

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Care Committee

BILL: SB 2112

SPONSOR: Senator Rich

SUBJECT: Emergency Medical Services

DATE: April 15, 2005

REVISED: 04/20/05

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Munroe	Wilson	HE	Fav/1 amendment
2.		CA	
3.		HA	
4.			
5.			
6.			

Please see last section for Summary of Amendments

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Technical amendments were recommended

☒

Amendments were recommended

☐

Significant amendments were recommended

I. Summary:

The bill provides the Department of Health (DOH) authority to award emergency medical services grants to youth athletic organizations and allows individual boards of county commissioners to distribute county emergency medical services grant funds to youth athletic organizations. The bill defines “youth athletic organization” as a private not-for-profit organization that promotes and provides organized athletic activities to youth. “Automated external defibrillator device” is defined to have the same meaning as the term is defined in the Cardiac Arrest Survival Act.

This bill amends sections 401.107, 401.111, and 401.113, Florida Statutes:

II. Present Situation:

Automated External Defibrillators

The American Heart Association (AHA) provides the following description of cardiac arrest:

“Cardiac arrest is the sudden, abrupt loss of heart function. The victim may or may not have diagnosed heart disease...Sudden death (also called sudden cardiac death) occurs within minutes after symptoms appear.”¹

Time is of the essence in responding to cardiac arrest because brain death begins in just 4 to 6 minutes. Cardiac arrest can be reversed if it is treated within a few minutes with an electric shock to the heart to restore a normal heartbeat—a procedure known as *defibrillation*. According to AHA, a victim's chances of survival are reduced by 7 to 10 percent with every minute that passes without defibrillation, and few attempts at resuscitation succeed after 10 minutes have elapsed.

An automated external defibrillator (AED) is an electronic device that can shock a person's heart back into rhythm when he or she is having a cardiac arrest. According to AHA, with early defibrillation of a person in cardiac arrest, the person's possibility of survival jumps to more than 50 percent.

Section 401.2915, F.S., provides the minimum training requirements for an individual who intends to use an AED in cases of cardiac arrest, as follows:

- A person must obtain appropriate training, to include completion of a course in cardiopulmonary resuscitation or successful completion of a basic first aid course that includes cardiopulmonary resuscitation training, and demonstrated proficiency in the use of an AED;
- A person or entity in possession of an AED is encouraged to register with the local emergency medical services medical director the existence and location of the AED; and
- A person who uses an AED is required to activate the emergency medical services system as soon as possible upon use of the AED.

The section does not provide statutory definitions or minimum capabilities for such a device to be deemed an AED.

Immunity Under the Cardiac Arrest Survival Act

Section 768.1325, F.S., the Cardiac Arrest Survival Act, provides immunity from liability for a person who uses or attempts to use an AED in a perceived medical emergency. The immunity provided under s. 768.1325, F.S., to persons using or attempting to use an AED does not apply to any harm that was due to the failure of the acquirer of the device to:

- Notify the local emergency medical services medical director of the most recent placement of the AED within a reasonable period of time after the AED is placed;
- Properly maintain and test the AED; or
- Provide appropriate training in the use of the AED to an employee or agent of the acquirer when the employee or agent was the person who used the AED on the victim, except such requirement of training does not apply if: the employee or agent was not an employee or agent who would have been reasonably expected to use the AED; or the period of time

¹ See definition of “cardiac arrest” at <http://www.americanheart.org/presenter.jhtml?identifier=4481>.

elapsing between the engagement of the person as an employee or agent and the occurrence of the harm, or between the acquisition of the AED and the occurrence of the harm in any case in which the AED was acquired after engagement of the employee or agent, was not a reasonably sufficient period in which to provide the training.

The immunity under s. 768.1325, F.S., does not apply to a person if:

- The harm involved was caused by that person's willful or criminal misconduct, gross negligence, reckless disregard or misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed;
- The person is a licensed or certified health professional who used the AED while acting within the scope of the license or certification of the health professional and within the scope of the employment or agency of the professional;
- The person is a hospital, clinic, or other entity whose primary purpose is providing health care directly to patients, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent;
- The person is an acquirer of the AED who leased the device to a health care entity, or who otherwise provided the AED to such entity for compensation without selling the device to the entity, and the harm was caused by an employee or agent of the entity who used the AED while acting within the scope of the employment or agency of the employee or agent; or
- The person is the manufacturer of the AED.

