

Department of Legislative Services  
Maryland General Assembly  
2014 Session

FISCAL AND POLICY NOTE  
Revised

House Bill 1366  
Ways and Means

(Delegate Cardin, *et al.*)

Education, Health, and Environmental Affairs

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Public Schools - Cardiopulmonary Resuscitation and Automated External  
Defibrillator Instruction (Breanna's Law)

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This bill requires public high school students to complete, as part of the health or physical education curriculum, instruction in cardiopulmonary resuscitation (CPR) that includes hands-only CPR and the use of an automated external defibrillator (AED) beginning with students entering grade 9 in the 2015-2016 school year. Each local board has to provide instruction, as part of the health or physical education curriculum, in CPR that includes hands-only CPR and the use of an AED in every public school that enrolls student in any of the grades 9 through 12 beginning in the 2015-2016 school year.

The bill takes effect July 1, 2014.

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Fiscal Summary

**State Effect:** None. The bill is directed at local school systems.

**Local Effect:** Expenditures increase for local school systems to ensure that current instruction encompasses hands-on practice beginning in FY 2016. Revenues are not affected. **This bill may impose a mandate on a unit of local government.**

**Small Business Effect:** None.

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Analysis

**Bill Summary:** The bill specifies that the instruction must incorporate the psychomotor skills necessary to perform CPR and the use of an AED; thus, the instruction has to encompass the use of hands-on practicing to support cognitive learning. In addition, the

instruction has to use a program *either* developed by the American Heart Association (AHA) or the American Red Cross (ARC) *or* approved by the Maryland State Department of Education (MSDE) and the local board and be nationally recognized and based on the most current national evidence-based emergency guidelines.

If the local board offers the instruction for certification purposes, the course has to be taught by a certified individual. Otherwise, a teacher (who is not a certified CPR and AED use instructor) may facilitate, provide, or oversee the required instruction.

MSDE has to develop a process to monitor implementation of the bill's requirements.

### **Current Law/Background:**

#### *Graduation Requirements*

With the advice of the State Superintendent of Schools, the State Board of Education (SBE) establishes basic policy and guidelines for the program of instruction for public schools. Subject to State law and the bylaws, policies, and guidelines established by SBE, each local board of education must establish the curriculum guides and courses of study for schools in its jurisdiction. Policies, rules, and regulations for the graduation of students from Maryland public schools are established by local boards of education and SBE.

To be awarded a diploma, a student has to be enrolled in a Maryland public school system and have earned at least 21 credits in specified core credit areas, including one-half credit in health education and one-half credit of physical education. Each local school system has to offer in its public schools a comprehensive health education program in grades 9 through 12 that enables students to meet graduation requirements and to select health education electives. With the assistance of the local health department, each local board of education must provide adequate school health services; instruction in health education, including the importance of physical activity in maintaining good health; and a healthful school environment. MSDE and the Department of Health and Mental Hygiene must jointly develop public standards and guidelines for school health programs and offer assistance to the local boards of education and local health departments in their implementation.

As part of the current required one-half credit for health education, students have to demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in the home, school, and community. This currently encompasses the demonstration of skills related to CPR and AEDs when responding to an emergency.

Each local school system must offer in public schools a physical education program in grades 9 through 12 which enables students to meet graduation requirements and to select physical education electives. The physical education comprehensive instructional program must provide a developmentally appropriate instructional program that advances the student's knowledge, confidence, skills and motivation to enjoy a lifetime of healthful physical activity.

### *Automated External Defibrillator*

For purposes of the bill, an "AED" is a medical heart monitor and defibrillator device that (1) is cleared for market by the federal Food and Drug Administration; (2) recognizes the presence or absence of ventricular fibrillation or rapid ventricular tachycardia; (3) determines, without intervention by an operator, whether defibrillation should be performed; (4) if defibrillation is necessary, automatically charges; and (5) either requires operator intervention to deliver the electrical impulse or automatically continues with delivery of electrical impulses.

Most AEDs are about the size of a laptop computer; AED units cost between \$1,200 and \$2,000. The ARC of Central Maryland offers on-site AED operation training. The cost of an AED training course ranges from \$70 to \$110 per person.

AHA recommends AED placement in all emergency medical services first-response vehicles and targeted public areas such as sports arenas, gated communities, office complexes, doctor's offices, and shopping malls. If an AED is placed in a business or facility, AHA recommends that (1) a local emergency medical services office be notified; (2) a licensed physician or medical authority provide medical oversight; and (3) the individuals responsible for using the AED be properly trained.

Each local board of education has to develop and implement a High School AED Program, with at least one AED on site in each public high school and one individual trained in operation and AED use present at each school-sponsored athletic event. Likewise, at least one trained individual has to be on site at each high school during the regular school day. An AED coordinator must also be designated, who is trained in CPR and AED operation.

ARC's AED Trainer six-pack costs approximately \$360 and includes the following components:

- six AED trainers;
- six sets of adult pads with connectors;
- six sets of child pads with connectors;

- 24 AA alkaline batteries
- one screwdriver;
- operating instructions for classroom use; and
- a compartmentalized carrying case.

One AED Trainer six-pack can train hundreds of students in AED use. Replacement parts are available at an additional cost. The AED trainers are for training purposes only and do not deliver an electric shock.

### *Cardiopulmonary Resuscitation*

Training in first aid and CPR is required for school personnel.

AHA's CPR in Schools Training Kit costs approximately \$600 and includes the following components:

- 10 Mini Anne Plus<sup>®</sup> inflatable manikins;
- 10 kneel mats with carry bags;
- Practice-while-watching training DVD;
- hand pump for manikin inflation;
- two mesh collection and storage bags;
- classroom carry bag;
- 50 replacement airways (if you choose to practice CPR with breaths);
- 50 manikin wipes;
- 10 replacement face masks;
- facilitator guide; and
- 10 DVDs.

The kit contains everything needed to facilitate a CPR in Schools training class for 10 students at once. The process can be easily repeated to train an entire class, a grade, or even an entire school. One CPR in Schools Training Kit can train hundreds of students. Additional manikin wipes, replacement airways, and manikin faces are available at an additional cost.

**Local Fiscal Effect:** Although the health education component of the current curriculum includes instruction in CPR and AED use, it does not necessarily encompass hands-on practice to enhance cognitive learning. Likewise, it is unclear at what point students in each local school system take the health instruction that includes CPR and AED use. Absent data on how each local school system has implemented the existing objective, the

Department of Legislative Services cannot quantify the costs of making such instruction a requirement of the health or physical education curriculum.

Accordingly, this analysis assumes existing staff is sufficient to provide the required training and that local school system expenditures increase beginning in fiscal 2016 to ensure that each public school with students in grades 9 through 12 has a sufficient supply of manikins (and cleaning supplies) and AEDs to allow for such practice by students within a reasonable period (rather than crowding out other subject matter).

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### **Additional Information**

**Prior Introductions:** SB 929 of 2013 received an unfavorable report from the Senate Education, Health, and Environmental Affairs Committee. Its cross file, HB 1417, received a hearing in the House Ways and Means Committee but no further action was taken.

**Cross File:** SB 503 (Senator Pugh, *et al.*) - Education, Health, and Environmental Affairs.

**Information Source(s):** Department of Legislative Services

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Analysis by: Caroline L. Boice

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510