



Senate Fiscal Agency
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BILL ANALYSIS



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Senate Bill 1274 (as enrolled)
Sponsor: Senator Gilda Z. Jacobs
Senate Committee: Health Policy
House Committee: Health Policy

PUBLIC ACT 582 of 2006

Date Completed: 1-12-07

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 was suggested that AEDs be required equipment on certain emergency response vehicles.

In an unrelated matter, it was suggested that a situation related to the Board of Osteopathic Medicine and Surgery be addressed. Board committees, which consist of Board members, must submit their reports to the full Board for review and action. Due to the limited membership, most of the people reviewing the reports as members of the full Board have written them as committee members. It was suggested that Board membership be increased so that the reports will be evaluated by others who were not involved in drafting the reports.

CONTENT

The bill amended 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 is equipped with an AED and that each emergency services personnel is trained properly to use the AED.**
- **Increase from five to seven the number of physician members on the Michigan Board of Osteopathic Medicine and Surgery.**

The first requirement will be repealed on December 31, 2009. The bill took effect on January 3, 2007.

AED's on Life Support Vehicles

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

The bill defines "life support vehicle" as 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 does not include a vehicle solely because it is staffed with a medical first responder.

Board of Osteopathic Medicine & Surgery

Previously, the Board consisted of nine voting members, including five physicians, one physician's assistant, and three public members. Under the bill, the Board must include seven physicians, for a total of 11 members.

MCL 333.17521 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 was 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 will strengthen a link in the chain of survival and help save lives.

Supporting Argument

Under the previous membership of the Board of Osteopathic Medicine and Surgery, reports from committees sometimes were reviewed, and action was taken upon them, mostly by the same people who had written them. In order to ensure a true review process, it was necessary to enlarge the Board by adding two physician members.

Opposing Argument

While ensuring that medical first responders have access to AEDs is critical, enacting a requirement in statute was 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 in 2005, 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 will create a moderate, but indeterminate increase in cost for local units of government that operate medical first responder services. Local medical control authorities also might see an increase in administrative cost associated with creating protocols ensuring that each vehicle is equipped with an AED and personnel are 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.