

Fiscal Estimate Narratives

DHFS 10/17/01

LRB Number 01-3717/2	Introduction Number SB-267	Estimate Type Original
Subject Approval by DHFS of EMT-paramedic operational plan		

Assumptions Used in Arriving at Fiscal Estimate

Under current law, the Department is authorized to promulgate rules that establish standards for staffing of ambulances in which the primary services provided are those for which an emergency medical technician (EMT)-paramedic is authorized to provide. Under this authority, the Department sought to promulgate rules that would provide more flexibility in the staffing of this type of ambulance services. Specifically, the Department sought to authorize a two-paramedic service provider to dispatch the paramedics from separate sites and, under certain circumstances, authorized one of the two responders to be released for other duty while the other responder would return with the patient. However, the Joint Committee for Review of Administrative Rules (JCRAR) has objected to providing this flexibility to ambulance service providers that provided the EMT-paramedic level of service before January 1, 2000, and to some degree imposes a more restrictive standard in terms of providing EMT-paramedic services prior to the arrival of the ambulance.

When JCRAR objects to a proposed rule, legislation must be introduced to support the objection. During the period that the legislation is being considered, the Department cannot promulgate the portion of the rule that is the subject of the objection. If the legislation fails, the Department could, at that time, promulgate the portion of the rule that was the subject of the objection. Senate Bill 267 reflects the objection by JCRAR to providing more flexibility to ambulance service providers that provided the EMT-paramedic level of service before January 1, 2000.

Since Senate Bill 267 relates to staffing standards for local ambulance service providers, the primary fiscal impact of the bill is at the local rather than Department level. Because the Department must approve the operational service plans and changes to those plans, there could be some impact on the Department's review responsibilities. However, the bill would result in fewer changes to current standards, and as a result, this bill would not have a significant impact on the Department's administrative costs.

Since local governments operate ambulance services, this bill would preclude those local governments with an EMT-paramedic level of ambulance service prior to January 1, 2000, the opportunity to adopt a more flexible staffing pattern and would impose a somewhat more restrictive standard on the provision of EMT-paramedic level of services prior to the arrival of the ambulance. Since the bill would maintain existing standards for the most part, the major impact would not be to increase costs but to preclude the potential for reducing costs. It is uncertain what the potential cost savings could be for local governments under the more flexible standards proposed by rule by the Department.

Long-Range Fiscal Implications