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April 16, 2018

INT. NO. 189:

By Council Members Matteo and Brannan

TITLE:

A Local Law to amend the administrative code of the city of New York, in relation to requiring defibrillators at softball fields where youth leagues play

ADMINISTRATIVE CODE:

Amends sections 4-209 and 18-150

I. INTRODUCTION

Today, the Committee on Health, chaired by Council Member Mark Levine, and the Committee on Parks and Recreation, chaired by Council Member Barry Grodenchik, will consider Int. No. 189, a bill that would require the presence of automated external defibrillators (AED) at youth softball games and practices on City-owned land. Local law 57 of 2016 (Local Law 57), as amended by Local Law 104 of 2016 (Local Law 104), both effective on January 1, 2017, created this requirement for youth baseball games and practices. Among those invited to testify are representatives of the Department of Parks and Recreation, and representatives from several youth softball leagues.

II. SUDDEN CARDIAC DEATHS IN YOUNG ATHLETES

Fatal sport-related injuries can result from head and spine injuries, but most sudden deaths in athletes are cardiac in origin.¹ The frequency of sudden cardiac death is difficult to determine, because many studies have relied on the self-reporting of physicians and media accounts of deaths.² The National Federation of State High School Associations estimates 10 to 25 cases of sudden cardiac death per year in individuals younger than 30 years.³

The leading cause of death in young athletes is a condition called hypertrophic cardiomyopathy, commonly known as an enlarged heart.⁴ This genetic disorder occurs in 1 out of

¹ Glenn C. Terry, James M. Kyle, James M. Ellis, Jr., et. al., “Sudden Cardiac Arrest in Athletic Medicine,” *Journal of Athletic Training*, Apr-Jun 2001; 36(2): 205–209, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC155532/>

² *Id.*

³ *Id.*

⁴ Martha Pyron, “Hypertrophic Cardiomyopathy: A Cause of Athlete Sudden Death,” *American College of Sports Medicine*, Jan 19, 2012, <https://www.acsm.org/public-information/articles/2012/01/19/hypertrophic-cardiomyopathy-a-cause-of-athlete-sudden-death>

every 500 people and causes the muscle in the heart to abnormally thicken.⁵ This thickening of the muscle can force the heart to work harder to pump blood and can lead to dangerous heart arrhythmias.⁶ Physical activity can trigger these dangerous arrhythmias and sudden cardiac arrest can occur during very vigorous physical activity.⁷

Commotio cordis is the second highest cause of death in athletes younger than 14 years⁸ and typically involves young athletes who experience a sudden, blunt trauma to the anterior chest resulting in cardiac arrest and sudden death.⁹ While baseball is the most common sport in which this condition occurs, softball has the second highest incidence rate,¹⁰ and this condition has been described in nearly all sports.¹¹ Nearly all commotio cordis events are caused by a hard ball or object directly striking the left chest wall.¹² “Pitchers, catchers, and batters have the highest incidence of commotio cordis; however, all players can be affected by this phenomenon.”¹³ Chest protectors, which are commonly used by catchers and batters, have not been shown to be reliable in either the human experience or in animal laboratory studies in preventing commotio cordis.¹⁴

The American Academy of Pediatrics finds that children 5 to 14 years of age may be uniquely vulnerable to this blunt chest impact because their chest walls are more elastic and more

⁵ American Heart Association, “Hypertrophic Cardiomyopathy,” Aug. 21, 2015, http://www.heart.org/HEARTORG/Conditions/More/Cardiomyopathy/Hypertrophic-Cardiomyopathy_UCM_444317_Article.jsp

⁶ *Id.*

⁷ *Id.*

⁸ American Academy of Pediatrics, “Policy Statement: Baseball and Softball,” <http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3593.full.pdf+html>

⁹ Steven M Yabek, “Commotio Cordis,” Medscape, Jul 30, 2013, <http://emedicine.medscape.com/article/902504-overview>

¹⁰ Kane Guthrie, Life in the Fastlane, Commotio Cordis, <https://lifeinthefastlane.com/commotio-cordis/>.

