

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 276

(Chair, Health Committee)(By Request - Departmental -
Maryland Institute for Emergency Medical Services
Systems)

Health

Education, Energy, and the Environment

**State Emergency Medical Services Board - Public Access Automated External
Defibrillator Program - Revisions**

This departmental bill alters the Public Access Automated External Defibrillator (AED) Program by (1) clarifying which entities are required to participate in the program; (2) exempting a law enforcement agency from obtaining a certificate for an AED deployed in a patrol vehicle; (3) codifying the role of an “AED coordinator” and establishing specified requirements for the coordinator; (4) establishing certification requirements for grocery stores and restaurants under the program; and (5) repealing obsolete provisions related to regional councils and regional council AED committees. The bill also makes conforming and clarifying changes.

Fiscal Summary

State Effect: None. The change is technical in nature and does not directly affect governmental finances.

Local Effect: None. The change is technical in nature and does not directly affect local governmental finances.

Small Business Effect: The Maryland Institute for Emergency Medical Services Systems (MIEMSS) has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment. (The attached assessment does not reflect amendments to the bill.)

Analysis

Bill Summary/Current Law: The Maryland Public Access AED Program coordinates an effective statewide public access defibrillation program and permits a registered “facility” (an agency, an association, a corporation, a firm, a partnership, or any other entity) that meets specified requirements to make AEDs available to victims of sudden cardiac arrest. Chapter 764 of 2024 expanded the program to include an initiative to co-locate up to two doses of naloxone (a medication approved by the U.S. Food and Drug Administration (FDA) for the reversal of opioid overdose) with each AED placed in a public building. The program is administered by MIEMSS and the emergency medical services (EMS) Board.

Participating Entities

The bill replaces the term “facility” with the term “entity” for the purpose of defining program participants. “Entity” means an organization, a business, an association, an agency, a corporation, a firm, or a partnership in the State.

Under current law, the program does not apply to a jurisdictional EMS operational program, a licensed commercial ambulance service, a health care facility, or a place of business for health care practitioners who are licensed as dentists or physicians and authorized to use an AED. The bill specifies that a law enforcement agency may not be required to obtain a certificate for an AED deployed in a patrol vehicle.

Chapters 304 and 305 of 2023 require each owner and operator of a grocery store or a specified restaurant to place an AED in a prominent area and maintain its functionality. A grocery store or restaurant that is excluded from the program must still register with MIEMSS. The bill specifies that, to qualify for and retain a certificate, each owner and operator of a grocery store or restaurant must comply with the applicable requirements of the program, including (1) registering the name of the entity with the program and (2) maintaining the functionality of each AED and all related equipment and supplies in accordance with the standards established by the device manufacturer and FDA.

Chapters 613 and 614 of 2025 require each branch of a county library system or the Enoch Pratt Free Library to place an AED in a prominent area and maintain its functionality. Each library must comply with the program. These provisions are not altered under the bill.

Emergency Medical Services Board

As amended by the bill, the EMS Board may:

- adopt regulations for the administration of the program;
- issue and renew certificates to *entities* that meet the requirements of the program;
- deny, suspend, revoke, or refuse to renew the certificate of a registered *entity*;

- approve educational and training programs that (1) are conducted by any private or public entity and (2) may include courses from nationally recognized *organizations* such as the American Heart Association, the American Red Cross, and the National Safety Council; and
- delegate any portion of its authority to MIEMSS.

The bill repeals the requirement that educational and training programs approved by the EMS Board include training in cardiopulmonary resuscitation (CPR) and automated external defibrillation and the ability of the EMS Board to approve the protocol for the use of an AED.

Program Requirements

Under Maryland regulations ([COMAR 30.06.02.01](#)), to be eligible for registration or renewal of a registration, each facility must designate an AED coordinator who must:

- complete CPR and AED training and subsequent refresher training, in accordance with specified requirements;
- be responsible for implementing and administering the AED program at the facility; and
- ensure that monthly safety inspections of all supplemental and AED equipment are conducted.

The bill defines “AED coordinator” to mean the individual designated by the registered entity to ensure compliance with the requirements of the Maryland Public Access AED Program.

Under current law, a facility must ensure that all expected AED operators have completed CPR and AED training and subsequent refresher training, as specified. AEDs must be placed in locations that are visible and readily accessible to any person willing to operate the AED in the event of a suspected cardiac arrest. A facility at which an AED is operated must have a telephone or communication service available at all times for the notification of a public safety answering point; it must also submit data or other information concerning the AED program as requested by MIEMSS.

The bill clarifies that to qualify *and retain* a certificate, an entity must:

- have a written plan for the use of an AED that includes a requirement that the entity notify the EMS system through 9-1-1 as soon as possible on the use of an AED;
- have established AED maintenance, placement, operation, and reporting procedures as required by the EMS board;

- require the AED coordinator to maintain the functionality of each AED and all related equipment and supplies in accordance with specified standards;
- require the AED coordinator to promote awareness of the location and operation of the AED among potential or foreseeable AED operators in case of emergency; and
- if the entity is a public building, meet any requirements relating to the co-location of naloxone with each AED maintained by the entity.

The bill repeals the requirement that each individual who is expected to operate an AED has successfully completed an educational training course and refresher training as required by the EMS Board. Instead, the bill requires an entity, other than a grocery store or restaurant, to ensure that the AED coordinator has successfully completed an educational training course and any refresher training course required by the EMS board.

Regional Council

Under current law, “regional administrator” means the individual employed by MIEMSS as a regional administrator in each EMS region. “Regional council” means an EMS advisory board as created regulations. “Regional council AED committee” means a committee appointed by the regional council consisting of the regional medical director, regional administrator, and three or more individuals with knowledge or and expertise in AEDs. The bill repeals these obsolete terms as they relate to the program.

The bill also repeals the requirement for a registered facility to report the use of an AED to MIEMSS for *review by the regional council AED committee*. Instead, a registered entity must report the use of an AED to MIEMSS *using the form provided by MIEMSS*.

Civil Immunity

Under current law, in addition to any other immunities available under statutory or common law, a registered facility is not civilly liable for any act or omission in the provision of automated external defibrillation if the registered facility has satisfied the requirements for making automated external defibrillation available and possesses a valid certificate at the time of the act or omission. The bill removes civil immunity as it relates to a member of the regional council AED committee.

Background: MIEMSS advises that the bill revises and streamlines statutory provisions relating to the Maryland Public Access AED Program. The bill is intended to make the program’s requirements easier to understand for participating entities and remove obsolete provisions. MIEMSS further advises that the bill makes no substantive changes to program requirements.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 24 (Chair, Education, Energy, and the Environment Committee)(By Request - Departmental - Maryland Institute for Emergency Medical Services Systems) - Education, Energy, and the Environment.

Information Source(s): Maryland Institute for Emergency Medical Services Systems; Maryland Municipal League; Maryland Department of Health; Department of State Police; Department of Legislative Services

Fiscal Note History: First Reader - February 3, 2026
jg/jc Third Reader - March 16, 2026
Revised - Amendment(s) - March 16, 2026

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ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

TITLE OF BILL: State Emergency Medical Services Board - Public Access Automated External Defibrillator Program – Revisions

BILL NUMBER: HB 276

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PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND SMALL BUSINESS

OR

WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND SMALL BUSINESSES

PART B. ECONOMIC IMPACT ANALYSIS

There will be no economic impact on Maryland small businesses as this program is voluntary for those entities who are not mandated to have an AED on premises.