HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 647 w/CS Multiservice Senior Centers
SPONSOR(S): Anderson & Others
TIED BILLS: None. **IDEN./SIM. BILLS:** CS/CS/SB 1748

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Elder Affairs & Long Term Care (Sub)	6 Y, 0 N	Meyer	Liem
2) Future of Florida's Families	15 Y, 0 N w/CS	Meyer	Liem
3) Health Appropriations (Sub)	10 Y, 0 N	Massengale	Massengale
4) Appropriations		Massengale	Baker
5)			

SUMMARY ANALYSIS

The bill revises the definition of multiservice senior center to more closely parallel the definition in the federal Older Americans Act. The bill encourages multiservice senior centers to have an automated external defibrillator (AED) in each center. The bill requires training of staff, registration of the location of the device with the appropriate county office, and provides immunity from liability under the Good Samaritan Act and the Cardiac Arrest Survival Act for persons who use the AED.

The bill appropriates $270,000 to the Department of Elderly Affairs (DOEA) to purchase AEDs. The department is directed to distribute the equipment to multiservice senior centers in the order in which they are requested and limits one AED to each center. Senior centers, except those in rural areas, are to reimburse the department for fifty percent of the cost.

The bill grants rulemaking authority to DOEA. This act takes effect upon becoming law.

On April 2, 2004, the Subcommittee on Health Appropriations adopted a strike-all amendment to recoomend the following changes:

- Reduced the appropriation from $270,000 to $240,000, and changed the source of the appropriation from the General Revenue Fund to the Administrative Trust Fund.
- Removed the date by which multiservice senior centers are encouraged to have automated external defibrillators.
- Changed the registration of the location of the defibrillators from the “appropriate county office” to the “local emergency medical services medical director.”

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

1. Reduce government?	Yes[]	No[]	N/A[x]
2. Lower taxes?	Yes[]	No[]	N/A[x]
3. Expand individual freedom?	Yes[]	No[]	N/A[x]
4. Increase personal responsibility?	Yes[]	No[]	N/A[x]
5. Empower families?	Yes[]	No[]	N/A[x]

For any principle that received a “no” above, please explain:

B. EFFECT OF PROPOSED CHANGES:

The bill revises the definition of multiservice senior center to more closely parallel the definition in the federal Older Americans Act. The bill encourages multiservice senior centers to have an automated external defibrillator (AED) in each center. The bill requires training of staff, registration of the location of the device with the appropriate county office, and provides immunity from liability under the Good Samaritan Act and the Cardiac Arrest Survival Act for persons who use the AED.

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Cardiac Arrest
Sudden cardiac arrest is usually caused by a condition called ventricular fibrillation. This is a condition where the normal flow of electrical impulses in the heart is disturbed, and the heart muscle is not contracting in a coordinated way. Ventricular fibrillation is often caused by an acute constriction of the coronary artery that disrupts blood flow to the heart muscle and disturbs the electrical activity of the heart.

When a person's heart goes into ventricular fibrillation, the heart (usually) must be restarted through defibrillation within a matter of minutes, or the person will die. Some authorities indicate that a victim's chance of survival decreases as much as 10 percent with each minute that passes before his or her heart is returned to normal rhythm. Cardiopulmonary resuscitation (CPR) can be used to pump blood through the body but (usually) will not restart the heart. However, CPR is usually an essential component of any emergency response in the field.

Prevalence
Each year in the Unites States, sudden cardiac arrest strikes more than 350,000 people, making it the single leading cause of death. Because of the unexpectedness with which sudden cardiac arrest strikes, most victims die before reaching a hospital. Currently, the chances of surviving sudden cardiac arrest are less than 1 in 20. According to the American Heart Association (AHA), 95 percent of persons who experience a sudden heart attack will die.

Advances in medical technology resulted in the development of the semi-automatic and the automatic external defibrillator (AED). An AED can analyze the electrical current coming from the heart of the victim and determine if the heart is fibrillating or if the heart has a "reasonable beat," but is contracting weakly. If the heart is fibrillating, the AED will automatically pass a current through the heart. Theoretically, these devices will not allow a patient to be “shocked” unless the heart is in ventricular

fibrillation. The American Heart Association provides this guidance related for organizations that wish to provide an AED.

Any person or entity wanting to buy an AED must first get a prescription from a physician. The AED should be placed in use within a defibrillation program that includes these elements:

- Training of all users in CPR and operation of an AED (AHA Heartsaver AED course).
- Physician oversight to ensure appropriate maintenance and use of the AED.
- Notification to local emergency medical services (EMS) of type and location of AED.

1990 Legislation
Based on the development of AED technology and in an effort to reduce the death rate associated with sudden cardiac arrest, the Legislature enacted s. 401.291, F.S., in 1990. This law broadened the list of persons authorized to use an AED to include "first responders." First responders included police officers, firefighters, and citizens who are trained as part of locally coordinated emergency medical services response teams. At that time, to use an AED, a first responder had to meet specific training requirements, including:

- Certification in CPR.
  OR
- Successful completion of an eight hour basic first aid course that included CPR training.
- Demonstrated proficiency in the use of an automatic or semiautomatic defibrillator.
- Successful completion of at least six hours of training, in at least two sessions, in the use of an AED.

