



## Legislation Text

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INTRODUCTORY\*

CITY OF BALTIMORE  
COUNCIL BILL        R  
(Resolution)

Introduced by: Councilmembers Young, Holton  
At the request of: NAACP Baltimore City Branch,  
Address: c/o The Honorable Marvin L. 'Doc' Cheatham, Sr., 8 West 28th Street, Baltimore,  
Maryland, 21218  
Telephone: 410-669-8683  
A RESOLUTION ENTITLED

A COUNCIL RESOLUTION concerning  
**Investigative Hearing - Baltimore City Government - Automated External Defibrillators**

FOR the purpose of requesting the Director of Finance, the Baltimore City Health Commissioner, and the Baltimore City Fire Commissioner to report to the City Council on the fiscal efficiency and public health efficacy of placing Automated External Defibrillators in City-owned buildings.

Recitals

Automated External Defibrillators or AEDs, commonly called lifesaving devices that treat victims of sudden cardiac arrest, are designed to quickly and easily provide an electric shock that restores the victim's normal heart rhythm. These portable devices automatically diagnose the potentially life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient and are able to treat them through the application of electrical therapy that allows the heart to reestablish an effective rhythm.

AEDs are designed to be used by laypersons who ideally should have received AED training; most often they are held by trained personnel who will attend events or are found in public access units, including corporate and government offices, shopping centers, airports, restaurants, casinos, hotels, sports stadiums, schools and universities, community centers, fitness centers, health clubs, workplaces, and any other location where people may congregate. The location of a public access AED should take into account where large groups of people gather, regardless of age or activity - children as well as adults may fall victim to sudden cardiac arrest.

In many areas, emergency vehicles are likely to carry AEDs, with some ambulances carrying an AED in addition to manual defibrillators. Police or fire vehicles often carry an AED for first responder use. Some areas have dedicated community first responders, who are volunteers tasked with keeping an AED and taking it to any victim in their area. AEDs are also increasingly common on commercial airlines, cruise ships, and other transportation facilities. Proponents of in-home AEDs contend that putting them where they are most needed will save thousands of lives each year - a family member or a friend can send a jolt of electricity from an AED to a person in cardiac arrest and, in theory, save a life.

The Baltimore City Health Status Report 2008 shows that while since 2000, age-adjusted, mortality due to heart disease has declined by over 20% among Baltimore City residents on average over the past 7 years, Baltimore City residents have heart disease at a rate more than 30% greater than the rate among other Maryland residents. Cardiovascular disease is the leading cause of death in the City, claiming approximately 2,000 deaths a year and disabling thousands of more residents. It is the leading cause of a 6-year gap in life expectancy between the City and the State of Maryland and is the top reason for a 20-year range in life expectancy among neighborhoods within the City itself.

If fitting City offices and other public places with AEDs can affect this outcome, not doing so would be unconscionable.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE, That the Director of Finance, the Baltimore City Health Commissioner, and the Baltimore City Fire Commissioner are requested to report to the City Council on the fiscal efficiency and public health efficacy of placing Automated External Defibrillators in City-owned buildings.

AND BE IT FURTHER RESOLVED, That a copy of this Resolution be sent to the Mayor, the Director of Finance, the Baltimore City Health Commissioner, the President of the NAACP Baltimore City Branch, and the Mayor's Legislative Liaison to the City Council.

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