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Office

H.B. 687
(1_136_2251-2)
136th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 687's Bill Analysis](#)

Version: In House Arts, Athletics and Tourism

Primary Sponsor: Rep. Schmidt

Local Impact Statement Procedure Required: No

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Highlights

- The Ohio Department of Health (ODH) could experience a minimal increase in administrative costs to develop a procedure for reporting violations or to update its existing automated external defibrillator (AED) emergency action plan.
- School district and other public school costs may increase to purchase additional AEDs for placement in school-related locations required by ODH's model AED emergency action plan. The number of school-related locations for which districts and schools will need to purchase AEDs is uncertain. Therefore, the purchase and maintenance costs for schools are also uncertain. The cost of an AED ranges from \$1,200 to \$3,000 while ongoing maintenance costs may add up to a few hundred dollars annually.
- School district and other public school administrative workload may increase to review and evaluate their AED emergency action plans annually.

Detailed Analysis

Model emergency action plan – ODH requirements

The bill requires the Ohio Department of Health (ODH) to develop both (1) a model emergency action plan for the use of automated external defibrillators (AEDs) by athletic facilities, and (2) a procedure for reporting violations of the bill's requirements. Existing law requires ODH to develop a model plan for use by schools, youth sports organizations, and other sports and recreation locations. The bill also requires the following regarding the model emergency action plan: (1) it must be based on standards set by nationally recognized organizations that are focused on emergency cardiovascular care, (2) it must clearly identify locations of AEDs, and (3) it must specify school-related locations that require AED placement.

ODH may experience a minimal increase in costs to develop a procedure for reporting violations or to update its existing model plan.¹

AEDs in schools

AEDs in school-related locations

Current law requires school districts; community schools; science, technology, engineering, and mathematics (STEM) schools; and chartered nonpublic schools to place an AED in each school under its control. The bill expands current law by also requiring districts and schools to place an AED in school-related locations specified in ODH's revised model AED emergency action plan. The bill suggests that school-related locations include athletic facilities and gymnasiums, playing fields, or other school sports locations, though ODH may identify other locations. Furthermore, required placement at school-related locations may be based on proximity to the school or other factors dependent on ODH's consideration of standards of nationally recognized organizations that are focused on emergency cardiovascular care. The number of AEDs that public schools will be required to purchase and their associated costs are uncertain, as they will depend on the school-related locations ODH requires in the revised model plan and the extent to which a district or school already meets the bill's requirements.

According to the American Heart Association, most AEDs cost from \$1,200 to nearly \$3,000 each.² 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. 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.³

School AED emergency action plans

Current law requires school districts, community and STEM schools, and chartered nonpublic schools to adopt an emergency action plan for the use of AEDs and permits them to use the model plan developed by ODH. The bill, in addition, permits schools to adopt a plan based on standards set by nationally recognized organizations. The bill also may increase administrative workload for districts and schools by requiring at least an annual review and evaluation of their emergency action plan.

AEDs in athletic facilities

The bill requires each athletic facility to require all staff members on premises during operational hours to demonstrate competency in using AEDs and to train staff to use AEDs. The

¹ ODH's [Model Emergency Action Plan for the Use of an Automated External Defibrillator \(PDF\)](#) was developed in response to the requirements of H.B. 47 of the 135th General Assembly. This document can be found by conducting a keyword "AED model plan" search on ODH's website: odh.ohio.gov.

² See the American Heart Association's [Your On-site AED Program: An Implementation Guide \(PDF\)](#). This document can be found by conducting a keyword "On-site AED Program" search on the American Heart Association's CPR and First Aid website: cpr.heart.org.

³ Sherrid, 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.

bill requires each athletic facility that does not maintain an AED on premises to have at least one staff member who has successfully completed a cardiopulmonary resuscitation (CPR) training course on duty while customers are on its premises. However, the bill exempts athletic facilities that do not have any staff on duty while customers are on their premises from these requirements. The bill defines athletic facilities as privately owned facilities, so publicly owned facilities will not be required to comply with these provisions. ODH may experience minimal costs to respond to any reported violations regarding these facilities.

Synopsis of Fiscal Effect Changes

The substitute bill, I_136_2251-2, removes publicly owned sports facilities or stadiums from the bill's application. Thus, any fiscal impacts for these entities under the As Introduced version of the bill will not be realized. Additionally, the substitute bill establishes additional requirements for privately owned athletic facilities, which should have no fiscal impact on the state or local political subdivisions. However, the Ohio Department of Health (ODH) could realize a minimal increase in costs to respond if any complaints are received.

The substitute bill also adds the bill's provisions regarding ODH's model AED emergency action plan, AEDs in school-related locations, school AED emergency action plans, and AEDs in athletic facilities and their associated fiscal effects described above.