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BILL ANALYSIS



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Senate Bill 1274 (Substitute S-2 as reported)
Sponsor: Senator Gilda Z. Jacobs
Committee: Health Policy

Date Completed: 11-7-06

RATIONALE

According to the American Heart Association, more than 250,000 Americans die each year due to sudden cardiac arrest and approximately 94% of cardiac arrest victims die before they reach a hospital. The Association has identified four steps that can increase the chances that a cardiac arrest victim will make it to the hospital alive. Each step makes a link in the "chain of survival", which includes early access to medical care (calling 9-1-1); early cardiopulmonary resuscitation (CPR); early defibrillation (access to an automated external defibrillator); and early advanced medical care. An automated external defibrillator (AED) is a device that analyzes a victim's heart rhythm and automatically delivers the appropriate electric shock necessary to restore a regular rhythm. Reportedly, however, 20% of Michigan's basic life support and limited advanced life support vehicles are not equipped with these devices. It has been suggested that AEDs be required equipment on certain emergency response vehicles.

CONTENT

The bill would amend the Public Health Code do the following:

- **Require each life support vehicle to be equipped with an AED within nine months after the bill's effective date.**
- **Require a local medical control authority, within six months after the bill's effective date, to establish protocols to ensure that each life support vehicle was equipped with an AED and that each emergency services personnel was trained properly to use the AED.**

The first requirement would be repealed on December 31, 2009.

The bill's requirements would apply to each life support vehicle that was dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support.

"Life support vehicle" would mean an ambulance, nontransport prehospital life support vehicle, aircraft transport vehicle, or medical first response vehicle. Under the Code, "medical first response vehicle" means a motor vehicle staffed by at least one medical first responder and meeting equipment requirements of the Department of Community Health (DCH). The bill specifies that the term would not include a vehicle solely because it was staffed with a medical first responder.

MCL 333.20906 et al.

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

According to the American Heart Association, for every minute that passes without defibrillation, a cardiac arrest victim's chance of survival is reduced by 7% to 10%. While AEDs commonly are present in locations where large numbers of people gather, such as schools, offices, shopping malls, stadiums, and airports, there is no statutory requirement that ambulances be equipped with the devices.

Nationwide, the survival rate for cardiac arrest victims is about 6%, according to the American Heart Association. In Seattle, however, where many victims are defibrillated in the first five to seven minutes, the survival rate is said to be 20%. By requiring emergency responders to be equipped with AEDs, the bill would strengthen a link in the chain of survival and help save lives.

Opposing Argument

While ensuring that medical first responders have access to AEDs is critical, enacting a requirement in statute is unnecessary. One of the State Emergency Medical Services Coordination Committee's specific duties under the Public Health Code is to advise the Department of Community Health (DCH) concerning minimum patient care equipment lists. Additionally, DCH rules require life support vehicles to be equipped as prescribed by the Department (R 325.22185); and require the Department, with the advice and consent of the Committee, annually to review and modify the patient care critical equipment items (R 325.22186). After conducting a study regarding the presence of AEDs on life support vehicles, the Committee recommended that the DCH include the devices on the minimum equipment list for ambulances. The requirement went into effect last year, and enforcement began on October 1, 2006.

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

Mandating that life support vehicles be equipped with an automated external defibrillator likely would create a moderate, but indeterminate increase in cost for local units of government that operate medical first responder services. Local medical control authorities also could see an increase in administrative cost associated with creating protocols ensuring that each vehicle was equipped with an AED and personnel were trained in its use. The cost for an AED appears to be between \$1,000 and \$5,000 per unit. The extent of the bill's potential fiscal impact largely depends on how many life support vehicles are already equipped with an AED.

Fiscal Analyst: David Fosdick

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.