



HOUSE BILL 288
Food Service Facilities - Automated External Defibrillator Program (Joe Sheya Act)

March 10, 2023

Position: OPPOSE

Dear Health and Government Operations Committee:

As we shared during the hearing on House Bill 288, we strongly oppose legislation that would require Automated External Defibrillators (AEDs) at restaurants/foodservice facilities. We hear that amendments to HB 288 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 [House Bill 1074](#), which would provide a \$500 nonrefundable State tax credit for restaurants that voluntarily purchase an AED. We appreciate the tax credit incentive approach of House Bill 1074 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 House Bill 288 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 House Bill 288 and to support House Bill 1074 instead.

Sincerely,

A handwritten signature in black ink that reads "Melvin R. Thompson" with a long, sweeping underline.

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