

Department of Legislative Services
Maryland General Assembly
2007 Session

FISCAL AND POLICY NOTE
Revised

House Bill 1298 (Chair, Health and Government Operations Committee
(By Request – Departmental – Maryland Institute for Emergency
Medical Services Systems)

Health and Government Operations

Judicial Proceedings

Automated External Defibrillator Program

This departmental bill: (1) expands civil immunity for Automated External Defibrillator (AED) program participants; (2) alters language regarding authorized users under the program; and (3) establishes an AED Program Fund.

The bill takes effect July 1, 2007.

Fiscal Summary

State Effect: Special fund revenues of approximately \$7,000 would transfer from the Maryland Emergency Medical System Operations Fund (MEMSOF) to the Maryland Institute for Emergency Medical Services Systems (MIEMSS) in FY 2008. Potential special fund revenue increase for MIEMSS from application fees to the extent participation in the program increases under the bill. Any increase is expected to be minimal. No effect on expenditures.

Local Effect: None.

Small Business Effect: MIEMSS has determined that this bill has minimal or no impact on small business (attached). Legislative Services concurs with this assessment. (The attached assessment does not reflect amendments to the bill.)

Analysis

Bill Summary:

Civil Immunity: The bill repeals several conditions required for civil immunity for any act or omission in the provision of automated external defibrillation. Authorized facilities have civil immunity if the facility: (1) ensured that each individual expected to operate an AED for the facility has satisfied refresher training requirements no later than 60 days after the required renewal date; and (2) possesses a valid certificate at the time of the act or omission. Individuals have civil immunity if they act in good faith while rendering automated external defibrillation to a person who is a victim or reasonably believed by the individual to be a victim of a sudden cardiac arrest and the defibrillation is provided without fee or other compensation. Civil immunity is extended to the regional council AED committee. The bill clarifies that the civil immunity provisions do not affect any immunities from civil or criminal liability to which a sponsoring physician or the regional council AED committee may be entitled.

Authorized Users: The bill repeals language authorizing an individual who is authorized to operate an AED at an authorized facility to administer automated external defibrillation to an individual who is reasonably believed to be a victim of sudden cardiac arrest if physician services or emergency medical services are not immediately available. The bill clarifies that an individual who is expected, instead of authorized, to operate an AED at an authorized facility must follow the protocols established by the EMS Board. To qualify for a certificate, a facility must ensure that each individual who is expected to operate, instead of operates, an AED has successfully completed an educational training course and refresher training.

AED Program Fund: Fees collected under the AED program must be deposited into the fund, which must be used exclusively to fund the actual documented costs of fulfilling the duties of the EMS board as they relate to the AED program. The fund is a continuing, nonlapsing fund and any unspent portion of the fund remains in the fund and does not revert to the general fund.

Current Law: The AED Program authorizes facilities to make automated external defibrillation available to an individual who is a victim of sudden cardiac arrest if physician services or emergency medical services are not immediately available. The program is administered by the EMS Board. Fees collected under the program are paid to the Comptroller and distributed to MEMSOF.

To participate, a facility must possess a valid certificate from the EMS Board. A certificate is valid for three years and is not required for a health care facility, a licensed commercial ambulance service, or a jurisdictional emergency medical service.

To qualify for a certificate, a facility must • have medical direction through a sponsoring physician or the regional council AED committee; • be registered with the closest jurisdictional EMS operational program; • comply with written protocols for the use of an AED; • establish AED maintenance, placement, operation, reporting, and quality improvement procedures; • ensure each AED is maintained, operated, and tested according to manufacturers' guidelines and written records are maintained; and • ensure that each individual who operates an AED for the authorized facility has successfully completed an educational training course and refresher training.

An authorized facility is not civilly liable for any act or omission in the provision of automated external defibrillation if the authorized facility: • has satisfied the requirements for making automated external defibrillation available under this section; and • possesses a valid certificate at the time of the act or omission. The sponsoring physician of an authorized facility is not civilly liable for any act or omission in the provision of automated external defibrillation. An individual is not civilly liable for any act or omission if • the individual is acting in good faith while rendering automated external defibrillation to a person who is a victim or reasonably believed by the individual to be a victim of a sudden cardiac arrest; • the assistance or aid is provided in a reasonably prudent manner; • the automated external defibrillation is provided without fee or other compensation; • the act or omission occurs while the individual is providing automated external defibrillation in accordance with the requirements of this section at an authorized facility; • the individual has successfully completed an AED training course and is authorized to provide automated external defibrillation; or • the individual is using an AED obtained by a prescription issued by a physician. These immunities are not available if the conduct of the authorized facility amounts to gross negligence, willful or wanton misconduct, or intentionally tortious conduct.

Background: There are 765 active programs/facilities in Maryland authorized to participate in the AED program. Collectively, those facilities have 3,200 AEDs at 1,880 locations. Each facility applying for AED certification pays a \$25 application fee.

Most AEDs are about the size of a laptop computer. They analyze a cardiac arrest victim's cardiac rhythm, charge to an appropriate energy level, and deliver a defibrillation charge, if directed to by the operator. This electrical charge is delivered through adhesive pads placed on the victim's chest. AEDs can range in price from \$800 for a refurbished unit to more than \$4,000.

The American Red Cross of Central Maryland offers on-site AED operation training. AED training may be scheduled with CPR training (4.5 hours) or with CPR and first aid training (7.5 hours). The AED course includes: (1) interactive training on AED use; (2) interactive training and certification in adult CPR; (3) practice scenarios; (4) a skills card allowing employees to continue practicing after completing the course; and (5) first aid instruction if desired. Training is also offered by other organizations including the American Heart Association.

State Fiscal Effect: Fees collected for the AED Program would transfer from MEMSOF to MIEMSS. Accordingly, MEMSOF special fund expenditures would decrease by approximately \$7,000 in fiscal 2008 and MIEMSS expenditures would increase by a corresponding amount.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Comptroller's Office, Maryland Institute for Emergency Medical Services Systems, Department of Legislative Services

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