

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 2556

INTRODUCER: Health Regulation Committee and Senator Altman

SUBJECT: Automated External Defibrillators

DATE: April 13, 2010

REVISED: \_\_\_\_\_

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Harper	Wilson	HR	Fav/CS
2. _____	_____	CA	_____
3. _____	_____	JU	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**Please see Section VIII. for Additional Information:**

- |                              |  |   |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>                   | Technical amendments were recommended   |
|                              | <input type="checkbox"/>                   | Amendments were recommended             |
|                              | <input type="checkbox"/>                   | Significant amendments were recommended |

**I. Summary:**

The bill requires an owner, operator, or administrator responsible for a place of public assembly and the state agency responsible for a state building to notify the local emergency medical services (EMS) medical director of the location of an Automated External Defibrillator (AED), if an AED is located at the place of public assembly or in the state building. The local EMS medical directors must maintain registries of the locations of these AEDs. The bill requires the State Surgeon General to establish guidelines and recommendations for the placement and deployment of AEDs in places of public assembly as defined in the bill.

This bill substantially amends sections 401.2915 and 768.1326 of the Florida Statutes.

**II. Present Situation:**

**Automated External Defibrillators (AEDs), Cardiac Arrest**

An AED device is defined under the Cardiac Arrest Survival Act, s. 768.1325, F.S., to mean a lifesaving device that:

- Is commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act;

- Is capable of recognizing the presence or absence of ventricular fibrillation, and is capable of determining without intervention by the user of the device whether defibrillation should be performed; and
- Upon determining that defibrillation should be performed, is able to deliver an electrical shock to an individual.

Section 401.2915, F.S., provides that the Legislature's intent is that an AED may be used by any person for the purpose of saving the life of another person in cardiac arrest.

The American Heart Association 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."<sup>1</sup>

According to the American Heart Association, 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*. The American Heart Association reports that 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.<sup>2</sup>

### **Placement of AEDs in State Buildings**

In order to promote public health and safety, any person or entity in possession of an AED is encouraged to register with the local EMS medical director the existence and location of the AED.<sup>3</sup>

Section 768.1326, F.S., provides that the State Surgeon General shall adopt rules to establish guidelines on the appropriate placement of AEDs in buildings or portions of buildings owned or leased by the state, and shall establish recommendations on procedures for the deployment of AEDs in such buildings in accordance with the guidelines. The Secretary of Management Services is required to assist the State Surgeon General in the development of the guidelines. The guidelines for the placement of the automated external defibrillators must take into account the typical number of employees and visitors in the buildings, the extent of the need for security measures regarding the buildings, special circumstances in buildings or portions of buildings such as high electrical voltages or extreme heat or cold, and such other factors as the State Surgeon General and the Secretary of Management Services determine to be appropriate.

The State Surgeon General's recommendations for deployment of AEDs in buildings or portions of buildings owned or leased by the state shall include:

- A reference list of appropriate training courses in the use of such devices, including the role of cardiopulmonary resuscitation;
- The extent to which such devices may be used by laypersons;

---

<sup>1</sup> See definition of "cardiac arrest" at <<http://www.americanheart.org/presenter.jhtml?identifier=4481>> (Last visited on April 6, 2010).

<sup>2</sup> See the American Heart Association's website at : <<http://www.americanheart.org/presenter.jhtml?identifier=4481>> (Last visited on April 6, 2010).

<sup>3</sup> s. 401.2915(2), F.S.

- Manufacturer recommended maintenance and testing of the devices; and
- Coordination with local emergency medical services systems regarding the incidents of use of the devices.

The guidelines have been promulgated in Rule 64E-2.039, Florida Administrative Code.<sup>4</sup>

### III. Effect of Proposed Changes:

**Section 1.** Amends s. 401.2915, F.S., to require that the owner, operator, or administrator responsible for a place of public assembly notify the local EMS medical director of the location of the AED. The bill also requires the state agency responsible for a building or portion of a building owned or leased by the state to notify the local EMS medical director of the location of the AED. The local EMS medical director is required to maintain a registry of the AED locations.

**Section 2.** Amends s. 768.1326, F.S., to include placement of AED devices in places of public assembly in the guidelines developed by the State Surgeon General on placement of AEDs in state buildings. The bill defines the term “place of public assembly” to mean: a location with a seating capacity of at least 1,000 people and includes but is not limited to, any stadium, ballpark, gymnasium, field house, arena, civic center, or similar facility used for the conduct of sporting events and any concert hall, recital hall, theater, indoor or outdoor amphitheatre, or other auditorium used for the presentation of musical performances or concerts. The term does not include any church, synagogue, or other not-for-profit religious organization or any public association or public library.

The bill requires the State Surgeon General to adopt rules to establish guidelines on the appropriate placement of AED devices in places of public assembly, and to establish by rule, recommendations on procedures for the deployment of AED devices in places of public assembly in accordance with the guidelines. The guidelines for the placement of the AEDs shall take into account the typical number of employees and visitors in a building owned or leased by the state or place of public assembly, the extent of the need for security measures regarding the building or place of public assembly, special circumstances in the building or portion of the building, and such other factors as the State Surgeon General and the Secretary of Management Services determine to be appropriate.

The State Surgeon General’s recommendations for deployment of AEDs in places of public assembly shall include:

- A reference list of appropriate training courses in the use of AED devices, including the role of cardiopulmonary resuscitation;
- The extent to which AED devices may be used by laypersons;
- Manufacturer recommended maintenance and testing of the devices; and
- Coordination with local EMS systems regarding registration of automated external defibrillators and documentation of the incidents of use of the devices.

---

<sup>4</sup> Department of Health, Guidelines for Automated External Defibrillators (AED) in State Owned or Leased Facilities, found at <[http://www.doh.state.fl.us/Family/Heart/PDF/Admin\\_Code64E2\\_039.pdf](http://www.doh.state.fl.us/Family/Heart/PDF/Admin_Code64E2_039.pdf)> (Last visited on April 6, 2010).

The bill specifies that it does not prohibit a county or municipal government from enacting, implementing, and enforcing any local ordinance that expands the requirements of this section for the placement of AEDs in a place of public assembly. The bill also specifies that it is not meant to construe a mandate for the placement of any AED in any place of public assembly.

**Section 3.** Provides an effective date of July 1, 2010.

**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. Fiscal Impact Statement:**

**A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

Owners, operators, or administrators responsible for a place of public assembly may incur costs to meet the provisions of the bill.

**C. Government Sector Impact:**

The Department of Health and the Division of Emergency Management indicated that the bill will have no impact on their operations.

**VI. Technical Deficiencies:**

Lines 46-49 of the bill may imply that places of public assembly are required to have an AED; however, the bill does not require places of public assembly to have an AED.

**VII. Related Issues:**

None.

**VIII. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Health Regulation on April 13, 2010:**

The Committee Substitute (CS) clarifies that the bill is not to be construed as a mandate for the placement of AEDs in places of public assembly.

The CS removes the requirement for an owner, operator, or administrator responsible for a place of public assembly to have at least one employee or volunteer who is trained in the operation and use of an AED present whenever a place of public assembly is used for publicly or privately sponsored events or activities.

The CS also removes immunity from liability for the use of an AED by an employee or volunteer as provided in the original bill.

- B. **Amendments:**

None.