The local EMS medical director or another physician authorized by the medical director was required to authorize the use of an AED by a first responder in each instance.

The enactment of the 1990 law to expand the use of an AED to first responders had little impact on increasing the availability of automatic external defibrillators and on reducing the death rate from sudden cardiac arrest in Florida. Some argued that the training requirements were too stringent for the evolving technology.

Deregulating AED
Representatives of the American Heart Association argued that the 1990 changes were inadequate and proposed expanding the list of persons who were authorized to use an AED to include persons who met minimum training requirements, but who are members of an emergency medical services response team.

Chapter 97-34, Laws of Florida, accomplished this expansion by deregulating the use of an AED by repealing section 401.291, F.S., and specifying legislative intent that an AED may be used by any person for the purpose of saving the life of another person in cardiac arrest.

The bill required users of an AED to successfully complete an appropriate training course in CPR, or a basic first aid course that includes CPR, and to demonstrate proficiency in the use of an AED. In addition, the bill specified that any person or entity in possession of an AED was ***encouraged*** to register the device with the local EMS medical director, and any person who used an AED was required to activate the EMS system as soon as possible.

Florida Law and Liability
Part I of chapter 768, F.S., provides the state's general negligence law. Section 768.13, F.S., is the "Good Samaritan Act."

This act provides immunity from liability for those rendering gratuitous services under emergency circumstances, as specified, when such services meet the reasonably prudent person standard. Chapter 97-34, Laws of Florida, also amended the "Good Samaritan Act" to provide immunity from civil liability to any person who renders emergency care or treatment through the use of or provision of an AED (section 768.13(4), F.S.).

Relevant Federal Law
On November 16, 2000, President Clinton signed into law the Cardiac Arrest Survival Act (HR 2498). The law directed that AED devices be placed in federal buildings. The law also provided nationwide Good Samaritan protection that exempts from liability anyone who renders emergency treatment with an AED to save someone's life.

Also signed into law as part of that same enactment was the Rural Access to Emergency Devices Act (SF 2528), which authorizes $25 million in federal funds to help rural communities purchase automatic external defibrillators and train lay rescuers. The federal law also states that: “(w)ith respect to a class of persons for which this section provides immunity from civil liability, this section supercedes the law of the state only to the extent that in such class the immunity for civil liability arising from the use of such persons of (AED) devices in emergency situations (within the meaning of the state law or regulation involved).”

C. SECTION DIRECTORY:

Section 1. Amends section 430.203(10), F.S., revising the definition of the term “multiservice senior center.”

Section 2. Creates subsection (3) of section 430.206, F.S., encouraging each multiservice senior center to have on the premises at all times a functioning AED device; requires that center staff be trained and that the location of the AED must be registered with the county; provides protection from liability for persons who use the AED; and grants rulemaking authority to DOEA.

Section 3. Provides an appropriation of $270,000 to the Department of Elderly Affairs for the purchase of AEDs; authorizes the department to purchase the equipment and to distribute in the order in which they are requested; and requires the centers to reimburse the department for 50 percent of the cost of the AED, except for centers in rural areas, which do not have to reimburse the department.

Section 4. This act shall take effect upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   No revenues are generated by this bill.

2. Expenditures:

   The bill provides an appropriation of $270,000 from General Revenue to the Department of Elderly Affairs.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   No revenues are specifically directed for local governments.

2. Expenditures:

None are required.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Multiservice senior centers in rural areas do not have to reimburse the department for the cost of the AED, but other centers must reimburse the department for 50 percent of the cost of the AED. Estimates are that this equipment costs approximately $3,000 for each device.

D. FISCAL COMMENTS:

The National Center for Early Defibrillation counsels groups interested in establishing an AED program to plan on each device lasting about five years and to plan for other costs, including:

- Peripheral equipment (about $75 per device).
- Maintenance (about $100 per device).
- Insurance (variable).
- Training costs (variable: includes personnel and equipment).
- Program management costs (variable).
- Quality assurance tools (variable).
- Community-wide CPR training (variable).

Local governments that qualify as "rural" may seek funding with a Multiservice Senior Center to purchase an AED.

The following Florida counties meet the required definition of "rural" for these purposes: Baker, Bradford, Calhoun, Columbia, DeSoto, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Jackson, Jefferson, Lafayette, Levy, Liberty, Madison, Nassau, Okeechobee, Putnam, Sumter, Suwannee, Taylor, Union, Wakulla, Walton, and Washington.

The U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA), has posted this information on their web site:

> Congress has appropriated $9 million for the FY 2004 RAED Grants. To apply for a Rural Access to Emergency Devices (RAED) Grant you must request the full application package from the HRSA Grants Application Center, 1-877-HRSA123 (1-877-477-2123), or via email at **hrsagac@hrsa.gov**. Application packages should be available around March 1, 2004.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This legislation does not require counties or municipalities to spend funds or to take action requiring the expenditure of funds. The legislation does not reduce the percentage of a state tax shared with counties or municipalities. Finally, the legislation does not reduce the authority that municipalities have to raise revenues.

2. Other:

   None

B. RULEMAKING AUTHORITY:

The Department of Elderly Affairs is granted rulemaking authority in the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

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