

Department of Legislative Services
 Maryland General Assembly
 1999 Session

FISCAL NOTE
Revised

House Bill 223 (Chairman, Environmental Matters Committee)
 (Departmental - Maryland Institute for Emergency Medical Services
 Services Systems)

Environmental Matters

Emergency Medical Services - Automated External Defibrillator Program

This departmental bill establishes an Automated External Defibrillator (AED) Program that authorizes a “facility” to make AED available to victims of sudden cardiac arrest. The program is to be administered by the Emergency Medical Services (EMS) Board, which is authorized to issue certificates to facilities that wish to operate AED equipment and set reasonable fees for certificates and other AED program services so as to approximate program costs. Fee revenues are to be distributed to the Maryland Emergency Medical System Operations Fund.

Fiscal Summary

State Effect: FY 2000 special fund expenditures increase by \$1,900, offset by an equal amount of special fund revenues. Future year expenditures and revenues reflect annualization and inflation.

(in dollars)	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
SF Revenues	\$1,900	\$2,600	\$2,600	\$2,700	\$2,700
SF Expenditures	1,900	2,600	2,600	2,700	2,700
Net Effect	\$0	\$0	\$0	\$0	\$0

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

Local Effect: Minimal expenditure increase for a local jurisdiction that chooses to participate in an AED program. Revenues would not be affected.

Small Business Effect: The Maryland Institute for Emergency Medical Services Systems has determined that this bill has minimal or no impact on small business (attached). Legislative Services concurs with this assessment. (The attached assessment does not reflect amendments to this bill.)

Fiscal Analysis

Bill Summary: The bill authorizes the EMS Board to (1) revoke a certificate for facilities that fail to meet the requirements of the bill; (2) delegate certain functions to the Maryland Institute for Emergency Medical Services Systems (MIEMSS); and (3) approve educational and training programs. A certificate is valid for three years and is not required for a “jurisdictional emergency medical services operational program,” a licensed ambulance service, or a “health care facility.” The bill provides certain immunities to facilities and individuals who meet the requirements of the bill. The EMS board must adopt regulations by December 31, 1999. An authorized facility aggrieved by a decision of the EMS board is afforded an opportunity for a hearing before the EMS board or the Office of Administrative Hearings.

State Effect: Special fund expenditures for supplies and materials needed to administer the new program would increase by \$1,875 in fiscal 2000, offset by an equal increase in special fund revenues from certificate fees. This estimate reflects (1) 100 facilities certified annually; (2) a certificate fee of \$25; and (3) the bill’s effective date of October 1, 1999. Future year revenues reflect 2% annual increases in certificate fees to reflect annual increases in certificate program expenditures. Additional staff would not be required.

Local Expenditures: A local jurisdiction that chooses to participate would incur expenditures of \$100 every three years for a certificate as well as \$3,500 for an AED, \$800 for annual maintenance, and training costs.

Information Source(s): Maryland Institute for Emergency Medical Services Systems, Department of Health and Mental Hygiene (Community and Public Health Administration), Office of Administrative Hearings, Department of State Police, Department of Legislative Services

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