

**Department of Legislative Services**  
 Maryland General Assembly  
 2014 Session

**FISCAL AND POLICY NOTE**

House Bill 1248 (Delegate Hucker, *et al.*)  
 Health and Government Operations

**Swimming Pools - Automated External Defibrillator Programs**

This bill requires specified owners and operators of certain swimming pools to develop and implement an automated external defibrillator (AED) program. The Department of Health and Mental Hygiene (DHMH) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) must jointly adopt regulations that (1) establish guidelines for periodic inspections and annual maintenance of AEDs and (2) assist swimming pool owners and operators in carrying out the bill’s provisions.

**Fiscal Summary**

**State Effect:** Maryland Emergency Medical System Operations Fund (MEMSOF) expenditures increase by \$54,000 in FY 2015 for MIEMSS to hire one full-time administrator to assist with the application and renewal process. Future year expenditures reflect annualization and inflation. Additional State expenditures cannot be reliably estimated at this time but are likely to be minimal, as discussed below. Revenues are not affected.

(in dollars)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	54,000	68,200	71,400	74,800	78,300
Net Effect	(\$54,000)	(\$68,200)	(\$71,400)	(\$74,800)	(\$78,300)

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect*

**Local Effect:** No material fiscal impact, local health departments can handle enforcement with existing resources during regular pool inspection visits.

**Small Business Effect:** Potential meaningful.

## Analysis

**Bill Summary:** “Swimming pool” means a pool that is (1) open for general admission to the public; (2) provided as the owner’s primary business or the facility’s primary purpose; (3) provided by or used by a youth camp, college, university, school, country club, water park, amusement park, or water recreational attraction; or (4) used for swimming lessons, water safety instruction, or swimming competitions. “Swimming pool” does not mean a pool that is located on residential property or at a facility intended for the use of individuals staying at the facility (including a hotel or motel).

The AED program required under the bill must include provisions ensuring that (1) an AED is provided on-site and (2) an individual trained in the operation and use of an AED is present at each swimming pool.

**Current Law/Background:** Chapter 167 of 1999, which created the AED program, authorizes a facility to make AEDs available to victims of sudden cardiac arrest. The program is administered by the Emergency Medical Services Board, which certifies facilities to operate AEDs. A certificate is valid for three years and is not required for a health care facility, a licensed commercial ambulance service, or a jurisdictional emergency medical service. The board formerly set fees for certificates for other AED program services to approximate program costs, but program fees were eliminated by Chapter 593 of 2008.

Chapter 349 of 2007 required MIEMSS, in consultation with stakeholders, to study whether AEDs should be provided on-site at swimming pools in the State. MIEMSS was tasked to examine (1) which swimming pools should be required to provide AEDs; (2) whether the presence of individuals trained in the use of AEDs should be required at swimming pools; and (3) the safety of providing an AED at swimming pools. MIEMSS also had to recommend other locations that should be required to have AEDs.

In December 2007, MIEMSS submitted its AED report, which categorized locations into those considered to be high-, intermediate-, or low-risk. MIEMSS recommended that high-risk locations (including hospitals, enclosed malls, and racetracks) have AED availability. MIEMSS further recommended that intermediate-risk locations (including sports stadiums, amusement parks, and golf courses) be *considered* as locations for AEDs. With respect to low-risk locations (including swimming pools, restaurants, and churches), MIEMSS recommended only *voluntary* placement of AEDs.

Most recently, Chapter 107 of 2013 required a swimming pool owned or operated by the governing body of a county or municipality to ensure that an AED is on-site and that an individual trained in the operation and use of the AED be on-site at each pool. DHMH and MIEMSS were charged with developing regulations that (1) establish guidelines for

periodic inspections and annual maintenance of AEDs and (2) assist swimming pool owners and operators in carrying out the bill’s provisions. DHMH and MIEMSS recently published regulations, as required by Chapter 107, that require local governments to install AEDs within the pool barrier of all swimming pools that are owned or operated by counties or municipalities. These regulations were published in the *Maryland Register* February 7, 2014, but are not yet in effect.

