

**Government of the District of Columbia
Office of the Chief Financial Officer**



Natwar M. Gandhi
Chief Financial Officer

MEMORANDUM

TO: The Honorable Vincent C. Gray
Chairman, Council of the District of Columbia

FROM: Natwar M. Gandhi
Chief Financial Officer

DATE: MAY 5 2008

SUBJECT: Fiscal Impact Statement: "AED Installation for Safe Recreation and Exercise Emergency Act of 2008"

REFERENCE: Draft--No bill number available¹

Conclusion

Funds are sufficient in the FY 2008 through FY 2012 budget and financial plan to implement the proposed legislation. Implementation of the proposed legislation is estimated to cost approximately \$110,000 in FY 2008 and \$155,000 over the FY 2008 through FY 2012 budget and financial plan period. The Department of Parks and Recreation (DPR) has sufficient resources to implement the provisions of the proposed legislation.

Background

The proposed emergency legislation would require the Mayor to establish a program ("Program") to install and maintain automatic external defibrillators (AEDs) in Department of Parks and Recreation (DPR) facilities within 45 days of enactment of the proposed bill. Under the Program the Mayor would also be required to:

- Mandate training in conjunction with existing health training for personnel to operate the AEDs;
- Establish guidelines for periodic inspections and annual maintenance of the AEDs;
- Maintain written records of maintenance and testing of each AED;

¹ This fiscal impact statement assumes that the provision in the legislation requiring the Mayor to prepare a feasibility study of installing AED devices in all public facilities including schools will be omitted.

- Maintain written records of maintenance and testing of each AED;
- Maintain proof that each individual who operates an AED for the authorized facility has successfully completed an educational training course in conjunction with health training already received by DPR, and refresher training as required;
- Issue and renew certificates to recreation facilities that meet the requirements of the proposed bill; and
- Approve educational and training programs as required under the proposed bill;

The proposed bill provides for civil liability immunity for authorized recreation facilities that have AEDs, provided that the facility meets the requirements set forth in the bill for making an AEDs available. The proposed legislation also provides the Program tort immunity pursuant to section 4 of the Public Access to Automatic External Defibrillator Act of 2001.²

Financial Plan Impact

Funds are sufficient in the FY 2008 through FY 2012 budget and financial plan to implement the proposed legislation. Implementation of the proposed legislation is estimated to cost approximately \$110,000 in FY 2008 and \$155,000 over the FY 2008 through FY 2012 budget and financial plan period. DPR has sufficient resources to implement the provisions of the proposed legislation.

The table and notes below display in detail the costs of implementing the proposed legislation.

Fiscal Impact of Proposed Legislation on Budget and Financial Plan					
	FY 2008	FY 2009	FY 2010	FY 2011	4 Year Total
AED Cost	\$76,700	\$0	\$0	\$0	\$76,700
Training	\$33,660	\$3,534	\$37,110	\$3,897	\$78,201
Total	\$110,360	\$3,534	\$37,110	\$3,897	\$154,901

Table notes and assumptions:

- Assumes that DPR would pay for the cost of purchasing each AED.
- Assumes that one (1) AED would be placed at each of the 59 DPR recreation facilities.
- Assumes that AEDs purchased would cost approximately \$1,300 each and would come with 5 year warranties.
- Assumes that AED warranties would cover the out-year cost of maintenance through the duration of the financial plan period.
- Assumes that DPR would not have to pay FEMS for AED certification costs.

² Effective April 27, 2001. D.C. Law 13-279; D.C. Official Code § 44-233.

- Assumes that approximately 560 DPR staff would have to receive initial training, that 10% of that total would receive training in each of the out-years to account for new hires and staff transfers, and that refresher training would be required every two years per American Heart Association guidelines.
- Assumes that training costs would be approximately \$60 per person, would be provided by a private third party, and would meet American Heart Association and District of Columbia standards for such training.