¹¹ Mark S. Link, “Commotio Cordis: Ventricular Fibrillation Triggered by Chest Impact–Induced Abnormalities in Repolarization,” *Circulation: Arrhythmia and Electrophysiology*, 2012; 5: 425-432, <http://circep.ahajournals.org/content/5/2/425.full>

¹² Mark S. Link, “Commotio Cordis: Ventricular Fibrillation Triggered by Chest Impact–Induced Abnormalities in Repolarization,” *Circulation: Arrhythmia and Electrophysiology*, 2012; 5: 425-432, <http://circep.ahajournals.org/content/5/2/425.full>

¹³ *Id.*

¹⁴ *Supra*, Note 8

easily compressed.¹⁵ Data from the United States Commotio Cordis Registry (“the Registry”) show that 26 percent of those who experience commotio cordis are younger than 10 years and 75 percent are younger than 18 years.¹⁶ Approximately 10 to 20 commotio cordis events are added to the Registry every year, but the actual incidence is likely much greater due to underreporting and a lack of recognition.¹⁷ The survival rate during the initial years of the Registry (1970-1993) was only 10 percent but has increased to 58 percent in recent years (2006-2012).¹⁸ This progressive decline in commotio cordis fatalities can be attributed to earlier recognition of a commotio cordis event, earlier commencement of cardiopulmonary resuscitation (CPR), and the increasing availability and use of automated external defibrillators (AED).¹⁹

III. AUTOMATED EXTERNAL DEFIBRILLATORS

An AED is the only effective treatment for restoring a regular heart rhythm during sudden cardiac arrest and is an easy to operate tool for someone with no medical background.²⁰ It is a medical device that analyzes the heart’s rhythm and can deliver an electrical shock, known as defibrillation, which helps the heart re-establish an effective rhythm.²¹ The average response time for first responders once 911 is called is 8 to 12 minutes.²² For each minute defibrillation is

¹⁵ *Supra*, Note 8

¹⁶ Steven M Yabek, “Commotio Cordis,” Medscape, Jul 30, 2013, <http://emedicine.medscape.com/article/902504-overview>

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ American Red Cross, “Learn about Automated External Defibrillators,” <http://www.redcross.org/prepare/location/workplace/easy-as-aed>

²¹ *Id.*

²² *Id.*

delayed, the chance of survival is reduced approximately 10 percent.²³ More than 95 percent of patients who receive defibrillation shock in the first minute of cardiac arrest survive.²⁴

In New York State, the presence of an AED is required in the following locations:

- public schools and at locations off-site that are then hosting a public school-sponsored athletic contest or practice;²⁵
- places of public assembly with a capacity of at least one thousand people, including stadiums, ballparks, gymnasiums, field houses, arenas, civic centers, concert halls, recital halls, theatres, and indoor and outdoor amphitheatres (with exceptions for halls owned by churches, religious organizations, granges, public associations, and free libraries); and²⁶
- health clubs with 500 or more members.²⁷

In New York City, the presence of AEDs is additionally required in the publicly accessible areas of the following locations:

- public buildings maintained by the division of facilities management and construction of the Department of Citywide Administrative Services (a/k/a DCAS);
- at least six parks in each borough under the jurisdiction of the Department of Parks and Recreation;
- ferry terminals owned and operated by the City of New York served by ferry boats with a passenger capacity of one thousand or more persons;
- nursing homes;
- senior centers;
- golf courses, stadia and arenas; and
- health clubs that have a membership of at least 250 people.²⁸

²³ *Id.*

²⁴ Glenn C. Terry, James M. Kyle, James M. Ellis, Jr., et. al., “Sudden Cardiac Arrest in Athletic Medicine,” *Journal of Athletic Training*, Apr-Jun 2001; 36(2): 205–209, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC155532/>

²⁵ NY Education Law §917

²⁶ NY Public Health §225.5-b

²⁷ NY General Business Law, Article 27, §627-a

²⁸ N.Y.C. Ad. Code §17-188

Local Law 57 requires youth baseball leagues that play on land under the jurisdiction of the New York City Department of Parks and Recreation to make available at least one AED at every game and practice. This same requirement also applies under the law to youth baseball leagues playing on baseball fields leased by the Department of Citywide Administrative Services. Int. No. 189 extends the requirements of Local Law 57 to youth softball leagues. The requirements of the Department of Parks and Recreation and the Department of Citywide Administrative Services to provide a sufficient number of AEDs to leagues covered by the law that play on their fields would, however, be limited to that which is possible based on the appropriation of funds to the program.

