

Department of Legislative Services
Maryland General Assembly
2013 Session

FISCAL AND POLICY NOTE

Senate Bill 929 (Senators Pugh and Muse)
Education, Health, and Environmental Affairs

**Public Schools - Cardiopulmonary Resuscitation and Automated External
Defibrillator Instruction - Graduation Requirement**

This bill requires public school students to complete instruction in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) as a condition of graduation, beginning with students entering grade 9 in the 2013-2014 school year. Beginning in the 2014-2015 school year, each local board of education has to provide instruction in CPR and AED use in every public school that enrolls students in any of grades 7 through 12.

A local board that does not comply with the new graduation requirement is subject to withholding of up to 5% of the next installment (and each subsequent installment due the local board) from the General State School Fund.

The bill takes effect July 1, 2013.

Fiscal Summary

State Effect: The Maryland State Department of Education (MSDE) advises that the graduation requirement can be implemented by the current health education specialist in each school. The Comptroller can implement the required withholding of State education aid with existing resources. Revenues are not affected.

Local Effect: Expenditures increase for local school systems to ensure that current instruction encompasses hands-on practice beginning in FY 2015. Revenues may be reduced beginning in FY 2015, to the extent any local board has its State education aid withheld due to noncompliance. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: None.

Analysis

Bill Summary: The bill specifies that the instruction must incorporate the psychomotor skills necessary to perform CPR and the use of an AED; thus, the instruction has to encompass the use of hands-on practicing to support cognitive learning. In addition, the instruction has to use a program *either* developed by the American Heart Association (AHA) or the American Red Cross (ARC) *or* approved by MSDE and the local board and be nationally recognized and based on the most current national evidence-based emergency guidelines.

If the local board offers the instruction for certification purposes, the course has to be taught by a certified individual. Otherwise, a licensed teacher (who is not a certified CPR and AED use instructor) may facilitate, provide, or oversee the required instruction.

MSDE has to develop a process to monitor implementation of the bill's requirements. The Comptroller has to withhold the requested percentage of State education aid from the local board if the State Superintendent directs withholding; however, the State Superintendent has discretion as to whether to direct withholding. When a local board comes into compliance, the next and each subsequent installment must be distributed in full.

Current Law/Background:

Graduation Requirements

With the advice of the State Superintendent of Schools, the State Board of Education establishes basic policy and guidelines for the program of instruction for public schools. Subject to State law and the bylaws, policies, and guidelines established by the State Board of Education, each local board of education must establish the curriculum guides and courses of study for schools in its jurisdiction. Policies, rules, and regulations for the graduation of students from Maryland public schools are established by local boards of education and the State Board of Education.

To be awarded a diploma, a student has to be enrolled in a Maryland public school system and have earned at least 21 credits in specified core credit areas, including one-half credit in health education. Each local school system has to offer in its public schools a comprehensive health education program in grades 9 through 12 that enables students to meet graduation requirements and to select health education electives. With the assistance of the local health department, each local board of education must provide

adequate school health services; instruction in health education, including the importance of physical activity in maintaining good health; and a healthful school environment. MSDE and the Department of Health and Mental Hygiene must jointly develop public standards and guidelines for school health programs and offer assistance to the local boards of education and local health departments in their implementation.

As part of the current required one-half credit for health education, students have to demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in the home, school, and community. This currently encompasses the demonstration of skills related to CPR and AEDs when responding to an emergency.

Installments of Funding to Local Boards

Except for money appropriated for specified school construction and capital improvement costs, all money appropriated by the General Assembly to aid in support of public schools constitutes the General State School Fund. The Comptroller has to charge against and pay from the fund annual appropriations for support of the various components of public education in Maryland, much of which is distributed to local boards of education. Ten days before the end of every other month, beginning in July, the State Superintendent has to certify the amount due at the end of each of these months to each local board for the annual State share of specified funding. Amounts due are made in equal payments once every two months. After notification from the State Superintendent that a county (local board) is not complying with the provisions of the State program of public education, the Comptroller has to withhold any installment due the local board from the fund. If the Superintendent finds that a local board fails to meet accountability requirements, the Superintendent has to notify the county of that noncompliance. If a local board disputes the finding within 30 days of issuance of the notice, the dispute is promptly referred to the State Board of Education, which has to make a final determination. Upon receipt of certification of noncompliance, the Comptroller has to suspend, until notification of compliance is received, payment of any funds due the local board for the current fiscal year if the State's education aid due the local board exceeds the amount received in the prior fiscal year. Similar withholding applies for failure to meet maintenance of effort requirements, except that the withholding is from income tax revenue due the county government and the amount withheld is distributed directly to the local board.

