

# SCA STATISTICS.pdf

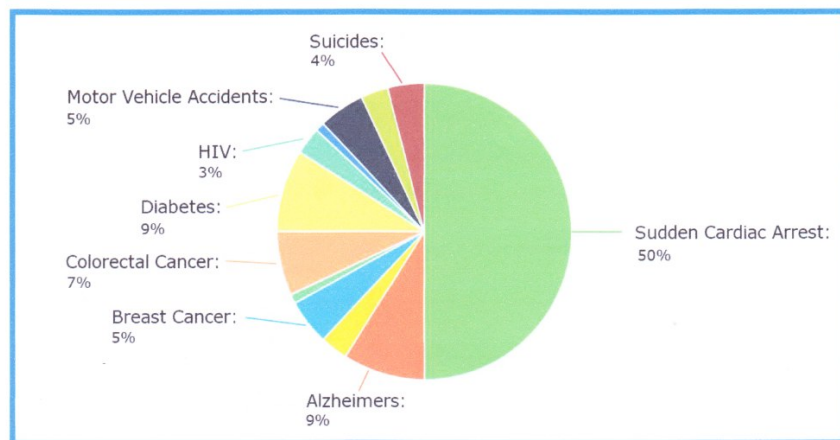
Uploaded by: Carol McDermott

Position: FAV

## STATISTICS

### STARTLING STATISTICS

The number of people who die each year from SCA is roughly equivalent to the number who die from Alzheimer's disease, assault with firearms, breast cancer, cervical cancer, colorectal cancer, diabetes, HIV, house fires, motor vehicle accidents, prostate cancer and suicides combined.



- Sudden Cardiac Arrest is a leading cause of death in the US, accounting for an estimated 325,000 deaths each year.
- 50% of victims of Sudden Cardiac Arrest have no prior symptoms, and many have no previous history of heart disease.
- Sudden Cardiac Arrest is the leading cause of death in young athletes.

**SB299 - PFFMD Written Testimony - J. Buddle (Favor**

Uploaded by: Jeffrey Buddle

Position: FAV

# PROFESSIONAL FIRE FIGHTERS OF MARYLAND



CHARTER 1969

DATE: February 16, 2023

TO: Senator Melony Griffith, Chair  
Senate Finance Committee

FROM: Jeffrey Buddle, President  
Professional Fire Fighters of Maryland

RE: SB299 – Food Service Facilities – AED Program (Joe Sheya Act)

The Professional Fire Fighters of Maryland represents more than 10,000 active and retired professional fire fighters and emergency medical services personnel who proudly serve the citizens of the State of Maryland.

As public safety professionals the serve the citizens of the State of Maryland we are well aware of the importance of having automated external defibrillators in any place or establishment that has a large number of people gathering at any one given time. When tragedy strikes critical minutes elapse between the time the 911 system is activated, and the time emergency medical personnel arrive on the scene of the incident.

Any costs associated with the purchase of AED's are diminimus when considered in the context of a life saved, which in our view is priceless.

On behalf of the members of Professional Fire Fighters of Maryland, we respectfully request a favorable report on Senate Bill 256.

Sincerely,



Jeffrey Buddle, President  
Professional Fire Fighters of Maryland

*The membership of the Professional Fire Fighters of Maryland includes 25 local IAFF affiliates from the following jurisdictions:*

***Federal:*** *Aberdeen Proving Grounds, Fort George G. Meade, National Capital Federal Fire Fighters, National Institutes of Health*

***State:*** *Baltimore / Washington International Airport*

***Local:*** *Annapolis, Anne Arundel County, Baltimore City (2 affiliates), Baltimore County, Carroll County, Cecil County, Charles County, Cumberland, Frederick County, Garrett County, Hagerstown, Howard County, Montgomery County, Ocean City, Prince Georges County, Queen Annes County, Salisbury, Talbot County, Worchester County*

