



State of Maryland
Maryland Institute for Emergency Medical Services Systems

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Chairman, EMS Board

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March 24, 2023

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

Re: SB 299: Grocery Stores and Restaurants – Automated External Defibrillator Program – Letter of Information

Dear Chairman Pena-Melnyk:

I am writing to provide information that may be helpful as the Committee considers SB 299. As amended in the Senate, the bill requires certain restaurants and grocery stores to have Automated External Defibrillators (AEDs), but also exempts those entities from Maryland's AED Program (Ed Art. 13-517). Maryland's AED Program, implemented in 1999, encourages non-healthcare facilities to place AEDs on their premises and requires that these entities register with MIEMSS and meet other program requirements. Registered facilities in compliance with the requirements are immune from civil liability for acts or omissions in the provision of AED. Currently, there are 15,528 AEDs in 9,226 Maryland locations, and thousands of individuals have been trained in CPR and AED use.

As the Committee considers SB 299, it may wish to consider adding language to the bill that would enable restaurants and grocery stores to comply with these components of the AED Program as follows.

- **AED Registration** – Registration with the AED Program enables the 9-1-1 call centers to be alerted that an AED has been placed at a certain location so that 9-1-1 dispatch systems can advise a caller during an emergency that there is an AED on premises. Registration also enables the AED Program to send periodic reminders to restaurants and grocery stores to replace expired AED batteries and check AED pads, as well as to send any notices of AED device recalls. Registration also enables MIEMSS to compile data on the number and location of AEDs statewide which helps in public health and EMS emergency planning.
- **AED Use Reporting** – Reporting to MIEMSS that an AED has been used during a sudden cardiac arrest enables MIEMSS to determine the State's layperson AED usage success rate and also to provide quality improvement feedback to the entity on AED usage. Without use reporting, the rates of rates of cardiac arrests at those locations will be unknown. MIEMSS periodically reviews data on sudden cardiac arrests and provide analysis to policy makers and health care practitioners.
- **CPR / AED Training** – The AED Program established minimal training requirements to cover CPR and AED of *expected users* which does not preclude non-trained staff or members of the general public from using the AED. "Expected users" is facility-defined. MIEMSS believes it is important to have least one person who has the knowledge and skills, through modest training, to deploy the technology effectively (i.e., a leader) and to know how to render aid should the AED fail. We believe AEDs are an adjunct to basic life support and CPR, not a replacement.

I hope you find this information helpful. We would look forward to working with the Committee to craft amendments to SB 299 to address these areas. Thank you.

Sincerely,

Theodore R. Delbridge, MD MPH

Cc: Patricia S. Gainer, JD, MPA
Lisa Myers, RN, MS