



SENATE BILL 299

Food Service Facilities - Automated External Defibrillator Program (Joe Sheya Act)

February 16, 2023

Position: Oppose

Madame Chair and Members of the Senate Finance Committee:

The *Restaurant Association of Maryland* opposes SB 299, which would require Maryland restaurants with more than \$400,000 in annual gross income (sales) to implement an Automated External Defibrillator (AED) program that meets the requirements of [§13-517](#) of the Education Article. In addition to the purchase cost of AED devices, restaurants would also incur costs related to AED program certification and staff training under Maryland law and related regulations.

In a 2017 Maryland Institute for Emergency Medical Services Systems (MIEMSS) [Report to the Maryland General Assembly](#), the incidence (a measure of probability) of cardiac arrests at restaurants is very low compared to other ranked location types in the tables on pages 13 and 14 of the report (locations are ranked from highest to lowest). Restaurants rank at #26 out of 31 location types in Table 1 of the report; and restaurants rank at #23 out of 26 location types in Table 2 of the report.

As noted on page 11 of the report, "*Knowing how probable it would be to experience an arrest while in a given location type is important to consider when trying determining [sic] where to install and provide education for the use of AEDs.*"

As also mentioned in a 2007 General Assembly Task Force study of this issue, "*...programs that place AEDs at low-risk locations are unlikely to be cost-effective since there is a smaller likelihood that the AED will ever be used.*"

At an estimated \$880 to \$1,695 per device (according to MIEMSS 2017 report, and excluding device maintenance costs), such a mandate would be a significant cost to restaurants. Such a mandate on Maryland restaurants would be unprecedented nationwide. We could find no other states with such an AED mandate specifically for restaurants/food service facilities.

An estimated 7,800 (71 percent) of Maryland's 11,000 restaurants have annual gross income above \$400,000 (based on most recent 2017 U.S. Economic Census data). Enacting such a statewide AED mandate for restaurants would cost over \$10 million industrywide. Related CPR and AED training for staff (which can range from \$55-\$90 per person according to the 2017 MIEMSS report) would also amount to a significant expense for restaurants, especially given our industry's higher than average staff turnover rate. This training must be renewed every two years.

The relatively low incidence of cardiac arrests at restaurants does not justify the potential cost of this proposed mandate on our industry. For these reasons, we oppose this legislation and request an unfavorable report.

Sincerely,

A handwritten signature in black ink that reads "Melvin R. Thompson".

Melvin R. Thompson
Senior Vice President
Government Affairs and Public Policy