**AED 2023 SB 299.pdf**

Uploaded by: Sammy Zakaria

Position: FAV



**MARYLAND**  
CHAPTER

---

**AMERICAN COLLEGE  
of CARDIOLOGY®**

February 1, 2023

The Honorable Melony Griffith  
Chair, Finance Committee  
Via email: [melony.griffith@senate.state.md.us](mailto:melony.griffith@senate.state.md.us)

**RE: SUPPORT FOR SB 299 AED PLACEMENT**

Dear Senator Griffith:

I am writing to you to encourage you to pass HB288, the bill that would require certain owners and operators of food service facilities to have an automatic external defibrillator (AED) program in place. As the President of the Maryland Chapter of the American College of Cardiology, a society of just over 1000 cardiovascular specialists from all over the state, we strongly support this bill that will help save lives.

AEDs in community settings have been proven to be of great value – all of us vividly saw the impact on an NFL field only a few weeks ago. In Damar Hamlin’s cardiac arrest, timely resuscitation can help in preventing cardiovascular death and can restore circulation while CPR is performed. Timely resuscitation and shocking of treatable rhythms can help in any case- in malls, in restaurants, in schools etc. Damar made a complete recovery and his life was saved as CPR was performed. The same can be true for potential sudden cardiac arrest patients our state.

In closing I again strongly urge you to support SB 299. Should you have any questions or need additional information, please reach out.

Sincerely,

Garima Sharma, MBBS, FACC  
President

**SB 299\_RestaurantAssoc\_Thompson\_UNFAVORABLE.pdf**

Uploaded by: Melvin Thompson

Position: UNF





## 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

# **SB299\_Updated Testimony\_Restaurant Assoc\_OPPOSE**

Uploaded by: Melvin Thompson

Position: UNF



## SENATE BILL 299

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

March 10, 2023

**Position: OPPOSE**

Dear Senate Finance Committee:

As we shared during the hearing on Senate Bill 299, we strongly oppose legislation that would require Automated External Defibrillators (AEDs) at restaurants/foodservice facilities. We hear that amendments to SB 299 may be offered to increase the annual gross income threshold, among other changes. Notwithstanding any amendments, if this legislation remains a mandate, we will continue to oppose it. The relatively low incidence of cardiac arrests at restaurants does not justify the potential cost of this proposed mandate on our industry.

We support [Senate Bill 624](#), which would provide a \$500 nonrefundable State tax credit for restaurants that voluntarily purchase an AED. We appreciate the tax credit incentive approach of Senate Bill 624 instead of a mandate.

As the restaurant industry continues to recover from the pandemic amid record inflation, ongoing supply chain issues and growing labor costs, we are concerned that Senate Bill 299 will add a business cost that the related facts simply do not support.

The 2017 Maryland Institute for Emergency Medical Services Systems (MIEMSS) [Report to the Maryland General Assembly](#) shows that 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. 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 (locations are ranked from highest to lowest).

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 similar 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 \$1,700 per device, such a mandate would be a significant cost to restaurants, especially given the low probability of use. Such a mandate on restaurants is unprecedented nationwide. We could find no other states with such an AED requirement specifically for restaurants/food service facilities.

For these reasons, we urge you to reject Senate Bill 299 and to support Senate Bill 624 instead.

Sincerely,

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

**SB299\_MAPDA\_unf (2023).pdf**

Uploaded by: Mike O'Halloran

Position: UNF



Mid-Atlantic Petroleum Distributors Association  
P.O. Box 711 ★ Annapolis, MD 21404  
410-693-2226 ★ www.mapda.com

TO: Senate Finance Committee

FROM: Mid-Atlantic Petroleum Distributors Association (MAPDA)

DATE: February 16, 2023

RE: **OPPOSE SENATE BILL 299** – Food Service Facilities – Automated External Defibrillator Program

Since 1946, MAPDA has been the association for convenience stores and energy distributors. Through gas, coffee, food, heating oil, and propane, our members feed and fuel Maryland, Delaware, and the District of Columbia's economies.