Emergency Medical Services Grant Program

Part II, Chapter 401, F.S., specifies requirements for emergency medical services grants. The part provides definitions. "Emergency medical services" is defined to mean the activities or services to prevent or treat a sudden critical illness or injury and to provide emergency medical care and prehospital emergency medical transportation to sick, injured, or otherwise incapacitated persons in Florida. "Local agency" is defined as the board of county commissioners. "Emergency medical services organizations" is defined as public or private entities involved in emergency medical services systems. The Emergency Medical Services Grant Program was established to assist governmental and private agencies within a service area to respond cooperatively in order to finance the systematic provision of emergency medical services to all citizens.

Under s. 401.111, F.S., DOH is authorized to dispense grant funds to local agencies and emergency medical services organizations from the Emergency Medical Services Trust Fund according to the distribution formula provided in paragraphs 401.113(a) and (b), F.S., as follows:

- Forty-five percent of the monies collected by DOH must be *divided among the counties* according to the proportion of the combined amount deposited in the trust fund from the county. An individual board of county commissioners may distribute these funds to emergency medical service organizations within the county, as it deems appropriate.
- Forty percent of the monies collected by DOH are for making matching grants *to local agencies, municipalities, and emergency medical services organizations* for the purpose

of conducting research, increasing existing levels of emergency medical services evaluation, community education, injury prevention programs, and training in cardiopulmonary resuscitation and other lifesaving and first aid techniques. At least 90 percent of these monies must be made available on a cash-matching basis. Grants to *local agencies, municipalities, and emergency medical services organizations* must be contingent upon the recipient providing a cash sum equal to 25 percent of the total approved grant amount. No more than 10 percent of these moneys must be made available to rural emergency medical services, and these monies may be used for improvement, expansion, or continuation of services provided. A grant to rural emergency medical services must be contingent upon the recipient providing a cash sum equal to no more than 10 percent of the total approved grant.

According to DOH, grant applications are thoroughly reviewed. DOH receives the majority of applications for automated external defibrillators from licensed emergency medical services providers for purchase and distribution to agencies and organizations in their service areas that have a significant number of cardiac-related responses. Grant applications are reviewed and scored by a panel of EMS providers. Applications that receive a favorable score are provided funds to purchase the equipment.

III. Effect of Proposed Changes:

Section 1. Amends s. 401.107, F.S., relating to definitions for emergency medical services grants, to define “youth athletic organization” as a private not-for-profit organization that promotes and provides organized athletic activities to youth. “Automated external defibrillator device” is defined to have the same meaning as the term is defined in the Cardiac Arrest Survival Act (s. 768.1325(2)(b), F.S.).

Section 2. Amends s. 401.111, F.S., relating to the Emergency Medical Services Grant Program, to include youth athletic organizations as eligible participants in the Emergency Medical Services Grant Program, and provides that the grants must be designed to assist youth athletic organizations that work in conjunction with local emergency medical services organizations to expand the use of automated external defibrillators in the community.

Section 3. Amends s. 401.113, F.S., relating to DOH powers and duties under the Emergency Medical Services Grant Program, to direct DOH to annually dispense funds contained in the Emergency Medical Services Trust Fund as it deems appropriate to emergency medical service organizations and youth athletic organizations and to authorize individual boards of county commissioners to distribute funding under the program to youth athletic organizations.

Section 4. Provides an effective date of July 1, 2005.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Under the bill, youth athletic organizations will be eligible for grant funds to purchase automated external defibrillators. If youth athletic organizations may apply for a grant to obtain an AED such organizations will reduce their costs for obtaining the device. DOH does not have an estimate on how many youth athletic organizations may apply for and receive grant funding under the bill.

C. Government Sector Impact:

Although the bill increases the number of entities authorized to participate in the Emergency Medical Services Grant Program, there is no fiscal impact anticipated.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.

VIII. Summary of Amendments:

Barcode 721062 by Health Care:

The amendment requires the Department of Health to implement an educational campaign to inform persons who acquire an automated external defibrillator (AED) that immunity from liability does not extend to failure to properly maintain and test the AED or failure to provide appropriate training in the use of the AED.

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