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H.B. 47
135th General Assembly

Fiscal Note & Local Impact Statement

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Version: As Reported by House Rules and Reference

Primary Sponsors: Reps. Brown and Bird

Local Impact Statement Procedure Required: Yes

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Highlights

- School district and community school costs may increase by up to several hundred thousand dollars statewide to purchase automated external defibrillators (AEDs). Survey data indicates that most public schools already meet the bill's AED placement requirements. Statewide, ongoing AED maintenance costs for those that do not already comply with the bill may be in the tens of thousands of dollars annually.
- The number of public sports and recreation locations that will need one or more AEDs to comply with the bill is uncertain. Therefore, the purchase and maintenance costs for the applicable local governments that operate these facilities is also uncertain. An AED costs about $1,500 more or less while ongoing maintenance costs may add up to a few hundred dollars per year.
- The Ohio Department of Health (ODH) will experience an increase in costs to develop and make available the required model emergency action plan for the use of AEDs by public and chartered nonpublic schools, youth sports organizations, and public sports and recreation locations.
- ODH will also experience an increase in costs to develop the required reporting procedures for violations. Costs will depend on the number of violations reported and whether any responsibilities to respond to violations are delegated to local boards of health.

Detailed Analysis

AEDs in schools and sports and recreation locations

The bill requires, rather than permits as under current law, school districts, community and science, technology, engineering, and mathematics (STEM) schools, and chartered nonpublic schools to place automatic external defibrillators (AEDs) in each school under its control. Additionally, the bill requires AEDs to be placed in all recreational facilities under the control of townships, municipalities, and counties, with the exception of villages and townships with populations less than 5,000. These recreational facilities include indoor recreation centers, gymnasiums, swimming pools, and playing fields. Further, the bill requires that staff be trained on using AEDs and that an emergency action plan be adopted for their use.

Public schools

Prevalence of AEDs in schools

Most public schools appear to already meet the bill's requirement to have an AED placed in each school building. The Buckeye Association of School Administrators (BASA) conducted a survey of its members on this topic in October 2021. About 60% of traditional school districts, comprised of a mix of districts with different geographic and demographic characteristics, and 50% of joint vocational school districts (JVSDs) responded. Only three (1%) of the 316 site-based community schools and STEM schools in operation at the time responded. The survey revealed that 1% of traditional school district respondents and 4% of JVSD respondents did not have AEDs in all of their school buildings. The few traditional districts and JVSDs responding that they did not have an AED placed in each school building generally reported that some buildings were equipped but not others to varying degrees. Due to the low response rate for community and STEM schools, there is more uncertainty surrounding the number of those schools that are equipped with an AED, though it is unclear why their practices would differ greatly from traditional districts or JVSDs.

The traditional districts and JVSDs that did not respond operate a total of about 1,330 buildings. Currently, site-based community and STEM schools operate about 400 buildings. Every 1% of the total 1,730 or so buildings translates to about 18 buildings. Therefore, 5% equates to 90 buildings and 10% equates 180 buildings.

Potential costs

The average cost of an AED appears to be about $1,500 more or less. This amount does not include costs for maintenance, accessories, or staff training. Based on the survey data, the initial cost for districts and schools to purchase AEDs may be up to several hundred thousand dollars statewide. Regular maintenance costs, including those for replacing batteries, pads, and other supplies, may be up to a few hundred dollars per year but will vary by device and manufacturer specifications. Ongoing maintenance costs for districts and schools that would need to purchase AEDs as a result of the bill may be in the tens of thousands of dollars annually

statewide. According to a study published in April 2017 in the Journal of the American College of Cardiology, an AED has an expected useful lifespan of eight to ten years.[1]

Training and other requirements

The bill requires each district and school to provide training to teachers, principals, administrative employees, coaches, athletic trainers, other persons that supervise interscholastic athletics, and any other employee subject to in-service training requirements under continuing law. The training must be incorporated into in-service training. Under current law, school districts must provide training to most of these individuals. Current law exempts substitute teachers, certain adult education instructors, and persons employed on an as needed, seasonal, or intermittent basis that are not employed to coach or supervise interscholastic athletics from the training requirement. The current law training requirement for community schools does not appear to be as extensive. If AED placement is required by a community school under the permissive authority in current law, the school must ensure that a sufficient number of the staff complete appropriate training in the use of an AED.

AED training is often provided simultaneously with cardiopulmonary resuscitation (CPR) training. Their costs vary depending on the provider and method of delivery. As a point of reference, costs for an individual to receive hands-on AED and CPR training appear to hover around $50 to $100. However, public school employee training costs will vary depending on the implementation decisions and training arrangements districts and schools make and the number of additional staff that need the training.

The bill also may minimally increase administrative costs for districts and schools by requiring the adoption of an emergency action plan for the use of AEDs. Districts and schools may use the model plan developed by the Ohio Department of Health (ODH), as described below.

Public sports and recreation locations

The costs associated with the bill's requirements for public sports and recreation locations are uncertain. Some applicable local governments likely already place AEDs in recreational facilities, but LBO is unaware of reliable data that suggests how many such facilities are in use across the state or how many of these facilities currently meet the bill's requirements. The bill requires each applicable controlling authority to have a sufficient number of staff persons at each recreation facility successfully complete an appropriate training course in the use of AEDs and to adopt an emergency action plan for their use. The vast majority of villages and townships are exempt from the bill's requirements. Based on U.S. Census Bureau data, 1,147 (88%) of the state's 1,308 townships and 669 (99%) of the state's 679 villages have populations of less than 5,000.

Public sports and recreation locations – ODH requirements

As mentioned above, the bill requires the applicable controlling authorities of municipal sports and recreation locations to place an AED in each location under their control. The bill also requires each applicable controlling authority to have a sufficient number of staff persons at each

[1] Sharrid, Mark V., et al., "State Requirements for Automated External Defibrillators in American Schools." Journal of the American College of Cardiology, vol. 69, no. 13, 2017. The article may be accessed by conducting a keyword "AEDs in schools" search on the Journal's website: jacc.org.

sports and recreation location successfully complete an appropriate training course in the use of AEDs and to adopt an emergency action plan for their use. ODH is required to develop a procedure by which persons may report violations of the bill's requirement to place AEDs in sports and recreation locations.

ODH will experience an increase in costs to develop the violation procedure. It is possible that local boards of health will be delegated the responsibility to respond to reports of violations, thus resulting in additional local costs. Costs for either ODH or local boards will depend on the number of violations that are reported. It is also possible that local boards will experience an increase in costs to ensure that public swimming pools are in compliance with the bill's AED placement and staff training requirements, as public swimming pools are licensed and inspected by local boards of health.

Model emergency action plan

The bill requires ODH to develop a model emergency action plan for the use of AEDs by public and chartered nonpublic schools, youth sports organizations, and sports and recreation locations. The model plan must require that the plan be practiced at least quarterly. ODH will experience an increase in costs to develop the plan and to make the plan available for use.

Sudden cardiac arrest information

The bill requires, rather than permits, public and chartered nonpublic schools and youth sports organizations to hold informational meetings regarding the symptoms and warning signs of sudden cardiac arrest for all ages of students or youth athletes, before the start of each athletic season. ODH is required under the bill to develop a procedure for reporting youth sports organizations that violate the protocols regarding sudden cardiac arrest in continuing law as well as the bill's mandatory information meeting provision.

ODH will experience an increase in costs to develop this procedure. Again, it is possible that local boards of health will be delegated the responsibility to respond to reports of violations. If this occurs, local boards of health may incur costs to respond to such violations. Costs for either ODH or local boards will depend on the number of violations that are reported.