Automated External Defibrillator

For purposes of the bill, an "AED" is a medical heart monitor and defibrillator device that (1) is cleared for market by the federal Food and Drug Administration; (2) recognizes the presence or absence of ventricular fibrillation or rapid ventricular tachycardia;

(3) determines, without intervention by an operator, whether defibrillation should be performed; (4) if defibrillation is necessary, automatically charges; and (5) either requires operator intervention to deliver the electrical impulse or automatically continues with delivery of electrical impulses.

Most AEDs are about the size of a laptop computer; AED units cost between \$1,200 and \$2,000. The ARC of Central Maryland offers on-site AED operation training. The cost of an AED training course ranges from \$70 to \$110 per person.

AHA recommends 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.

Each local board of education has to develop and implement a High School AED Program, with at least one AED on-site in each public high school and one individual trained in operation and AED use present at each school-sponsored athletic event. Likewise, at least one trained individual has to be on-site at each high school during the regular school day. An AED coordinator must also be designated, who is trained in CPR and AED operation.

Cardio Pulmonary Resuscitation

Training in first aid and CPR is required for school personnel.

MSDE has advised in the past that training a staff member to be *certified* to teach CPR would cost approximately \$350 per staff member. Alternatively, hiring an external consultant certified by ARC would cost approximately \$50 per student. The ARC instructor training course is 32 hours spread over six days. The AHA Heartsaver instructor course requires eight hours of instruction and is offered through independent businesses. The cost of this instructor course is currently unknown. Staff trained in CPR instruction may also need to take periodic refresher courses.

MSDE has likewise advised that the following materials would be needed to offer the ARC CPR course:

- one adult Red Cross manikin at \$200 or one infant Red Cross manikin at \$100;
- student workbooks for each student;
- instructor materials; and
- cleaning materials for manikins.

MSDE has advised the following materials would be needed to offer the AHA Heartsaver CPR for Schools course:

- Heartsaver CPR in Schools student workbook at \$8.50 each;
- Heartsaver and Family & Friends® instructor manuals at \$45 each;
- Heartsaver CPR in Schools video (DVD format) at \$75 each;
- Heartsaver manikins at \$50 to \$300 per manikin; and
- cleaning materials for manikins.

Local Fiscal Effect: Although the health education component of the current curriculum includes instruction in CPR and AED use, it does not necessarily encompass hands-on practice to enhance cognitive learning. Likewise, it is unclear at what point students in each local school system take the health instruction that includes CPR and AED use. Absent data on how each local school system has implemented the existing objective, the Department of Legislative Services cannot quantify the costs of making such instruction a graduation requirement.

Even so, this analysis assumes existing staff is sufficient to provide the required training and that local school system expenditures increase beginning in fiscal 2015 to ensure that each public school with students in grades 7 through 12 has a sufficient supply of manikins (and cleaning supplies) and AEDs to allow for such practice by students within a reasonable period (rather than crowding out other subject matter). Moreover, the current instruction is simply an objective within the curriculum, not a graduation requirement. Making it a graduation requirement likely entails additional costs to provide adequate tracking, ensure compliance, and accurately reflect completion in high school transcripts.

Local school systems are also affected to the extent they are deemed to be out of compliance with the new requirement and have as much as 5% of their State education aid installments withheld. In order for those funds to be permanently withheld, the General Assembly would have to pass a law in the next legislative session since education aid is a requirement of the Maryland Constitution.

Additional Comments: It is unclear how completion of the new requirement would be tracked and reflected in high school transcripts if it is only one component of the health education curriculum. Likewise, although the requirement applies to graduation from high school, some students may have met the requirement as early as grade 7 or transfer into a school system after other students have met the requirement; thus, local school systems will also need to implement some sort of make-up program for these students.

Additional Information

Prior Introductions: None.

Cross File: HB 1417 (Delegate Lee, *et al.*) - Ways and Means.

Information Source(s): Maryland State Department of Education, Comptroller's Office,
Department of Legislative Services

Fiscal Note History: First Reader - March 13, 2013
ncs/rhh

Analysis by: Caroline L. Boice

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