

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE

Senate Bill 330

(Senator Klausmeier)

Finance

Swimming Pools - Automated External Defibrillator Programs

This bill requires the owners and operators of swimming pools, including those operated or owned by counties or municipal corporations, to develop and implement an automated external defibrillator program.

Fiscal Summary

State Effect: Special fund expenditures could increase by \$50,600 for administrative costs associated with the AED program in FY 2009. Expenditures could also increase for State parks (special funds) and public universities (general funds) that operate swimming pools. Future years reflect annualization and inflation. Regulation development and compliance monitoring could be handled with existing budgeted resources. Special fund revenues could increase in FY 2009 and future years if a fee is collected for the mandatory AED program.

(in dollars)	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
SF Revenue	-	-	-	-	-
SF Expenditure	50,600	62,700	65,800	69,100	72,600
GF/SF Exp.	-	-	-	-	-
Net Effect	(\$50,600)	(\$62,700)	(\$65,800)	(\$69,100)	(\$72,600)

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

Local Effect: Potentially meaningful for counties and municipal corporations that own or operate swimming pools and do not already participate in the voluntary AED program or comply with program requirements. **This bill imposes a mandate on a local unit of government.**

Small Business Effect: Potential meaningful.

Analysis

Bill Summary: “Swimming pool” means a pool that • is open to the general public; • is provided as the owner’s primary business or the facility’s primary purpose, including a swim club or similar facility; • is provided by or used by a youth camp, college, university, school, country club, water park, amusement park, or water recreational attraction; or • is used for swimming lessons, water safety instruction, or swimming competitions.

The bill does not apply to pools located at facilities such as hotels or motels, or on residential properties.

AED program provisions must ensure that both an AED and an individual trained in the operation and use of an AED are present at each swimming pool. The Department of Health and Mental Hygiene and the Maryland Institute for Emergency Medical Services Systems have to establish guidelines for AED inspection and maintenance and assist counties, municipal corporations, and other owners and operators with compliance.

Current Law: Chapter 167 of 1999, which created the AED Program, authorizes a facility to make AEDs available to victims of sudden cardiac arrest. The program is administered by the Emergency Medical Services Board, which certifies facilities to operate AEDs. 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. The board also sets fees for certificates and other AED program services to approximate program costs. All fees collected are distributed to the Maryland Emergency Medical System Operations Fund.

Chapter 203 of 2006 requires AEDs to be placed in all public high schools in the State.

Chapter 349 of 2007 requires MIEMSS, in consultation with stakeholders, to study whether AEDs should be provided on site at swimming pools in Maryland. MIEMSS has to examine • which swimming pools should be required to provide AEDs; • whether the presence of individuals trained in the use of AEDs should be required at swimming pools; and • the safety of providing an AED at a swimming pool. MIEMSS also has to recommend other locations that should be required to have AEDs. Findings and recommendations were due by December 1, 2007.

Background: 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 an electric charge, as directed by the operator, through adhesive pads placed on the victim's chest. AEDs range in price from \$800 for a refurbished unit to more than \$4,000.

Maryland AED Program

There are 874 facilities participating in the program, with just over 2,100 sites, authorized to participate in the AED program. Of these, 53 sites are community pools. 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. Swimming pool operators and owners currently are not *required* to participate in the AED program.

MEIMSS Report

MIEMSS submitted its AED report in December 2007. The report categorizes locations into those considered to be high-, intermediate-, and low-risk. MIEMSS recommends that high-risk locations *have* AED availability. High-risk locations include • BWI Marshall Airport (which already has an AED program in place); • skilled nursing facilities; • dialysis centers; • race courses and racetracks; • enclosed malls; and • hospitals and hospital premises. MEIMSS recommends that intermediate-risk locations be *considered* as locations for AEDs. Intermediate-risk locations include sports stadiums, amusement parks, public parks, golf courses, health clubs, and rehabilitation facilities. MEIMSS recommends *voluntary* placement of AEDs at low-risk locations, including swimming pools, hotels, churches, and restaurants.