Most AEDs are about the size of a laptop computer. They analyze a cardiac arrest victim’s cardiac rhythm; charge to an appropriate energy level; and deliver an electric charge, as directed by the operator, through adhesive pads placed on the victim’s chest. According to DHMH, AED units generally cost between \$1,200 and \$2,000.

The American Red Cross of Central Maryland offers on-site AED operation training. The cost of an AED training course ranges from \$70 to \$110 per person.

The American Heart Association (AHA) advises AED placement in all emergency medical services first-response vehicles and targeted public areas such as sports arenas, gated communities, office complexes, doctor’s offices, and shopping malls. If an AED is placed in a business or facility, AHA recommends that (1) a local emergency medical services office be notified; (2) a licensed physician or medical authority provide medical oversight; and (3) the individuals responsible for using the AED be properly trained.

DHMH advises that in 2014, 485 community swimming pools have an active AED program registered with MIEMSS. DHMH further advises that a survey completed by the department in 2007 indicated that there were approximately 2,900 swimming pools in the State that were either public or semi-public.

**State Expenditures:** Since the number of additional AED program applicants under the bill is expected to be significant, MIEMSS advises – and the Department of Legislative Services concurs – that one new position is necessary to implement the bill. Thus, MEMSOF expenditures increase by \$54,036 in fiscal 2015 to hire one full-time administrator to handle additional AED program applications. The estimate accounts for the bill’s October 1, 2014 effective date and includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	1
Salary and Fringe Benefits	\$49,231
One-time Start-up Costs	4,370
Ongoing Operating Expenses	<u>435</u>
<b>Total FY 2014 State Expenditures</b>	<b>\$54,036</b>

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses. To the extent that the volume of certifications is relatively low, staff support for the program may be able to be reduced correspondingly.

General and/or special fund expenditures also increase for any State agencies that own or operate swimming pools and must purchase AED equipment and employ AED-certified staff. The number of swimming pools owned or operated by the State – and how many of these are already in compliance with the bill’s requirements – is unknown. However, the Department of Natural Resources (DNR), the University System of Maryland, and the Maryland State Department of Education all anticipate minimal or no fiscal or operational impact as a result of the bill. (Both swimming pools operated by DNR are already in compliance with the bill’s requirements.) Thus, any additional increase in State expenditures under the bill is likely to be minimal.

DHMH and MIEMSS can adopt additional regulations with existing resources.

**Small Business Effect:** Expenditures increase for swimming pool owners and operators that are considered small businesses and must purchase an AED, provide employee training, and ensure that at least one employee with the training is on-site at all times. Expenditures could increase by approximately \$2,500 per pool in fiscal 2015 to purchase an AED and train at least three people per pool to operate AEDs. Future year expenditures are likely to be at least \$350 per pool annually thereafter for continuing maintenance and staff training. These estimates are based on the average cost of an AED and classes provided by the American Red Cross.

---

### **Additional Information**

**Prior Introductions:** As introduced, HB 364 of 2013 included the provisions in this bill, however, it was amended to apply only to local governments and municipalities and was enacted as Chapter 107. SB 990 of 2011, a bill which also incorporated similar provisions, was referred to the Senate Rules Committee, but no further action was taken. SB 330 of 2008, another bill with similar provisions received a hearing in the Senate Finance Committee, but no further action was taken.

**Cross File:** None.

**Information Source(s):** Department of Natural Resources, Maryland State Department of Education, Maryland Institute for Emergency Medical Services Systems, Maryland Higher Education Commission, Department of Health and Mental Hygiene, Morgan State University, University System of Maryland, Department of Legislative Services

**Fiscal Note History:** First Reader - February 28, 2014  
ncs/ljm

---

Analysis by: Kathleen P. Kennedy

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510