On behalf of Maryland's convenience stores and energy distributors, MAPDA opposes SB299 – legislation that would require the owner and operator of a food service facility to develop and implement an automated external defibrillator (AED) program.

The General Assembly established the Maryland Public Access AED Program in 1999. The voluntary program allows businesses to make AEDs available to victims of sudden cardiac arrest. To participate, businesses are required to maintain registration with the Maryland Institute for Emergency Medical Services Systems (MIEMSS). There are also inspection, training, and certification requirements.

The goal of the legislation is clearly laudable. But making it mandatory for these food service facilities places regulatory and financial burdens on these businesses. There's also a serious concern about the assumed liability of the program. The current model of a voluntary program is better suited for the business community.

For these reasons, MAPDA respectfully opposes SB299 and **requests an unfavorable committee report.**

**Feeding and fueling the economy through gas, coffee, food, heating oil and propane.**

MAPDA is an association of convenience stores and energy distributors in Maryland, Delaware & the District of Columbia.

**SB0299\_UNF\_MSLBA\_Food Serv. Fac. - Auto. External**

Uploaded by: Steve Wise

Position: UNF



**MARYLAND STATE  
LICENSED BEVERAGE ASSOCIATION**

150 E Main Street, Suite 104, Westminster, MD 21157

TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Benjamin F. Kramer

FROM: J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman  
Andrew G. Vetter  
410-244-7000

DATE: February 16, 2023

RE: **OPPOSE** – Senate Bill 299 – *Food Service Facilities – Automated External Defibrillator Program*  
(*Joe Sheya Act*)

---

The Maryland State Licensed Beverage Association (MSLBA), which consists of approximately 800 Maryland businesses holding alcoholic beverage licenses (restaurants, bars, taverns and package stores), **opposes** Senate Bill 299.

Senate Bill 299 requires food service facilities to obtain an automated external defibrillator (AED) and be certified by the Public Access Automated External Defibrillator Program by January 1, 2025. The Program requires a certificate be obtained by any facility in the Program, that maintenance be performed on the AED, and that each individual who is expected to operate the AED receive a training course and maintain refresher training.

In 2017, Senate Bill 427 was introduced and was very similar to the current legislation, however it was heavily amended by the General Assembly to direct the Maryland Institute for Emergency Medical Service Systems (MIEMSS) to conduct a study to help determine the most effective locations for placement of AEDs. The study looked at the locations of sudden cardiac arrest in the State and found that only 1% of all out-of-hospital cardiac arrests occurred in restaurants during the 2.5-year period studied. The rate of arrest per restaurant per year was .0023, making a person less likely to suffer from sudden cardiac arrest in a restaurant than many, many other locations studied by MIEMSS. This raises the question of why restaurants are singled out in Senate Bill 299.

The costs of purchasing the AED (which ranges between \$1,000 and \$1,600) and the recurring costs of maintenance and training are significant. A restaurant would need to ensure that at least one person on each shift has been trained and received refresher training to operate the AED. We believe the proper way for the State to address this issue is through incentives to maintain AEDs, such as the tax credit established in Senate Bill 624, rather than through a mandate.

MSLBA does not believe the data supports such a costly mandate, and therefore opposes Senate Bill 299.

**2 - X- SB 299 - FIN - MDH - LOI.pdf**

Uploaded by: State of Maryland (MD)

Position: INFO





## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 16, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SB 299 – Food Service Facilities - Automated External Defibrillator Program (Joe Sheya Act) – Letter of Information**

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 299 – Food Service Facilities - Automated External Defibrillator Program (Joe Sheya Act). This bill requires the owner and operator of a qualifying food service facility to develop and, beginning January 1, 2025, implement an automated external defibrillator (AED) program. This bill will require MDH and the Maryland Institute for Emergency Medical Services Systems to jointly adopt regulations that: (1) establish guidelines for inspections and annual maintenance of AEDs, and (2) assist the owners and operators of food service facilities subject to this requirement in implementing AED programs in their facilities.

