

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 369 Emergency Medical Services
SPONSOR(S): Sobel and others
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care General Committee	_____	Schiefelbein	Brown-Barrios
2) Local Government Council	_____	_____	_____
3) Health Care Appropriations Committee	_____	_____	_____
4) Health & Families Council	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

Currently, s. 401.111, F.S., authorizes the Department of Health to dispense funds contained in the Emergency Medical Services Trust Fund to local agencies and emergency services organizations. These funds must be used to improve and expand prehospital emergency medical services in the state. There are two primary ways money can be dispensed; by an individual board of county commissioners, as it deems appropriate or by the Department of Health for making matching grants to local agencies, municipalities and emergency medical services organizations. This bill amends s. 401.111, F.S., to allow youth athletic organizations to receive funds from the board of county commissioners, if deemed appropriate, and to allow youth athletic organizations to participate in the grant program. The bill specifies that the purpose of the grant by the youth athletic organization is to procure automated external defibrillators.

The bill amends s. 401.107, F.S., and defines a *youth athletic organization* as a private not-for-profit organization that promotes and provides organized athletic activities to youth.

The bill amends s. 401.113, F.S., regarding the disbursement of funds from the Emergency Medical Services Trust Fund.

There is no fiscal impact associated with this bill.

This bill provides an effective date upon becoming law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

The House of Representatives is committed to advancing the following principles:

- Provide limited government
- Ensure lower taxes
- Safeguard individual liberty
- Promote personal responsibility
- Empower families
- Maintain public security

This bill does not appear to implicate any of the house principles.

B. EFFECT OF PROPOSED CHANGES:

Currently, s. 401.111, F.S., authorizes the Department of Health to dispense funds contained in the Emergency Medical Services Trust Fund through a grant application process to local agencies and emergency services organizations. These grants should be designed to assist agencies and organizations in providing emergency medical services, including emergency medical dispatch. There are two primary ways that money can be dispensed from the trust fund: 1) By an individual board of county commissioners to emergency medical services organizations, as it deems appropriate or 2) By the Department of Health 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. The bill amends s. 401.111, F.S., to expand the list of participants who may participate in the Emergency Services Grant Program and who may apply for or receive monies from the Emergency Medical Services Trust Fund, to include *youth athletic organizations*.

The bill limits the purpose of grant funds that may be awarded from the Department of Health, Emergency Medical Services (EMS) Grant program to awarding grants solely for the purchase of automated external defibrillators (AED).

BACKGROUND

Chapter 401, F.S., specifies that it is the legislative intent that emergency medical services are essential to the health and well-being of all citizens and that private and public expenditures for adequate emergency medical services represent a constructive and essential investment in the future of the state and our democratic society. A major impediment to the provision of adequate and economic emergency medical services to all citizens is the inability of governmental and private agencies within a service area to respond cooperatively in order to finance the systematic provision of such services.

Emergency Medical Services Grant Program

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.

The Department of Health is authorized to dispense grant monies from the Emergency Medical Services Trust Fund according to the distribution formula provided in s. 401.113(a) and (b), F. S., as follows:

(a) forty-five percent of the monies collected by the 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.

(b) 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. The bill provides that grant monies may be distributed by the board of county commissioners as it deems appropriate to emergency medical service organizations and youth athletic organizations within the county.

According to the DOH, grant applications are thoroughly reviewed. The DOH receives the majority of applications for automated external defibrillators from licensed emergency medical service 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.

Automated External Defibrillators

According to a number of articles in *The Physician and Sportsmedicine* there is increased interest in providing access to automatic external defibrillators at national and local sporting events. Specifically, an article written by Dr. Aaron Rubin, *The Physician and Sportsmedicine – VOL 28- No. 3 – March 2000*, reads: “Although sudden cardiac death is rare in sports, having an automated external defibrillator (AED) available facilitates early defibrillation and increases the chance of survival for an athlete in cardiac arrest. In sudden cardiac arrest, the most frequent initial rhythm is ventricular fibrillation (VF). The only effective treatment for VF is electrical defibrillation and the probability of success declines rapidly over time. Chances of resuscitation decrease 7 percent to 10 percent each minute.” Earlier articles in the same publication: *Automatic External Defibrillators in the Sports Arena: The Right Place, the Right Time, Vol. 26 No. 12, December 1998*, support the benefits of having an AED accessible to athletes during sporting events. “In large sports settings, AEDs can supplement standby EMS services. At sports events in small towns or venues, the AED may be the only means available to effect early defibrillation.”

C. SECTION DIRECTORY:

Section 1. Amends s. 401.107(6) F. S., providing the definition of *youth athletic organization*.

Section 2. Amends s. 401.111, F. S., to include *youth athletic organization* as an eligible participant in the emergency medical services grant program, limits the grant awards to local agencies, emergency medical service organizations and youth athletic organizations to automatic external defibrillators only.

Section 3. Amends s. 401.113(a) and (b), F. S., to direct the Department of Health 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*.

Section 4. Provides an effective date of July 1, 1005.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None

2. Expenditures:

While the bill would not have a fiscal impact on the Department of Health, it prohibits the DOH from awarding grant funds for anything other than automated external defibrillators.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None

2. Expenditures:

The bill will allow county governments to distribute Emergency Medical Services Grant Funds only for the purchase of automated external defibrillators. County governments would have to obtain funds from alternate sources, for the purchase of medical equipment, supplies, communications equipment, or ambulances to expand, improve or maintain their emergency medical service systems.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill restricts the current distribution of funds from the Emergency Medical Services Grant Program to the purchase of automated external defibrillators, only. Also, expanding the number of entities authorized to participate in the Emergency Medical Services Grant Program, will reduce the amount of money that is currently available. *Youth athletic organizations* would be eligible for grant funds to purchase automatic external defibrillators. Allowing *youth athletic organizations* to apply for a grant to procure an automated external defibrillator may stimulate private sector revenue sources. It is undetermined how many such organizations would receive county funds or grant monies.

D. FISCAL COMMENTS:

See above.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill will require counties or municipalities to dispense trust fund monies among a larger number of potential recipients.

2. Other:

None

B. RULE-MAKING AUTHORITY:

Rule-making authority may be revised to administer the provisions of this section.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Section 401.111, F.S., as amended by this bill limits the grant procurement to the purchasing of automated external defibrillators, only. A strike everything amendment is offered on behalf of the sponsor to correct this unintentional procurement limitation.

A cross reference to the existing definition of an automated external defibrillator device should be included. The strike everything amendment mentioned above provides a reference to s. 768.1325(2)(b).

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES