

MEMORANDUM

A.4720 (Englebright)

AN ACT to amend the public health law, in relation to automated external defibrillator requirements

LeadingAge New York sees the benefit of Automated Electronic Defibrillators (AEDs) and individuals trained in cardiopulmonary resuscitation (CPR) in certain public settings; however, we object to this proposed requirement that all Assisted Living Residences (ALRs) have AEDs and have at all times at least one employee or volunteer with a valid certification of completion of a course to operate the AED and perform CPR.

LeadingAge New York recognizes that AEDS are now placed in public settings and are a valuable life-saving tool. It must be recognized, however, that the frail elderly individuals residing in ALRs are different from the general public. First and foremost, the majority of residents in our member ALRs have indicated they do not wish to be resuscitated. Implementing this legislation is likely to create a scenario where an individual's end of life wishes may be ignored in the heat of an emergency situation.

In addition, the intended requirement may not achieve the intended results. Requiring a trained individual on-site at all times does not ensure a timely response to an emergency situation. In an emergency, the provider will have to quickly locate trained personnel—most of which are likely to be providing assistance to residents. The operator will also need to determine the resident's wishes regarding resuscitation quickly. Both activities could hinder the critical step of getting emergency support.

There are also likely to be significant costs associated with implementing such a requirement. To ensure sufficient accessibility of an AED, the equipment would need to be installed at multiple locations throughout the building and property. The training required to ensure compliance will also be significant and ongoing, creating a potential for staffing issues.

Cost alone should not be the determinant on this issue, but extraordinary expenditure of resources for something the intended population is unlikely to want seems unwise in this time of scarce resources. Increased costs for providers are likely to translate to increased costs for the consumer as well.

LeadingAge New York providers are aware of the benefits of these tools, and some have chosen to adopt them; however, facilities assess their needs and establish their own protocols and policies.

For these reasons, LeadingAge New York opposes A.4720 (Englebright) and urges that it be rejected.

LeadingAge New York represents nearly 500 not-for-profit and public long-term care providers, including nursing homes, home care agencies, senior housing, retirement communities, assisted living, adult care facilities, adult day health care and managed long term care.