March 5, 2025

Re: HF 1290
Automated External Defibrillators
WAYFINDING SIGNS

Testimony in support of adopting a bill

To: House Transportation Committee
Committee Leadership and Committee Members

My name is Rich Feneis. I am the Founder of Advocates for Health, https://advocates4health.org a Minnesota 501 ©(3) non-profit organization.

Our Mission

THE MISSION of Advocates For Health is to bring Public Access Defibrillation to communities by installing Outdoor Smart Monitored AED cabinets and bringing CPR/AED awareness to community members.

Our Vision

OUR VISION is to help **BRIDGE THE GAP** between when a Sudden Cardiac Arrest (SCA) occurs and EMS arrives to provide help. Our goal to accomplish this is to implement a Public Access Defibrillation program of **Awareness, Access, Action and Assurance.**

What is sudden cardiac arrest (SCA)?

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly stops beating. When that happens, blood stops flowing to the brain and other vital organs. If it is not treated, SCA usually causes death within minutes. But quick treatment with a defibrillator may be lifesaving.

SCA is the third leading cause of death in the U.S. Approximately 356,000 people of all ages experience EMS-assessed out-of-hospital non-traumatic SCA each year and nine

out of 10 victims die. When bystanders intervene immediately by giving CPR, survival rates double or triple.

How is sudden cardiac arrest (SCA) different from a heart attack?

A heart attack is different from an SCA. A heart attack happens when blood flow to the heart is blocked. During a heart attack, the heart usually doesn't suddenly stop beating. With an SCA, the heart stops beating.
Sometimes an SCA can happen after or during recovery from a heart attack.

What are the treatments for sudden cardiac arrest (SCA)?

SCA is an emergency. A person having SCA needs to be treated with a defibrillator right away. A defibrillator is a device that sends an electric shock to the heart. The electric shock can restore a normal rhythm to a heart that's stopped beating. It must be done within minutes of the SCA to work well.

Why are Automated External Defibrillator Wayfinding Signs Needed ?

Because time is of the essence when someone has a Sudden Cardiac Arrest, vital motorist information about the location of an AED – Automated External Defibrillator is critical. After the first 4 minutes of a Sudden Cardiac Arrest, the chance of survival diminishes by 10% per minute.

Currently 90% plus of the governmental agencies – cities, counties, townships – we work with now allow the installation of our standard Cardiac ReStart directional signage to direct the victims of Sudden Cardiac Arrest to a LifeSaving AED.

The Problem

Currently, the Minnesota Department of Transportation does not allow the installation of life-saving directional signs on state highways and interstates. The reason stated is that AED directional signs are not allowed by the MUTCD - Manuel of Uniform Traffic Control Devices of the US Department of Transportation – Federal Highway Administration.

Figure 21-1. General Service Signs and Plaques of the MUTCD. Specifically, I draw your attention to drawing D9-13 Emergency Medical Services and D9-13cP Emergency Medical Care. Clearly, the manual contemplates the need for Emergency Medical Services signage.

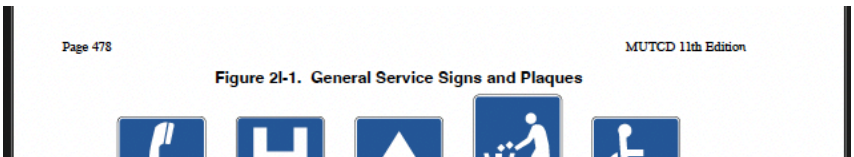
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Figure 2I-1. General Service Signs and Plaques

https://mutcd.fhwa.dot.gov/htm/2009/part2/fig2i_01_longdesc.htm

Line 18 of the **Standard** allows for signage for …qualified free-standing emergency medical treatment centers. Our AED Smart Monitored Cabinets contain an AED – Automated External Defibrillator but also Stop the Bleed kits and Narcan (Naloxone) if allowed.

