**SB 570**

# Department of Legislative Services

Maryland General Assembly
2008 Session

## FISCAL AND POLICY NOTE
**Revised**

Senate Bill 570 (Senator Garagiola, *et al.*)

Finance Health and Government Operations

**State Emergency Medical Services Board - Public Access Automated External Defibrillator Program**

This bill renames the Automated External Defibrillator Program as the Public Access Automated External Defibrillator Program and makes numerous alterations to the program.

## Fiscal Summary

**State Effect:** Special fund revenues to the Maryland Emergency Medical System Operations Fund could decline by approximately $5,300 in FY 2009 and $7,000 annually thereafter due to the elimination of AED program registration fees. To the extent that additional facilities become "registered facilities" under the revised program, MIEMSS special fund expenditures could increase beginning in FY 2009.

| (in dollars) | FY 2009 | FY 2010 | FY 2011 | FY 2012 | FY 2013 |
|---|---|---|---|---|---|
| SF Revenue | ($5,300) | ($7,000) | ($7,000) | ($7,000) | ($7,000) |
| SF Expenditure | - | - | - | - | - |
| Net Effect | ($5,300) | ($7,000) | ($7,000) | ($7,000) | ($7,000) |

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

**Local Effect:** Local governments would no longer be required to pay the AED registration fee for participation in an AED program.

**Small Business Effect:** Small businesses would no longer be required to pay the AED registration fee for participation in an AED program.

## Analysis

**Bill Summary:** The stated purpose of the renamed program is to coordinate an effective statewide public access defibrillation program. Facilities wishing to provide automated external defibrillation are no longer required to be authorized but instead must become registered facilities with the State Emergency Medical Services Board. Registered facilities are organizations, business associations, agencies, or other entities that meet EMS Board registration requirements. Physician and dentist offices are exempt from registration requirements.

The bill repeals the authority of the EMS Board to • set and require fees for the issuance and renewal of AED certificates and other services; • require authorized facilities to produce certain records and equipment for inspection; and • issue a cease and desist order or obtain injunctive relief if an individual provides automated external defibrillation in violation of the law. The requirement to pay all fees collected under the former AED program and distribute such fees to MEMSOF is likewise repealed.

The bill removes the requirement that facilities under the program • have medical direction; • be registered with the closest EMS operational program; • subsequently report use of an AED to the closest EMS operational program; and • ensure that each AED is maintained, operated, and tested according to manufacturers' guidelines, with written records maintained as required by the EMS Board.

Instead, the bill requires each facility to • maintain each AED and all related equipment and supplies in accordance with manufacturer and U.S. Food and Drug Administration standards; • ensure that each individual who is expected to operate an AED has successfully completed an educational training course and refresher training as required by the EMS Board; and • report the use of an AED to MIEMSS for review by the regional council AED committee.

The bill provides civil immunity to a member of the regional council AED committee for any act or omission in the provision of automated external defibrillation.

**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 the law; 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:** AEDs are simple-to-use, life-saving devices that are effective in dramatically improving the likelihood of survival for a victim of sudden cardiac arrest. Most AEDs are about the size of a laptop computer. They analyze a 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.

There are 886 active programs/facilities in Maryland authorized to participate in the current AED program. Collectively, those facilities have 4,078 AEDs at 2,290 locations. Each facility applying for AED certification pays a $25 application fee.

According to MIEMSS, the bill is intended to remove any barriers to individual and facility participation in an AED program and lead to wider placements of AEDs in the community for use by lay rescuers, particularly at high-risk locations.

**State Fiscal Effect:** MEMSOF special fund revenues could decrease by approximately $5,250 in fiscal 2009 and $7,000 annually thereafter due to the elimination of AED program registration fees. This estimate is based on approximately one-third of all currently participating facilities being certified each year. To the extent that additional facilities become "registered facilities" under the revised program, MIEMSS special fund expenditures could increase beginning in fiscal 2009.

## Additional Information

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, Maryland Institute for Emergency Medical Services Systems, Department of Legislative Services

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