



**MARYLAND STATE  
LICENSED BEVERAGE ASSOCIATION**

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

TO: The Honorable Joseline A. Pena-Melnyk, Chair  
Members, House Health and Government Operations Committee  
The Honorable Bonnie Cullison

FROM: J. Steven Wise  
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DATE: February 14, 2023

RE: **OPPOSE** – House Bill 288 – *Food Service Facilities – Automated External Defibrillator Program*  
(*Joe Sheya Act*)

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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** House Bill 288.

House Bill 288 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, House Bill 522 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 House Bill 288.

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 House Bill 1074, rather than through a mandate.

MSLBA does not believe the data supports such a costly mandate, and therefore opposes House Bill 288.