

Department of Legislative Services
Maryland General Assembly
2011 Session

FISCAL AND POLICY NOTE
Revised

House Bill 287

(Delegate Pena-Melnyk, *et al.*)

Health and Government Operations

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. By October 1, 2013, an individual must be licensed in order to practice perfusion in the State, with some exceptions.

The bill takes effect October 1, 2012.

Fiscal Summary

State Effect: Special fund expenditures for the State Board of Physicians increase by \$35,800 in FY 2013, which reflects the bill's October 1, 2012 effective date, to hire one part-time program manager to develop regulations, establish a Perfusion Advisory Committee, and prepare to issue perfusionist licenses. Future year special fund expenditures reflect a reduction in personnel time assigned to the committee beginning October 1, 2013, as well as annualization and inflation. Special fund revenues increase by \$12,400 in FY 2014 to reflect fees paid by newly licensed perfusionists. Future year special fund revenues reflect biennial licensure and new licenses being issued. Special fund revenue may also increase minimally due to the bill's civil penalties. The bill's criminal penalty provisions are not expected to materially impact general fund revenues or expenditures.

(in dollars)	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
SF Revenue	\$0	\$12,400	\$1,000	\$9,400	\$1,700
SF Expenditure	\$35,800	\$24,600	\$19,500	\$20,300	\$21,400
Net Effect	(\$35,800)	(\$12,200)	(\$18,500)	(\$11,000)	(\$19,700)

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

Local Effect: The bill's criminal penalty provisions are not expected to materially affect local government finances or operations.

Small Business Effect: None.

Analysis

Bill Summary: "Practice perfusion" means to perform the functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular, circulatory, or respiratory systems or other organs to ensure the safe management of physiologic functions by monitoring and analyzing the parameters of the systems under an order and the supervision of a licensed physician. The bill specifies 30 procedures that define "practice perfusion," including cardiopulmonary bypass; extracorporeal circulatory support for renal, neurological, hepatic, and vascular surgery; and renal perfusion.

To qualify for a license, an individual must submit evidence either of certification as a certified perfusionist or other national certification approved by the board or of graduation from a perfusion education program that meets specified criteria. An individual must also meet other education or clinical requirements.

An applicant who submits to the board satisfactory evidence of graduation from an approved perfusion educational program may be licensed for a single two-year term before taking the national certifying examination or another examination given or approved by the board.

The bill requires the board to issue licenses and set fees to issue and renew such licenses. Fees charged must be set so that the funds generated approximate the costs of maintaining the program. The bill also specifies requirements for licensure renewal and reinstatement.

The Perfusion Advisory Committee, consisting of seven members appointed by the board, is charged with developing and recommending regulations, a code of ethics, standards of care, and continuing education requirements. The advisory committee must keep a record of its proceedings. Advisory committee members serve staggered three-year terms.

The bill sets specific grounds and procedures for disciplinary action against a licensee or applicant, which include an opportunity for a hearing. Individuals aggrieved by a decision of the board may seek a direct judicial appeal.

The bill 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, an individual who violates the bill is subject to a civil fine of up to \$5,000, 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, establishing an evaluation date of July 1, 2021, and a termination date of July 1, 2022.

Current Law: Maryland law does not specifically address perfusionists. Individual health care providers 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: Perfusionists offer a variety of clinical services to patients under the prescription and supervision of a physician. The most common perfusion services are cardiopulmonary bypass (use of a heart-lung machine) and extracorporeal membrane oxygenation (long-term use of an artificial blood oxygenator to support or replace undeveloped, failing, damaged, or infected lungs to allow treatment and healing).

Nationally, the primary credential for perfusionists is certification from the American Board of Cardiovascular Perfusion, which issues a Certification in Clinical Perfusion (CCP). To be eligible for a CCP, an applicant must have graduated from an accredited cardiovascular perfusion education program with specific clinical experience and pass two examinations. To maintain certification, certified clinical perfusionists must recertify annually and meet continuing education and clinical activity requirements. As of December 2010, there were 62 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, 2013, to continue to practice.

As national certification in clinical perfusion is voluntary, 17 states require certification or licensure of perfusionists, including Pennsylvania, which enacted such legislation in January 2011.

State Revenues: The Department of Legislative Services (DLS) assumes that each of the 62 Maryland residents who hold a CCP credential from the American Board of Cardiovascular Perfusion will become licensed for a two-year period in fiscal 2014 at a fee of \$200. Thus, new special fund revenues in fiscal 2014 total \$12,400. In fiscal 2015, it is assumed that another five perfusionists are licensed, providing \$1,000 in special fund revenue. In fiscal 2016, 62 licensed perfusionists renew at a fee of \$135 and another five perfusionists are licensed, providing a total of \$9,370 in special fund revenue. In fiscal 2017, five perfusionists renew their licenses and another five are licensed, providing a total of \$1,675 in special fund revenues.

The bill requires that revenues approximate the cost of maintaining the new program. However, it is the experience of the board that new allied health programs do not generate enough revenue to cover costs for a number of years, thus any revenue gap is borne from other board revenues or fund balance. The board may need to adjust licensing and renewal fees if the number of perfusionist applicants varies significantly from this estimate.

State Expenditures: Special fund expenditures for the board increase by \$35,750 in fiscal 2013 to develop and implement a perfusionist licensing program. This includes a salary for one part-time (50%) program manager, fringe benefits, one time start-up costs, and ongoing operating expenses. Due to the low number of perfusionists anticipated to seek licensure, once the licensing program and advisory committee are operational, DLS assumes that this position will become only 20% time, beginning approximately October 1, 2013.

	<u>FY 2013</u>	<u>FY 2014</u>
New Permanent Position	0.5	(-0.3)
Salary and Fringe Benefits	\$29,517	\$22,067
One-time Start-Up Costs	4,335	0
Operating Expenses	<u>1,898</u>	<u>2,555</u>
Total Board Expenditures	\$35,750	\$24,622

DLS notes that the anticipated revenues from approximately 62 licensed perfusionists will not be sufficient to cover these projected costs and the board may need to cross subsidize.

Future year expenditures reflect a full-year part-time (20%) salary with 4.4% annual increases and 3% employee turnover as well as 1% annual increases in ongoing operating expenses.

Additional Information

Prior Introductions: A similar bill, HB 549 of 2010, received an unfavorable report from the House Health and Government Operations Committee. Its cross file, SB 599, received an unfavorable report from the Senate Education, Health, and Environmental Affairs Committee.

Cross File: None.

Information Source(s): American Board of Cardiovascular Perfusion, American Society of ExtraCorporeal Technology, Maryland State Perfusion Society, Department of Health and Mental Hygiene, University of Maryland Medical System, Department of Legislative Services

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