

Department of Legislative Services

Maryland General Assembly

2001 Session

FISCAL NOTE**Revised**Senate Bill 289 (Senator Hollinger, *et al.*)

Economic and Environmental Affairs

Environmental Matters

Health Care - Programs and Facilities - Pain Management

This bill creates a 13-member State Advisory Council on Pain Management to provide advice and recommendations with respect to pain management policy. Members serve without compensation but are entitled to reimbursement for expenses under the Standard State Travel Regulations. The Department of Health and Mental Hygiene will designate the staff.

The bill's provisions relating to the advisory council sunset on September 30, 2003.

Fiscal Summary

State Effect: Department of Health and Mental Hygiene (DHMH) general fund expenditures could increase by an estimated \$36,000 in FY 2002. Future year expenditures reflect annualization and inflation. No effect on revenues.

(in dollars)	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	36,000	41,100	11,500*	0	0
Net Effect	(\$36,000)	(\$41,100)	(\$11,500)	\$0	\$0

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

**Reflects bill's September 30, 2003 sunset provision.*

Local Effect: None.

Small Business Effect: Potential minimal. Small business health care facilities would be required to establish procedures to track patient responses to inquiries about pain. Administrative costs could increase.

Analysis

Bill Summary: The council must issue an interim report to the General Assembly that includes recommendations on pain management issues in Maryland by September 30, 2002. A final report is due by September 30, 2003.

In addition, the bill requires a health care facility to provide for the routine monitoring of patient pain by establishing and maintaining policies and procedures for: (1) inquiring whether a patient is in pain; (2) asking a patient to rate the patient's degree of pain and recording the patient's response; and (3) routinely recording levels of pain intensity on patient charts.

Current Law: None applicable.

Background: According to the National Foundation for the Treatment of Pain, over 34 million Americans suffer from intractable pain each year. In the past ten years there has been a growing trend for states to adopt policies addressing pain management and the medical use of controlled substances in pain management. Health professionals, the public, and policy makers have recognized that many patients with terminal illnesses or chronic conditions suffer extreme pain without receiving adequate treatment for it. Various states have adopted state laws, administrative regulations, and medical board guidelines to promote pain management. Other states have chosen to create state pain commissions, summit meetings, and task forces.

State Fiscal Effect: DHMH general fund expenditures would increase by an estimated \$36,045 in fiscal 2002, which reflects the bill's October 1, 2001 effective date. This estimate reflects the cost of hiring one contractual administrative officer to provide administrative support to the council. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Salary and Fringe Benefits	\$28,168
Ongoing Operating Costs	<u>7,877</u>
Total FY 2002 State Expenditures	\$36,045

Future year expenditures reflect: (1) a full contractual salary with 2.3% annual increases and 3.8% employee turnover; and (2) 1% annual increases in ongoing operating expenses. Revenues would not be affected.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): National Foundation for the Treatment of Pain, Department of Health and Mental Hygiene (Boards and Commissions, Community Public Health Administration, Board of Physician Quality Assurance), Department of Legislative Services

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