



Maryland Chiefs of Police Association

Maryland Sheriffs' Association



MEMORANDUM

TO: The Honorable Sandy Bartlett, Chair and
Members of the House Judiciary Committee

FROM: Darren Popkin, Executive Director, MCPA-MSA Joint Legislative Committee
Andrea Mansfield, Representative, MCPA-MSA Joint Legislative Committee
Samira A. Jackson, Representative, MCPA-MSA Joint Legislative Committee

DATE: February 24, 2026

RE: **HB 32 – Local Law Enforcement Vehicles - Requirements - Automated External Defibrillators**

POSITION: **OPPOSE**

The Maryland Chiefs of Police Association (MCPA) and the Maryland Sheriffs' Association (MSA) respectfully **OPPOSE** HB 32. We strongly respect the intent of this legislation and acknowledge the life-saving potential of automated external defibrillators (AEDs). We are not opposed to AEDs in principle, and many agencies have already invested in them where feasible through grant funding and other limited resources.

However, HB 32 would require every local law enforcement vehicle to carry an AED and for the agency to maintain the functionality of those devices. While well-intentioned, this proposal would impose a significant and unfunded fiscal mandate on law enforcement agencies across Maryland, regardless of size. From a fiscal standpoint, the costs associated with AED deployment extend well beyond the initial purchase price. Modern AED units can cost up to just shy of **\$4,000 per device**, depending on the model and required features. In addition, agencies must budget for recurring replacement supplies. Electrode pads alone can cost anywhere from **\$50 to \$200**, while infant and child pads range from approximately **\$75 to \$230**. AED batteries also require full replacement rather than repair, and replacement batteries typically cost **\$300 to \$500** per unit. These ongoing maintenance and replacement obligations make AED implementation a continuing expense rather than a one-time purchase.

For larger departments operating fleets of hundreds or even over a thousand vehicles, the total cost of compliance could reach several million dollars. Smaller agencies, many of which operate with extremely limited budgets, would similarly struggle to absorb the expense of equipping even a few vehicles while maintaining required replacement parts over time.

While AEDs are undeniably useful and effective, this bill does not provide a dedicated funding source to support implementation. Without State funding or grant assistance, this mandate would be financially impossible for many agencies to meet and would divert resources away from other critical public safety needs. For these reasons, MCPA and MSA **OPPOSE** HB 32 and respectfully request an **UNFAVORABLE** committee review.

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