IV. ANALYSIS OF INT. NO. 189

Int. No. 189 would extend the requirements of Local Law 57, as amended by Local law 104 of 2016 to apply to youth softball leagues. It would require youth softball leagues, defined as softball leagues with participants who are all 17 years old or younger, or who are in high school, that play on land managed or otherwise under the jurisdiction of the Department of Parks and Recreation to make available at least one AED at every baseball game and practice at which any team in the league is participating. This requirement does not apply to teams in the Public School Athletic League, which are already required to have AEDs under state law.

This bill would take effect on January 1, 2019.

Proposed Int. No. 189

By Council Members Matteo and Brannan

A Local Law to amend the administrative code of the city of New York, in relation to requiring defibrillators at softball fields where youth leagues play

Be it enacted by the Council as follows:

Section 1. Section 4-209 of the administrative code of the city of New York, as amended by local law number 57 of 2016, is amended to read as follows:

§ 4-209 Automated external defibrillators at youth baseball and youth softball games and practices on city land leased to youth leagues. a. Definitions. As used in this section, the following terms have the following meanings:

Automated external defibrillator. The term “automated external defibrillator” means a medical device, approved by the United States food and drug administration, that: (i) is capable of recognizing the presence or absence in a patient of ventricular fibrillation and rapid ventricular tachycardia; (ii) is capable of determining, without intervention by an individual, whether defibrillation should be performed on a patient; (iii) upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to a patient's heart; and (iv) upon action by an individual, delivers an appropriate electrical impulse to a patient's heart to perform defibrillation.

Department. The term “department” means the department of citywide administrative services or any successor of such department.

Training course. The term “training course” means a course approved by a nationally-recognized organization or the state emergency medical services council in the operation of automated external defibrillators.

Youth baseball league. The term “youth baseball league” means baseball leagues with participants who are all 17 years old or younger, but includes grade school through high school athletic programs regardless of the age of the participants, other than the public school leagues, including school leagues, little leagues, community based organization leagues, and unaffiliated leagues.

Youth softball league. The term “youth softball league” means softball leagues with participants who are all 17 years old or younger, but includes grade school through high school athletic programs regardless of the age of the participants, other than the public school leagues, including school leagues, little leagues, community based organization leagues, and unaffiliated leagues.

b. Subject to the provision of a sufficient number of automated external defibrillators and training courses by the department pursuant to subdivision c, a youth baseball league or youth softball league using a [baseball] field for which the department is the lessor shall:

1. make available an automated external defibrillator at every baseball or softball game and practice occurring at such field in which a team of such league participates; and

2. where practicable, ensure that there is at least one coach, umpire or other qualified adult who is present at each such game and practice who has successfully completed a training course within 24 months of each such game and practice.

c. The department shall provide to youth baseball leagues and youth softball leagues subject to the requirements of subdivision b a sufficient number of automated external defibrillators and training courses at no cost to such leagues. Any defibrillator provided by the department to such a league shall be returned in satisfactory condition at the end of the lease or upon request of such department.

d. The department shall not lease a ballfield to a youth baseball league or a youth softball league unless such lease requires that the lessee comply with subdivision b.

e. Any person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment using an automated external defibrillator that has been made available pursuant to this section, to a person who is unconscious, ill or injured, and any individual or entity that purchases or makes available an automated external defibrillator as required by this section, is entitled to the limitation of liability provided in section 3000-a of the New York state public health law.

f. Nothing contained in this section imposes any duty or obligation on any person to provide assistance with an automated external defibrillator to a victim of a medical emergency.

g. Nothing contained in this section affects the obligations or liability of emergency health providers pursuant to section 3000-b of the New York state public health law.

h. Any youth baseball league or youth softball league that violates the provisions of subdivision b shall receive a warning for a first violation, and shall be liable for a civil penalty of \$500 for each subsequent violation, recoverable in a proceeding before any tribunal established within the office of administrative trials and hearings or within any agency of the city of New York designated to conduct such proceedings. Any youth baseball league or softball league that violates the provisions of subdivision c shall be liable for a civil penalty of no more than \$2,500 for each automated external defibrillator that is not returned in satisfactory condition, recoverable in a proceeding before any tribunal established within the office of administrative trials and hearings or within any agency of the city of New York designated to conduct such proceedings.

i. The provision of automated external defibrillators and training courses authorized by this section shall be limited to the appropriation of funds available for this program. To the extent the

department anticipates that the number of automated external defibrillators and training courses requested by youth baseball leagues and youth softball leagues will exceed the funds available, the department shall provide such defibrillators and training courses authorized by subdivision c on an equitable basis until such funds are exhausted.

j. The commissioner of the department shall promulgate any rules as may be necessary for the purposes of carrying out the provisions of this section.

