

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

Bill Version SB202
Fiscal Note Number _____
() Publish Date _____

Identifier (file name) SB202-DHSS-EP-3-2-12 Dept. Affected Health and Social Services
Title Resuscitation Protocol Documents Appropriation Public Health
Allocation Emergency Programs
Sponsor Senator Egan
Requester Senate HSS Committee OMB Component Number 2877

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY13	FY13	FY14	FY15	FY16	FY17	FY18
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants, Benefits							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE		(Thousands of Dollars)					
1002	Federal Receipts						
1003	GF Match						
1004	GF						
1005	GF/Prgm (DGF)						
1037	GF/MH (UGF)						
1178	temp code (UGF)						
TOTAL		0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS							
Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES							
--------------------	--	--	--	--	--	--	--

Estimated SUPPLEMENTAL (FY12) operating costs _____ (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs _____ (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

Not applicable. Initial version.

Prepared by Ward B. Hurlburt, M.D., MPH / Chief Medical Officer-Director
Division Public Health
Approved by Nancy Rolfzen, Assistant Commissioner
DHSS Finance & Management Services

Phone 269-6680
Date/Time 3/2/12 4:00 PM
Date 3/2/2012

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

BILL NO. SB202

Analysis

The bill amends AS 47.05.012 by adding resuscitation protocols to the list of materials that may be incorporated by reference in regulations. This will allow Emergency Medical Services (EMS) instructors to teach the most appropriate cardiopulmonary resuscitation techniques without the delay in adopting new statutory changes when new standards are published. The state EMS office has to choose between teaching and testing EMTs on current best practices or according to current state regulations which reference outdated and incorrect medical standards.

There is no fiscal impact to the department. The cost to update training materials to the current ILCOR standards is expected to be minimal and can be absorbed with existing resources.

The International Liaison Committee on Resuscitation (ILCOR) is an international consensus group of scientists that reviews studies, makes treatment recommendations for resuscitation, and publishes its findings when appropriate, usually every five years.