

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 522

(Delegate Barron, *et al.*)

Health and Government Operations

Finance

**Maryland Institute for Emergency Medical Services Systems - Automated
External Defibrillators - Study (The Joe Sheya Act)**

This bill requires the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to (1) conduct a study and make recommendations, in consultation with interested stakeholders, about locations where automated external defibrillators (AEDs) could be most beneficial; (2) compile AED pricing information, including installation and training costs; and (3) provide a summary of the immunity from liability provisions in State law regarding the use of AEDs. MIEMSS must use any available, relevant data from calendar years 2015, 2016, and 2017 to conduct the required study. MIEMSS must report its findings and recommendations by December 1, 2017, to specified committees of the General Assembly.

The bill takes effect July 1, 2017.

Fiscal Summary

State Effect: Maryland Emergency Medical System Operations Fund (MEMSOF) expenditures increase by \$10,000 in FY 2018 only for MIEMSS to hire a contractor to conduct the required study. MIEMSS can undertake other required actions and report to the General Assembly with existing budgeted resources. Revenues are not affected.

(in dollars)	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	10,000	0	0	0	0
Net Effect	(\$10,000)	\$0	\$0	\$0	\$0

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

Local Effect: None.

Small Business Effect: None.

Analysis

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. With a few specified exceptions, any facility, defined broadly under statute as an agency, association, corporation, firm, partnership, or other entity, that has an AED available for public access must obtain a valid certificate from the AED program. 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.

Under the AED program, in addition to any immunities available under statutory or common law, (1) a registered facility is not civilly liable for any act or omission in the provision of automated external defibrillation if the registered facility has satisfied requirements for making an AED available and possesses a valid certificate at the time of the act or omission and (2) an individual is not civilly liable for any act or omission if, in good faith, the individual provides automated external defibrillation to a person who is reasonably believed to be a victim of sudden cardiac arrest, the assistance or aid is provided in a reasonably prudent manner, and the automated external defibrillation is provided without fee or compensation. These immunities are not available if the conduct of a registered facility or an individual 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. The American Red Cross of Central Maryland offers on-site AED operation training. The cost of an AED training course ranges from \$98 to \$109 per person, and the training is valid for two years.

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.

According to AHA, the price of an AED varies by make and model, with most AEDs costing between \$1,500 and \$2,000. AED kits are currently available online for between \$1,200 and \$1,700, with recertified models selling for as little as \$800.

State Expenditures: MEMSOF expenditures increase by \$10,000 in fiscal 2018 only for MIEMSS to hire a contractor to conduct the required study using available data. This estimate is based on the cost to conduct a similar study several years ago. It is assumed that MIEMSS can compile AED pricing information, provide a summary of related liability provisions, and report all findings and recommendations to the General Assembly with existing budgeted staff and resources.

Additional Information

Prior Introductions: None.

Cross File: SB 427 (Senator Klausmeier, *et al.*) - Finance.

Information Source(s): American Heart Association; Department of Health and Mental Hygiene; Maryland Association of County Health Officers; Maryland Institute for Emergency Medical Services Systems; Department of Legislative Services

Fiscal Note History: First Reader - February 15, 2017
mm/jc Third Reader - March 27, 2017
Revised - Amendment(s) - March 27, 2017

Analysis by: Kathleen P. Kennedy

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