

Department of Legislative Services
Maryland General Assembly
2010 Session

FISCAL AND POLICY NOTE

Senate Bill 599 (Senator Rosapepe)
Education, Health, and Environmental Affairs

Maryland Perfusion Act

This bill requires the State Board of Physicians to license and regulate the practice of perfusion and establishes a Perfusion Advisory Committee within the board.

Fiscal Summary

State Effect: Special fund expenditures by the State Board of Physicians increase minimally in FY 2011 to develop regulations and prepare to issue perfusion licenses. Future year special fund expenditures increase minimally to issue licenses and handle other duties related to the regulation of perfusion. Special fund revenues increase by \$11,800 in FY 2012 to reflect fees paid by newly licensed perfusionists. Future year special fund revenues reflect biennial licensure and new licenses being issued. Special fund revenues may also increase minimally due to the bill's civil penalties. Potential minimal increase in general fund revenues and expenditures beginning in FY 2012 due to the bill's criminal penalty provisions. Assuming reauthorization, revenues and expenditures continue in FY 2014 and subsequent years.

(in dollars)	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
GF Revenue	\$0	-	-	-	-
SF Revenue	\$0	\$11,800	\$1,000	\$9,900	\$1,800
GF Expenditure	\$0	-	-	-	-
SF Expenditure	-	-	-	-	-
Net Effect	\$0	\$11,800	\$1,000	\$9,900	\$1,800

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

Local Effect: Potential minimal increase in revenues and expenditures due to the bill's criminal penalty provisions.

Small Business Effect: None.

Analysis

Bill Summary: On or after October 1, 2011, an individual must be licensed in order to practice perfusion in the State, with some exceptions. The bill specifies 37 procedures that define “practice perfusion” including cardiopulmonary bypass for adult, pediatric, and neonatal patients; extracorporeal resuscitation; myocardial protection; hemofiltration and hemodialysis; temporary pacemaker management; and dialysis.

The bill specifies age, education, and other credentialing requirements that an applicant has to meet to be licensed. The bill requires the Board of Physicians to issue licenses and set fees to issue and renew such licenses. The fees charged must be set so that the funds generated approximate the costs of maintaining the program. The bill also specifies requirements for license reinstatement and temporary licenses.

The Perfusion Advisory Committee, consisting of five members appointed by the board, is charged with developing and recommending regulations, continuing education requirements, standards of care, and licensure requirements. The committee also has to provide the board with recommendations concerning the practice of perfusion and keep a record of its proceedings. Committee members serve staggered three-year terms.

The bill sets specific grounds and procedures for disciplinary action against a licensee or applicant, which includes an opportunity for a hearing. The bill also requires hospitals, related institutions, alternative health systems, and other employers to report to the board if a perfusionist is limited, reduced, otherwise changed, or terminated for reasons that might be grounds for disciplinary action. The bill also specifies circumstances under which a report does not have to be made. The board may impose a civil penalty of up to \$1,000 for failure to report; any such penalty is deposited in the general fund.

A licensed perfusionist must notify the board in writing of a change in name or address within 60 days after the change. A licensee who fails to comply is subject to an administrative penalty of \$100. A person who violates any provision of the bill is guilty of a misdemeanor and on conviction is subject to a fine of up to \$1,000 and/or imprisonment for up to one year. In addition, a person who violates the scope of practice parameters of the bill is subject to a civil fine of up to \$5,000, imposed by the board, payable to the Board of Physicians Fund.

The bill subjects the new licensure program to periodic review under the Maryland Program Evaluation Act, as with other health occupations boards, and aligns the program termination date with the termination dates for other allied health professionals regulated by the Board of Physicians and the board itself – July 1, 2013. This subjects the program to preliminary review in 2010 – before any licensing activity has taken place.

Current Law: Maryland law does not specifically address the practice of perfusion. Individual health care providers who provide related services are regulated under their respective health occupations boards.

The board, which operates through special funds, is responsible for the licensure and discipline of physicians and allied health professionals. Committees play a large role in the oversight of allied health professionals under the board's jurisdiction. For instance, the Physician Assistant Advisory Committee makes recommendations to the board concerning the approval, modification, or disapproval of an application for certification as a physician assistant and delegation agreements as well as regulations governing physician assistants.

Background: A cardiovascular perfusionist operates extracorporeal circulation equipment during medical procedures, such as open heart surgery, that require artificial support or the temporary replacement of a patient's circulatory or respiratory functions. Perfusionists administer various types of blood products, medications, and control a patient's temperature during surgery.

The American Board of Cardiovascular Perfusion (ABCP) advises that there are 59 certified clinical perfusionists in Maryland. While the Maryland State Perfusion Society indicates that virtually all perfusionists in the State are certified, any uncertified hospital staff performing perfusion would have to meet the requirements of the bill by October 1, 2011, to continue work.

Sixteen states require perfusionists to be licensed in order to practice in the state.

State Revenues: With some exceptions, perfusionists are required to be licensed on or after October 1, 2011. The bill does not authorize licensure before that date nor does it specify the term of a license. Legislative Services assumes that each of the 59 perfusionists currently certified becomes licensed for a two-year period in fiscal 2012 at a fee of \$200. Thus, new special fund revenues in fiscal 2012 total \$11,800. In fiscal 2013, it is assumed that another five perfusionists are licensed, providing \$1,000 in special fund revenue. In fiscal 2014, 59 licensed perfusionists renew at a fee of \$150 and another five perfusionists are licensed, providing a total of \$9,850 in special fund revenue. To comply with the bill's mandate that revenues approximate the cost of maintaining the new program, the board may have to adjust licensing and renewal fees if the number of perfusionist applicants varies significantly from this estimate. This estimate assumes reauthorization of the advisory committee.

State Expenditures: Special fund expenditures increase minimally in fiscal 2011 to develop regulations and prepare to issue licenses. Future year expenditures increase minimally to license perfusionists and handle other duties related to the regulation of perfusion such as handling license inquiries, complaints, and staffing the advisory committee.

Additional Information

Prior Introductions: None.

Cross File: HB 549 (Delegate King) - Health and Government Operations.

Information Source(s): Department of Health and Mental Hygiene, Judiciary (Administrative Office of the Courts), Department of Legislative Services

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