MDH considers a reduction in mortality from heart disease a top priority. Additionally, the State Health Improvement Process identified a reduction in age-adjusted mortality rate as one of its objectives. AEDs play a vital role in the continuum of health care efforts to reduce mortality due to heart disease. An increasing number of businesses and facilities have established AED programs. To note, MDH does not have data on: (1) how many people experience cardiac events in food service facilities, (2) how many food service facilities meet the size criteria established in this bill, or (3) how many of these food service facilities may already have an AED program in place.

MDH has previous experience in implementing legislation similar to SB 299 for swimming pools, and is able to absorb any operational impact resulting from the development and implementation of regulations for food service facilities. The responsibility for inspection of food service facilities will continue to rest with local health departments.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.  
Secretary

# **SB 299\_Food Service Facilities\_AEDs\_MIEMSS\_Letter**

Uploaded by: Theodore Delbridge

Position: INFO



*State of Maryland*  
**Maryland Institute for Emergency Medical Services Systems**

Wes Moore  
Governor

Clay B. Stamp  
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH  
Executive Director

February 15, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
Annapolis, Maryland 21401

**Re: SB 299: Food Service Facilities – Automated External Defibrillator Program– Letter of Information**

Dear Chair Griffith:

I am writing to provide you with information that may be helpful as the Committee considers SB 299 which will require certain food service facilities to develop an automated external defibrillator (AED) program that meets the requirements of Maryland's Public Access AED Program, codified at §13-517 of the Education Article.

By statute, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) administers Maryland's Public Access AED Program. The statute requires non-healthcare facilities that place AEDs on their premises to meet certain requirements (see COMAR 30.06), including registration with MIEMSS. Registered facilities in compliance with the requirements are immune from civil liability for acts or omissions in the provision of AED.

Facilities register with MIEMSS through the online Maryland AED registry ([www.marylandaedregistry.com](http://www.marylandaedregistry.com)). Currently, in Maryland, there are 15,528 AEDs in 9,226 locations, with thousands of individuals trained in cardiopulmonary resuscitation (CPR) and AED use. Registered users can receive automated notifications regarding battery and electrode expirations, program renewals, and AED recalls. The registry also integrates with AED Link, an application that displays all registered AEDs within a certain jurisdiction without having to manually enter site addresses.

During FY22, there were 1,138 instances of AED use reported to MIEMSS. In 263 of these incidents (23.1%), the patient had a return of pulse at EMS arrival, during EMS arrival, or during EMS transports. Of all the cardiac arrests, 612 were witnessed, and 191 of those witnessed arrests regained a pulse at the time of EMS arrival, for a 31.2% save rate for witnessed cardiac arrests.

In 2017, as requested by the General Assembly, MIEMSS conducted a study to determine locations where AEDs could be most beneficial. The locations with the highest rate of cardiac arrest were BWI Thurgood Marshall Airport and skilled nursing facilities. The remaining rates at identified locations were significantly less and apparently randomly distributed across location types. The results of this study compared similarly with data provided in a similar study that MIEMSS had conducted for the General Assembly in 2007.

MIEMSS concluded that AEDs may be considered for placement in high traffic areas where large numbers of people are present for significant periods of time, or in locations where individuals at high risk may be present. While cardiac arrest can occur at any age, risk of cardiac arrest increases with age, especially after age 50 and in individuals who have suffered a previous cardiac arrest or who have been diagnosed with conditions that may trigger an event.

I hope that you find this information helpful as you consider SB 299. Please let me know if you have any questions or if I may provide you with any further information.

Sincerely,

Theodore R. Delbridge, MD, MPH  
Executive Director