§ 2. Section 18-150 of the administrative code of the city of New York, as added by local law number 57 of 2016, is amended to read as follows:

§ 18-150 Defibrillators at youth baseball games and youth softball games and practices in parks. a. Definitions. As used in this section, the following terms have the following meanings:

Automated external defibrillator. The term “automated external defibrillator” means a medical device, approved by the United States food and drug administration, that: (i) is capable of recognizing the presence or absence in a patient of ventricular fibrillation and rapid ventricular tachycardia; (ii) is capable of determining, without intervention by an individual, whether defibrillation should be performed on a patient; (iii) upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to a patient's heart; and (iv) upon action by an individual, delivers an appropriate electrical impulse to a patient's heart to perform defibrillation.

Department. The term “department” means the department of parks and recreation or any successor of such department.

Training course. The term “training course” means a course approved by a nationally-recognized organization or the state emergency medical services council in the operation of automated external defibrillators.

Youth league. The term “youth league” means youth recreation sports leagues other than the public school leagues, including school leagues, little leagues, community based organization leagues, and unaffiliated leagues.

Youth recreation. The term “youth recreation” means athletic activity with participants who are all 17 years old or younger, but includes grade school through high school athletic programs regardless of the age of the participants.

b. Subject to the provision of a sufficient number of automated external defibrillators and training courses by the department pursuant to subdivision c, a youth league using a ballfield under the jurisdiction and management of the department to play or practice baseball or softball shall:

1. make available an automated external defibrillator at every baseball or softball game and practice in which any team in such league participates; and

2. where practicable, ensure that there is at least one coach, umpire or other qualified adult who is present at each such game and practice who has successfully completed a training course within 24 months of every such game and practice.

c. The department shall provide to youth leagues subject to the requirements of subdivision b a sufficient number of automated external defibrillators and training courses at no cost to such leagues. Any defibrillator provided by the department to such a league shall be returned in satisfactory condition upon request of the department.

d. The department shall not issue a permit to a youth league for the use of a ballfield under its jurisdiction and management to play baseball or softball unless, for the duration of the season for which the permit is sought, such league certifies that it will comply with subdivision b.

e. Each league shall maintain records that it possesses a sufficient number of automated external defibrillators to meet the requirements of subdivision b for three years from the date such league receives the permit that was the subject of the application.

f. Any person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment using an automated external defibrillator that has been made available pursuant to this section, to a person who is unconscious, ill or injured, and any individual or entity that purchases or makes available an automated external defibrillator as required by this section, is entitled to the limitation of liability provided in section 3000-a of the New York state public health law.

g. Nothing contained in this section imposes any duty or obligation on any person to provide assistance with an automated external defibrillator to a victim of a medical emergency.

h. Nothing contained in this section affects the obligations or liability of emergency health providers pursuant to section 3000-b of the New York state public health law.

i. 1. The ballfield permit holder of any league that violates the provisions of subdivisions b or e shall receive a warning for a first violation, and shall be liable for a civil penalty of \$500 for each subsequent violation, recoverable in a proceeding before any tribunal established within the office of administrative trials and hearings or within any agency of the city of New York designated to conduct such proceedings.

2. The ballfield permit holder of any league that violates the provisions of subdivision c shall be liable for a civil penalty of no more than \$2,500 for each automated external defibrillator that is not returned in satisfactory condition to the department, recoverable in a proceeding before any tribunal established within the office of administrative trials and hearings or within any agency of the city of New York designated to conduct such proceedings.

j. No ballfield permit shall be issued to any youth league that has a past due outstanding penalty for a violation issued pursuant to paragraph 2 of subdivision i.

k. The provision of automated external defibrillators and training courses authorized by this section shall be limited to the appropriation of funds available for this program. To the extent the department anticipates that the number of automated external defibrillators and training courses requested by youth leagues will exceed the funds available, the department shall provide such defibrillators and training courses authorized by subdivision c on an equitable basis until such funds are exhausted.

l. The commissioner of the department shall promulgate any rules as may be necessary for the purposes of carrying out the provisions of this section.

§ 3. This local law takes effect on January 1, 2019.

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