

Department of Legislative Services
 Maryland General Assembly
 2011 Session

FISCAL AND POLICY NOTE

Senate Bill 990 (Senator Klausmeier)
 Rules

Swimming Pools - Automated External Defibrillator Programs

This bill requires certain owners and operators (including counties and municipalities) of swimming pools to develop and implement an automated external defibrillator (AED) program. The Department of Health and Mental Hygiene (DHMH) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) must jointly adopt regulations that (1) establish guidelines for periodic inspections and annual maintenance of the AEDs; and (2) assist swimming pool owners and operators in carrying out the bill’s provisions.

Fiscal Summary

State Effect: Maryland Emergency Medical System Operations Fund (MEMSOF) expenditures increase by \$45,400 in FY 2012 for MIEMSS to hire one full-time administrator to assist with the application and renewal process. Future year expenditures reflect annulization, elimination of one-time costs, and inflation. Additional administrative costs cannot be reliably estimated at this time, as discussed below. Revenues are not affected.

| (in dollars) | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 |
|----------------|---------|---------|---------|---------|---------|
| Revenues | \$0 | \$0 | \$0 | \$0 | \$0 |
| SF Expenditure | 45,400 | 56,200 | 59,200 | 62,200 | 65,500 |
| GF/SF Exp. | - | - | - | - | - |
| Net Effect | (-) | (-) | (-) | (-) | (-) |

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

Local Effect: Local government expenditures increase for counties and municipalities that own or operate swimming pools and do not already participate in the voluntary AED program or otherwise comply with program requirements. Revenues are not affected. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: Potential meaningful.

Analysis

Bill Summary: “Swimming pool” means a pool that is either owned by the governing county or municipality or a pool that is (1) open for general admission to the public; (2) provided as the owner’s primary business or the facility’s primary purpose; (3) provided by or used by a youth camp, college, university, school, country club, water park, amusement park, or water recreational attraction; or (4) used for swimming lessons, water safety instruction, or swimming competitions.

The AED program required under the bill must include provisions ensuring that (1) an AED is provided on-site; and (2) an individual trained in the operation and use of an AED is present at each swimming pool.

Current Law/Background: 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 formerly set fees for certificates for other AED program services to approximate program costs, but program fees were eliminated by Chapter 593 of 2008.

DHMH advises that 216 sites with swimming pools have an active AED program that is registered with MIEMSS. DHMH further advises that a survey completed by the department in 2007 indicated that there are approximately 2,900 swimming pools in the State that are either public or semi-public.

Chapter 349 of 2007 required MIEMSS, in consultation with stakeholders, to study whether AEDs should be provided on-site at swimming pools in the State. MIEMSS was tasked to examine (1) which swimming pools should be required to provide AEDs; (2) whether the presence of individuals trained in the use of AEDs should be required at swimming pools; and (3) the safety of providing an AED at swimming pools. MIEMSS also had to recommend other locations that should be required to have AEDs.

In December 2007, MIEMSS submitted its AED report, which categorized locations into those considered to be high-, intermediate-, or low-risk. MIEMSS recommended that high-risk locations (including hospitals, enclosed malls, and racetracks) have AED availability. MIEMSS further recommended that intermediate-risk locations (including

sports stadiums, amusement parks, and golf courses) be *considered* as locations for AEDs. With respect to low-risk locations (including swimming pools, restaurants, and churches), MIEMSS recommended only *voluntary* placement of AEDs.

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. The majority of AEDs cost between \$1,500 and \$2,000.

The American Red Cross of Central Maryland offers on-site AED operation training. The cost of an AED training course ranges from \$52 to \$58 per person.

The American Heart Association (AHA) advises AED placement in all emergency medical services first-response vehicles and targeted public areas such as sports arenas, gated communities, office complexes, doctor's offices, and shopping malls. If an AED is placed in a business or facility, AHA recommends that (1) a local emergency medical services office be notified; (2) a licensed physician or medical authority provide medical oversight; and (3) the individuals responsible for using the AED be properly trained.

State Expenditures: MIEMSS advises that, under the current AED program, the cost of paperwork, postage, and copying for each program participant is approximately \$15 annually. Because the number of sites covered by the bill is uncertain, additional administrative costs under the bill cannot be reliably estimated at this time.

Since the number of additional applicants is expected to be significant, MIEMSS advises – and Legislative Services concurs – that one new position is necessary to implement the bill. Thus, MEMSOF expenditures increase by \$45,352 in fiscal 2012 to hire one full-time administrator to handle additional AED program applications. The estimate accounts for the bill's October 1, 2011 effective date and includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

| | |
|---|-----------------|
| Position | 1 |
| Salary and Fringe Benefits | \$39,329 |
| Operating Expenses | 1,958 |
| One-time Start-up Costs | <u>4,065</u> |
| Total FY 2012 State Expenditures | \$45,352 |

Future year expenditures reflect a full salary with 4.4% annual increases, 3% employee turnover, and 1% annual increases in ongoing operating expenses.

General and/or special fund expenditures may also increase for any State agencies that own or operate swimming pools and must purchase AED equipment and employ AED

certified staff. The number of swimming pools owned or operated by the State – and how many of these are already in compliance with the bill’s requirements – is unknown. However, both the Department of Natural Resources (DNR) and the University System of Maryland anticipate minimal or no fiscal or operational impact as a result of the bill. (Both swimming pools operated by DNR are already in compliance with the bill’s requirements.)

DHMH and MIEMSS have already established regulations for the current voluntary AED program and can adopt additional regulations with existing resources. DHMH advises that it can also handle enforcement with existing resources.

Local Expenditures: Local government expenditures increase for counties and municipalities that own or operate swimming pools and do not already participate in the voluntary AED program or otherwise comply with program requirements. For example, Baltimore City advises that it will have to purchase AED equipment and employ AED certified staff for each of the 30 swimming pools owned or operated by the city, and the city estimates its fiscal 2012 expenditures to increase by \$50,000 under the bill. Montgomery County advises that some, but not all, of the swimming pools owned or operated by the county are in voluntary compliance with the AED program.

Local health departments can handle enforcement with existing resources during regular pool inspection visits.

Small Business Effect: Expenditures increase for swimming pool owners and operators that are considered small businesses and must purchase an AED, provide employee training, and ensure that at least one employee with the training is on-site at all times.

Additional Information

Prior Introductions: SB 330 of 2008 was heard by the Senate Finance Committee, but no further action was taken.

Cross File: None.

Information Source(s): Baltimore City; Calvert and Montgomery counties; Department of Natural Resources; Maryland State Department of Education; Maryland Institute for Emergency Medical Services Systems; Department of Health and Mental Hygiene; University System of Maryland; Department of Legislative Services

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Analysis by: Jennifer A. Ellick

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