

Department of Legislative Services
 Maryland General Assembly
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FISCAL AND POLICY NOTE
Revised

House Bill 1200
 Ways and Means

(Delegate Lee, *et al.*)

Education, Health, and Environmental Affairs

High Schools - Automated External Defibrillators Program - Requirements

This bill requires each local board of education to develop and implement an automated external defibrillator (AED) program for each of its high schools. The program must ensure that an AED is provided on-site and that an individual trained in the operation and use of an AED is present at all school-sponsored athletic events. In consultation with the Department of Health and Mental Hygiene (DHMH), the Maryland State School Health Council (MSSHC), and the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the Maryland State Department of Education (MSDE) must adopt regulations that: (1) establish guidelines for periodic inspections and maintenance of AEDs; and (2) assist local boards in implementing AED programs.

The bill takes effect July 1, 2006.

Fiscal Summary

State Effect: Maryland Emergency Medical System Operations Fund revenues would increase by an estimated \$400 in FY 2007 due to the collection of additional AED program application fees from 16 local school systems. Future year revenue estimates reflect the three-year certification cycle. MSDE could adopt the required regulations with existing resources.

(in dollars)	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
SF Revenue	\$400	\$0	\$0	\$400	\$0
Expenditure	\$0	\$0	\$0	\$0	\$0
Net Effect	\$400	\$0	\$0	\$400	\$0

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

Local Effect: Local school system expenditures would increase by an estimated

\$497,000 in FY 2007 to implement AED programs. Costs could be higher depending on the number of AEDs purchased for each school. Lesser ongoing costs would be incurred in future years. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: Minimal.

Analysis

Current Law: Local school systems have the option of implementing AED programs and equipping high schools with AEDs but are not required to do so. The AED program administered by the Emergency Medical Services (EMS) Board certifies facilities to operate AEDs.

Background: Most AEDs are about the size of a laptop computer. They analyze the cardiac rhythm of sudden cardiac arrest victims, charge to an appropriate energy level, and deliver a defibrillation charge, if directed by the operator to do so. This electrical charge is delivered through adhesive pads placed on the victim's chest.

There are 551 facilities in Maryland authorized to participate in the AED program. Collectively, the facilities have 1,040 AEDs at various locations. Each facility applying for AED certification pays a \$25 application fee. Certification is valid for three years if the facility continues to comply with the program's requirements.

DHMH, MSDE, and MSSHC jointly prepare the Maryland State School Health Guidelines, including a document entitled "Chain of Survival: Emergency Preparedness for Sudden Cardiac Arrest in Schools." The guidelines identify four links to survival for the victims of sudden cardiac arrest: early access to care through 911 or EMS; early cardiopulmonary resuscitation (CPR); early defibrillation; and early advanced care from EMS and hospital personnel. The document notes that implementing an AED program is a local decision but provides guidance for school systems that elect to provide the programs.

State Revenues: Maryland Emergency Medical System Operations Fund revenues would increase by an estimated \$400 in fiscal 2007 due to new AED program certifications. This estimate reflects the \$25 application fee and the 16 school systems that would need to acquire the certification. Re-certifications would occur every three years.

Local Expenditures: MSDE reports that eight school systems – Anne Arundel, Baltimore, Caroline, Dorchester, Garrett, Talbot, Wicomico, and Worcester counties –

have already implemented AED programs in all high schools. The other 16 school systems have a total of 142 public high schools. Initial costs for each high school, including an AED (approximately \$1,500 to \$3,000), two sets of AED electrode pads (\$50 to \$150 each), extra batteries (\$100 to \$300 each), and employee training (\$35 per person), would range from approximately \$2,000 to \$4,000. Each local school system would also have to pay a \$25 application fee. Assuming a total average cost of \$3,500 per high school, local school expenditures would increase by \$497,000. This is a one-time cost that would be incurred in fiscal 2007. Costs could be higher if local school systems equip high schools with more than one AED per school.

Lesser ongoing costs for AED maintenance, AED electrode pad and battery replacement, occasional AED replacement, re-certification every three years, and employee training would also be borne by local school systems.

MIEMSS and others report that private grants are often available to help defray the cost of implementing AED programs. To the extent that local school systems are able to obtain private grant funds, local costs would decrease.

Additional Information

Prior Introductions: None.

Cross File: Although designated a cross file, SB 249 is not identical.

Information Source(s): Maryland State Department of Education, Department of Health and Mental Hygiene, Department of Legislative Services

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