



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 10, 2023

The Honorable Joseline A. Pena-Melnyk
Chair, House Health & Government Operations Committee
Annapolis, Maryland 21401

Re: HB 288: Food Service Facilities – Automated External Defibrillator Program– Letter of Information

Dear Chairman Pena-Melnyk:

I am writing to provide you with information that may be helpful as the Committee considers HB 288 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). 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 HB 288. 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