Federal and State Actions

The Federal Aviation Administration, in response to the Aviation Medical Assistance Act of 1998, issued a final ruling on April 12, 2001 that requires U.S. airlines to carry AEDs on planes that weigh 7,500 pounds and have at least one flight attendant. The deadline for complying with this rule was May 12, 2004.

Ten states (including Maryland) require at least some schools to be equipped with AEDs. Seven states require health clubs to have at least one AED, and New York requires any state building constructed or renovated at cost of at least \$250,000 to have AEDs.

State Fiscal Effect: Fee revenue generated from the current voluntary AED program goes to MEMSOF rather than the general fund. In fiscal 2008, \$6,500 was generated

from the AED program. Legislative Services assumes that fee revenue would also be generated from the mandatory program and would also be directed to MEMSOF in fiscal 2009 and future years since the bill specifies that the mandatory program has to meet the requirements of the current voluntary program. However, it is not clear whether the current voluntary program would be expanded for this purpose or whether a new program would be established.

Special fund expenditures could increase by \$50,561 in fiscal 2009, which accounts for the bill's October 1, 2008 effective date. This estimate reflects the cost of hiring one additional AED coordinator within MIEMSS to handle the additional AED program applicants as a result of the bill. The AED coordinator would process applications and issue certificates as well as assist pools in complying with the program when necessary. The estimate includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Positions	1
Salary and Fringe Benefits	\$45,783
Operating Expenses	383
Start-up Costs	<u>4,395</u>
Total FY 2009 State Expenditures	\$50,561

Future years reflect • a full salary with 4.4% annual increases and 3% employee turnover; and • 2% annual increase in operating expenses.

Expenditures could also increase for other State agencies. Two State parks (Dans Mountain and Pocomoke River) have swimming pools. In addition, the Department of Natural Resources manages a pool at Somers Cove Marina. All the pools are special funded. Therefore, special fund expenditures would increase to purchase AED equipment and have at least one staff member certified in its operation in fiscal 2009. In addition, at least four public universities in the State have pools without a defibrillator on site. Therefore, general fund expenditures would increase for these facilities to purchase AED equipment and have at least one staff member certified in its operation in fiscal 2009. Future year expenditures reflect the cost of maintaining the AED and staff certification.

Legislative Services advises that since MIEMSS already has established guidelines for the existing voluntary AED program, DHMH and MIEMSS should be able to establish mandatory guidelines for inspection and maintenance with existing resources. Further, the bill directs DHMH and MIEMSS to adopt regulations to assist each county and

swimming pool with program compliance. MIEMSS already does this for voluntary program participants, and local health departments currently inspect all public pools in the State at least once a year. Therefore, Legislative Services advises that assistance could also be provided during routine pool inspections.

Local Fiscal Effect: Anne Arundel County and Montgomery County advise that they already meet AED program requirements set forth in the bill. However, counties and municipal corporations that own or operate swimming pools and do not already participate in the voluntary AED program or comply with program requirements would have to purchase an AED and have at least one staff member certified in its operation. Expenditures would therefore increase for these local governments in fiscal 2009. In future years, expenditures would continue to maintain the AED and staff certification. No effect on revenues.

Small Business Effect: Small swim clubs, youth camps, or country clubs that do not already participate in the voluntary AED program or comply with program requirements would have to purchase an AED and have at least one staff member certified its operation. Expenditures would therefore increase for these facilities in fiscal 2009. In future years, expenditures would continue to maintain the AED and staff certification.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Anne Arundel County, Garrett County, Montgomery County, Prince George's County, Department of Health and Mental Hygiene, Maryland Institute for Emergency Medical Services Systems, Department of Natural Resources, Department of Legislative Services

Fiscal Note History: First Reader - February 13, 2008
ncs/ljm

Analysis by: Sarah K. Harvey

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