

# Fiscal Note

State of Alaska  
2021 Legislative Session

Bill Version: SB 21  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB021-DHSS-EP-2-26-2021  
Title: LICENSE MOBILE INTENSIVE CARE  
PARAMEDICS  
Sponsor: REVAK  
Requester: (S) HSS

Department: Department of Health and Social Services  
Appropriation: Public Health  
Allocation: Emergency Programs  
OMB Component Number: 2877

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2022 Appropriation Requested	Included in Governor's FY2022 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2022	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Fund Source (Operating Only)

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Positions

Full-time							
Part-time							
Temporary							

## Change in Revenues

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2021) cost:** 0.0 (separate supplemental appropriation required)

**Estimated CAPITAL (FY2022) cost:** 0.0 (separate capital appropriation required)

**Does the bill create or modify a new fund or account?** No  
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/22

## Why this fiscal note differs from previous version/comments:

Not applicable. Initial version.

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Phone: (907)269-2042  
Date: 01/20/2021  
Date: 01/25/21

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2021 LEGISLATIVE SESSION

BILL NO. SB021

### Analysis

This bill consolidates oversight of the emergency medical services system under a single agency. This bill will transfer mobile intensive care paramedic licensure to the department's State Emergency Medical Services Office, whose statutory mission is maintaining a statewide, comprehensive EMS system. Currently, regulation of the EMS system is split between the State Medical Board and the Department of Health and Social Services. The department has responsibility for certifying emergency medical technicians, EMT instructors, EMT training, ground ambulance, medevac services, paramedic instructors, and paramedic training--but not the paramedics themselves. Paramedics are licensed by the State Medical Board.

The State Medical Board does not oversee day-to-day operations of paramedics. That level of EMS medical direction is provided by the existing DHSS Chief Medical Officer, and the State EMS Medical Director, EMS Medical Director's Committee, and individual's sponsoring medical director who are regulated by the State Emergency Medical Services Office. The bill does not change the scope of practice, license requirements, or fee schedule for the approximately 600 paramedics licensed in Alaska. The bill provides for a smooth transition on January 1, 2022 with an immediate effective date for regulations, provisions to ensure current biennial licenses remain in effect until new regulations are in place, and continuity of license histories with the transfer of files and pending disciplinary cases. Less than 50 new applications are received annually.

There is no net fiscal impact, therefore this is a zero fiscal note. The increased case load can be absorbed with the existing staff of 6 FTEs, 5 of which are required to have paramedic experience. Overall, the addition of paramedic licensing will require 0.1 FTE. Paramedics' biennial licenses will represent a small portion of the overall work load compared to the approximately 3,500 EMTs, 500 instructors, and 100 EMS services the office already certifies every two years. New paramedic licenses, which require the most staff time, will represent less than 8% of all new certifications. The component already has sufficient budgeted GF/Program receipt authority to absorb the additional \$20,000 annually anticipated from paramedic license fees. Existing data systems are ready to incorporate paramedic licensure without further programming.