



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

**Provides Limited Government** – This bill will grant county commission boards greater access to funds contained in the Emergency Medical Service Trust Fund, and the ability to distribute those funds to emergency medical service organizations and to youth athletic organizations, as they deem appropriate.

#### 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 allows *youth athletic organizations* that work in conjunction with local emergency medical services organizations to apply for grants for the purpose of expanding the use of automatic external defibrillators in the community.

### 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 (DOH) 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) and (7) F. S., providing the definition of *youth athletic organization* and the cross reference to the definition of *automated external defibrillator* in s. 768.1325(2)(b), F.S.

**Section 2.** Amends s. 401.111, F. S., to include *youth athletic organization* as an eligible participant in the emergency medical services grant program, clarifies that the grant monies are designed to assist youth athletic organizations that work in conjunction with local emergency medical services organizations, to expand the use of automatic external defibrillators in the community.

**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, 2005.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

#### **A. FISCAL IMPACT ON STATE GOVERNMENT:**

##### **1. Revenues:**

None

2. Expenditures:

None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

This bill increases the number of entities authorized to participate in the Emergency Medical Services Grant Program.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

*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:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS

### IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

The provisions of the original bill as filed were as follows:

- Amended s. 401.107, F.S., to provide a definition of a *youth athletic organization*.
- Amended 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 also limited 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).

- Amended s. 401.113, F. S., to include *youth athletic organizations* regarding the disbursement of funds from the Emergency Medical Services.

On February 23, 2005, the House Health Care General Committee recommended a strike everything amendment to clarify the original intent of the bill. The strike everything amendment reflects the following:

- Amends s. 401.107, F.S., to provide a definition of *youth athletic organization*.
- Amends s. 401.107, F.S., to provide a cross reference and definition of *automated external defibrillator* in s. 768.1325(2)(b), F.S.
- Amends s. 401.111, F.S. to allow *youth athletic organizations* to participate in the Emergency Medical Services Grant Program and to clarify that grant money is designed to assist *youth athletic organizations* that work in conjunction with local emergency medical services organizations to expand the use of *automatic external defibrillators* in the community.
- Amends s. 401.113. F.S., to include *youth athletic organizations* regarding the disbursement of funds from the Emergency Medical Services.

This analysis reflects the bill as amended.