## **Department of Legislative Services**

Maryland General Assembly 2008 Session

#### FISCAL AND POLICY NOTE

House Bill 1188 (Delegate DeBoy, et al.)

Health and Government Operations

#### Public Health Work Group - Hospital Preparedness - Snakebite Antivenin

This bill requires the Department of Health and Mental Hygiene to convene a work group that includes specified participants to • assess the availability of snakebite antivenin in hospital emergency rooms; • assess the level of hospital preparedness regarding the treatment of patients who have been bitten by poisonous snakes; and • develop recommendations to improve the care for patients with snakebites that require antivenin. DHMH must staff the work group and submit a report on its findings and recommendations to specified standing committees by December 1, 2008.

The bill takes effect June 1, 2008 and terminates December 31, 2008.

# **Fiscal Summary**

**State Effect:** The bill's requirements could be handled with existing budgeted resources.

Local Effect: None.

Small Business Effect: None.

### **Analysis**

**Background:** Each year, nearly 8,000 people nationwide get bit by poisonous snakes. Snakes with poisonous bites include rattlesnakes, copperheads, cottonmouth water moccasins, and coral snakes. Only two venomous snakes are native to Maryland – copperheads and timber rattlesnakes.

Poisonous snakebites are medical emergencies and can be deadly if not treated quickly. Children are at higher risk for death or serious complications because of their smaller body size. However, the right antivenin can save a person's life. If properly treated, many snakebites will not have serious effects.

In 2007, the Maryland Poison Center received 87 calls regarding snakebites, including 21 venomous bites. None of the cases resulted in death or life-threatening effects. **Exhibit 1** displays snakebite calls to the center by jurisdiction. While EMS providers are encouraged to contact the center for all poisoning-related cases, it is not required. Some individuals may not seek medical treatment for snakebites. Therefore, these figures may underrepresent total snakebite cases in the State.

Exhibit 1
Maryland Poison Center
Snakebite Exposure Calls by Jurisdiction
Calendar 2007

<u>Jurisdiction</u>	Type and Number of Bites			<b>Total</b>
	Venomous	Nonvenomous	Unknown	
Anne Arundel	2	9	3	14
<b>Baltimore City</b>	2	4	0	6
<b>Baltimore County</b>	0	15	0	15
Calvert	1	1	0	2
Carroll	2	5	0	7
Cecil	1	4	0	5
Charles	1	1	3	5
Frederick	1	4	0	5
Garrett	0	1	0	1
Harford	1	5	0	6
Howard	1	3	0	4
Kent	1	0	0	1
Montgomery	0	1	0	1
St. Mary's	3	1	1	5
Somerset	1	1	0	2
Washington	2	2	0	4
Wicomico	2	1	0	3
Worcester	0	1	0	1
Total	21	59	7	87

## **Additional Information**

**Prior Introductions:** None.

Cross File: None.

**Information Source(s):** Maryland Poison Center, University of Maryland Medical System, Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - March 6, 2008

mam/ljm

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