

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 579

(Senator Forehand)

Judicial Proceedings

Judiciary

Immunity from Liability - Use of Automated External Defibrillator

This bill alters the circumstances under which an individual is immune from civil liability for providing automated external defibrillation (AED). Specifically, the bill repeals the following eligibility requirements under a current statutory provision that provides civil immunity for conduct by individuals or facilities relating to the use of an AED: (1) the act or omission occurs while an individual is providing automated external defibrillation at an authorized facility; (2) the individual has successfully completed an AED training course and is authorized to provide automated external defibrillation; or (3) the individual is using an AED obtained by a prescription issued by a physician.

Fiscal Summary

State Effect: None. The bill would not materially affect State operations or finances.

Local Effect: None. The bill would not materially affect local government operations or finances.

Small Business Effect: None.

Analysis

Current Law: In general, an individual is not civilly liable for any act or omission in providing assistance or medical aid to a victim at the scene of an emergency if the assistance or aid is provided in a reasonably prudent manner, without fee or other compensation, and the individual relinquishes care of the victim when someone who is

licensed or certified to provide medical care or services becomes available to take responsibility.

The Emergency Medical Services Board certifies facilities to operate AEDs. 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 specified requirements for making automated external defibrillation available; 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; and • the act or omission occurs while the individual is providing automated external defibrillation 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: 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.

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.

Additional Information

Prior Introductions: None.

Cross File: HB 1134 (Delegate Lee, *et al.*) – Judiciary.

Information Source(s): Judiciary (Administrative Office of the Courts), Maryland Institute for Emergency Medical Services Systems, Department of Legislative Services

Fiscal Note History: First Reader - March 3, 2008
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Analysis by: Jennifer K. Botts

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