of 22 members; membership is drawn in accordance with statute.

Statutory provisions place several allied health professions under the jurisdiction of MBP and establish seven allied health advisory committees that assist MBP in its oversight role. These committees are composed of representatives of the regulated professions, physicians, and consumers. The allied health professions under the jurisdiction of MBP are (1) physician assistants; (2) radiographers, radiation therapists, nuclear medicine technologists, and radiologist assistants; (3) respiratory care practitioners; (4) polysomnographic technologists; (5) athletic trainers; (6) perfusionists; and (7) naturopathic doctors.

Cardiovascular Invasive Specialists

According to the Mayo Clinic, “cardiovascular invasive specialists” are cardiovascular technologists who perform invasive procedures. They assist physicians with cardiac catheterization procedures in which a catheter is guided through a patient’s blood vessels into the heart or cardiovascular system to determine whether there is a blockage in blood vessels; part of the procedure may involve balloon angioplasty or stenting. They also monitor blood pressure and heart rate using electrocardiogram (ECG or EKG) equipment during procedures and the implantation of pacemakers.

According to the U.S. Department of Labor’s *May 2016 Occupational Employment and Wage Estimates*, there were 1,330 employed cardiovascular technologists and technicians in the State in 2016. Pennsylvania had one of the highest employment levels of cardiovascular technologists and technicians (2,850) and West Virginia and Delaware had some of the highest concentrations of jobs in this field (0.72 and 0.69 employment per 1,000 jobs, respectively).

State Fiscal Effect: MBP advises that the bill requires MBP to (1) register CISs; (2) ensure a licensed physician is supervising each CIS; and (3) adopt implementing regulations. MBP advises that it must hire one full-time employee to analyze and investigate all CIS registration applications and all applications relating to physician supervision, and that it must employ contractual services for assistance in developing implementing CIS regulations at a one-time cost of \$10,000. MBP also advises that it must set fees for CIS registration and physician supervision applications to cover the cost of implementation.

The Department of Legislative Services (DLS) agrees that staff is likely needed to verify CIS registration and physician supervision. However, DLS notes that the bill does not require MBP to register CISs but, instead, to verify registration with CCI. MBP may specify the mechanism for this process, as well as the process to verify proper physician supervision, through regulations. Additionally, the bulk of responsibilities for MBP likely occurs in the first year of implementation, when MBP must initially develop the regulations and compile the list. DLS advises that such responsibilities can likely be handled by a part-time contractual employee in fiscal 2019 only and that this employee could assist in the development of CIS regulations. To the extent the bill results in additional monitoring and registrations in future years, special fund expenditures continue to increase minimally.

Therefore, special fund expenditures increase by \$21,064 in fiscal 2019, which accounts for the bill’s October 1, 2018 effective date. This estimate reflects the cost for MBP to hire one part-time (50%) contractual employee to assist in the development of regulations and a process to verify CIS registration and physician supervision. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	0.5
Salary and Fringe Benefits	\$15,939
Operating Expenses	<u>5,125</u>
Total FY 2019 State Expenditures	\$21,064

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

Future year expenditures reflect termination of the contractual employee in fiscal 2020 and minimal ongoing special fund expenditures to continue to keep a list of registered CISs.

The bill does not specify a date by which CISs must be registered with CCI or when MBP must begin keeping a list of registered CISs in the State. This analysis assumes that MBP develops the required regulations and begins reviewing registration information and physician supervision in fiscal 2019. Thus, special fund revenues also increase beginning in fiscal 2019, to the extent MBP sets and collects fees for review of CIS registrations and physician supervision, which likely offset expenditures.

Finally, statute authorizes MBP to impose a civil fine against physicians in lieu of or in addition to specified disciplinary actions; such fines are remitted to the general fund. Thus, general fund revenues may also increase to the extent the bill results in the imposition of disciplinary fines against physicians who fail to properly supervise CISs.

Small Business Effect: CISs may be required to register with CCI (if not already registered) and submit proof of registration to MBP. Physicians may also be subject to disciplinary action and/or fines for failure to properly supervise CISs.

Additional Information

Prior Introductions: HB 1025 of 2005 received a hearing in the House Health and Government Operations Committee, but no further action was taken.

Cross File: HB 1008 (Delegate Cullison) - Health and Government Operations.

Information Source(s): Maryland Department of Health; Mayo Clinic; U.S. Department of Labor; Department of Legislative Services

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md/jc

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