

Department of Legislative Services
Maryland General Assembly
2000 Session

FISCAL NOTE
Revised

House Bill 1223 (Delegate Moe. *et al.*)

Environmental Matters

Emergency Medical Services - Public Safety Personnel - Immunizations

This bill allows an Emergency Medical Technician - Paramedic (EMT-P) to administer hepatitis B and influenza immunizations and tuberculosis (TB) skin tests to public safety personnel within the jurisdiction of the EMT-P. These services may be provided by an EMT-P only in a non-emergency setting, and must be approved by the Maryland Institute for Emergency Medical Services System. The services must be authorized by a written agreement between the provider's jurisdictional EMS operational program medical director and the county or city health department in whose jurisdiction the services are performed and provided under the direction of the medical director. The written agreement must include provisions for documentation, referral and follow-up, and storage and inventory of medication. The bill defines "public safety personnel" to include: (1) a career or volunteer member of a fire, rescue, or emergency medical services department, company, squad, or auxiliary; (2) any law enforcement officer; and (3) the State Fire Marshal or a sworn member of the State Fire Marshal's Office.

Fiscal Summary

State Effect: The bill would not materially affect State operations or finances.

Local Effect: Decreased expenditures for those jurisdictions currently paying health care professionals to provide immunizations and TB skin tests.

Small Business Effect: Minimal.

Analysis

Current Law: EMT-Ps are not authorized to administer immunizations and TB skin tests to public safety personnel. The definition of “public safety personnel” is not currently included in the Education Article (Section 13-516) where the Emergency Medical Services Board certification and licensing requirements and restrictions are presented.

Background: Under certain circumstances, paramedics and cardiac rescue technicians are allowed to administer drugs by injection. Paramedics in particular are trained in subcutaneous injection techniques. In an attempt to save funds, some jurisdictions were having their paramedics administer immunizations and TB skin tests. The legality of this practice was questioned.

Local Fiscal Effect: Local public safety personnel receive immunizations using volunteers, contracted medical providers, private physicians, and in-house paramedics. Expenditures for vaccines and skin test materials alone total approximately 10% to 25% of current costs. For example, Prince George’s County has contracts with private medical providers to provide immunizations and TB skin tests to three departments for a total expenditure of \$284,000. If the county used in-house EMT-P personnel for hepatitis B and influenza vaccinations and tuberculosis skin tests, total expenditures for these services would be reduced. Costs for those services and vaccinations not specifically allowed by the bill, as well as the purchase of vaccines and skin test materials, inventory maintenance, and record keeping would range from approximately \$54,000 to \$94,000. The resulting decrease in expenditures is estimated to range from \$190,000 to \$230,000.

Additional Information

Prior Introductions: None.

Cross File: SB 247 (Senator Middleton) - Economic and Environmental Affairs.

Information Source(s): Department of Health and Mental Hygiene, Department of Transportation (Mass Transit Administration), Carroll County, Harford County, Montgomery County, Prince George’s County, Queen Anne’s County, Maryland Institute for Emergency Medical Services Systems, Department of State Police, Department of Legislative Services

Fiscal Note History: First Reader - February 21, 1000
jir/jr Revised - House Third Reader - March 22, 2000

Analysis by: Louise Hanson

Direct Inquiries to:
John Rixey, Coordinating Analyst
(410) 946-5510
(301) 970-5510