

Department of Legislative Services
Maryland General Assembly
1999 Session

FISCAL NOTE

House Bill 1065 (Delegate Rzenkowski)

Environmental Matters

Health Care Providers - HIV Exposure - Patient Consent

This bill requires a physician, at the request of a health care provider, to order that a blood sample of a patient be tested for HIV when there has been an exposure between the patient and the health care provider. It repeals current law that, under the same circumstances, requires a physician to seek the informed consent of the patient. Before providing a patient with health care services, a health care provider must inform a patient of the presumption that a patient is deemed to have consented to an HIV blood test when there has been an exposure between the patient and health care provider. If a patient refuses to be tested, a health care provider or facility is authorized to seek an order from a circuit court to require the patient to submit to a blood test.

Fiscal Summary

State Effect: General fund expenditures could increase by up to \$371,915 in FY 2000. Future year expenditures would reflect annualization and inflation. Revenues would not be affected.

Local Effect: None. It is assumed that the State would provide any necessary funding.

Small Business Effect: Potential meaningful.

Fiscal Analysis

State Expenditures: Current law already requires health care facilities to attempt to obtain the informed consent of a patient. Therefore, the major effect of the bill would be the requirement that a patient be notified that testing may occur in the event of an exposure. This notification would have to be provided in any circumstances under which a patient is provided health care services.

The Department of Health and Mental Hygiene (DHMH) advises that general fund expenditures could increase by an estimated \$371,915 in fiscal 2000, which accounts for the bill's October 1, 1999 effective date, or \$495,886 on an annual basis. This estimate reflects (1) 2.2 million patients entering DHMH health care facilities (5,788) and local health departments (2.2 million) each year; (2) 1.5 minutes required for notification; (3) \$8.23 an hour for an office clerk's time to provide notification; and (4) State funding of additional workload at local health departments. Because the notification would occur at sites throughout Maryland, the cost represents contractual employee salaries and fringe benefits.

The Department of Legislative Services (DLS) assumes that some DHMH health care facilities and local health departments could absorb the additional workload required for patient notification because the amount of time per patient is so small. Whether any particular facility could absorb the additional workload would depend on the facility's patient volume and current staffing levels. Therefore, general fund expenditures could increase by up to \$371,915 in fiscal 2000. Future year expenditures would reflect annualization and inflation.

Current law requires that the cost of the HIV blood test in the event of an exposure be paid for by the health care facility. It is assumed that DHMH health care facilities could absorb this cost because the number of HIV blood tests resulting from the bill's provisions would be limited.

Future year Medicaid and State Employee Health Benefits Plan expenditures could increase indirectly to the extent that health care facility and health care provider costs increase. It is not possible at this time to determine the extent to which increased facility or provider costs could translate into higher Medicaid payments to MCOs or State Employee Health Benefits Plan payments to carriers, although any such effect is assumed to be minimal.

Small Business Effect: Any hospital, medical laboratory, nursing home, ambulatory care facility, health care provider's office, or other type of health care facility that offers health care services would be required to notify each patient that testing may occur in the event of an exposure. Assuming up to 1.5 minutes required for each notification, small business health care facilities and providers could be adversely affected, depending on the volume of patients at a particular facility or provider office and current staffing levels. Further, the cost of an HIV blood test required by the bill's provisions must be paid by the health care facility.

Information Source(s): Department of Health and Mental Hygiene (AIDS Administration, Community and Public Health Administration, Laboratories Administration, Medical Care Programs Administration, Board of Physician Quality Assurance, Maryland Board of Nursing), Judiciary (Administrative Office of the Courts), Department of Legislative Services

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