Standard:
18 **The Emergency Medical Services symbol sign shall not be used to identify services other than qualified hospitals, ambulance stations, and qualified free-standing emergency medical treatment centers. If used, the Emergency Medical Services symbol sign shall be supplemented by a sign identifying the type of service provided.**

Experimentations

The MUTCD also allows for Experimentation.

MnDOT leads the nation in Experimentation projects that ultimately become an inclusion in future versions of the MUTCD.

We respectfully request the committee approve the support of SF 1395 Automated External Defibrillators – WAYFINDING SIGNS

Link to Video

Avive AED revised

Experimentations

If you have an idea for a new traffic control device or a different application of an existing device that will improve road user safety or operation, but the device or application is not compliant with or not included in the MUTCD, it is possible to experiment with the device or its use.

A successful experiment is one where the research results show that the public understands the new device or application, the device or application generally performs as intended, and the device does not cause adverse conditions. The "experimenter" must evaluate conditions both before and after installation of the experimental device and describe the measurements of effectiveness (MOEs) of the safety and operational benefits (e.g., better visibility, reduced congestion).

All requests for experimentation should originate with the State/local highway agency or toll operator responsible for managing the roadway or controlled setting where experiment will take place. That organization forwards the request to the FHWA - with a courtesy copy to the FHWA Division Office. The FHWA must approve the experiment before it begins.

Requests for experimentation approval should be on agency letterhead and should be sent electronically as an attachment (PDF or Word Document) to an e-mail to: MUTCDofficialrequest@dot.gov. [Note: if e-mail is not possible, the letter may be sent via postal mail or delivery service to FHWA at 1200 New Jersey Avenue, S.E., HOTO-1, Washington, DC 20590.]

As described in Paragraph 10 of Section 1B.05, all requests shall include:

1. A statement of the nature of the problem and a hypothesis establishing the premise of the experiment.
2. A description of the proposed change to the traffic control device or application of the traffic control device, including the manner in which it deviates from the provisions of the current MUTCD, and how it is expected to be an improvement over existing provisions.
3. Illustration(s) that would help to explain the traffic control device or use of the traffic control device.
4. Any supporting data explaining how the traffic control device was developed, including if it has been tested, in what ways it was found to be adequate or inadequate, and how this choice of device or application was derived
5. Comparison of the proposed device to other compliant devices or treatments, either individually or in combination, that address the same condition, if applicable.
6. A legally-binding statement that the device or application is in the public domain, and is not protected by a patent, trademark, or copyright (see MUTCD Sections 1B.05 and 1D.06 for additional details).
7. The time period and location(s) of the experiment.
8. Control sites for comparison purposes or justification for not using control sites.
9. A detailed research and evaluation plan that provides for close monitoring of the experimentation, throughout all stages of its field implementation. The evaluation plan shall include an appropriate evaluation methodology, such as before and after analysis, or other appropriate methodology as well as quantitative date describing the performance of the experimental device.
10. An agreement to provide semi-annual progress reports for the duration of the experiment, and an agreement to provide a report of the final results of the experimentation to the FHWA's Office of Transportation Operations within three months

following completion of the experimentation (see MUTCD Section 1B.05 paragraphs 10, 12 and 14 for additional details).

11. An agreement to restore the site of the experiment to a condition that complies with the provisions of this Manual within 3 months following the end of the time period of the experiment. This agreement shall also provide that the agency sponsoring the experimentation will terminate the experimentation at any time that it determines that safety concerns are directly or indirectly attributable to the experimentation and the agency shall provide timely notification to the FHWA's Office of Transportation Operations. The FHWA's Office of Transportation Operations shall have the right to terminate approval of the experimentation at any time if there is an indication of safety or operational concerns, or if the terms of the approval are not being adhered to. If, as a result of the experimentation, a request is made that this Manual be changed to include the device or application being experimented with, the FHWA's Office of Transportation Operations will determine whether the device or application can be permitted to remain in place until an official rulemaking action has occurred.

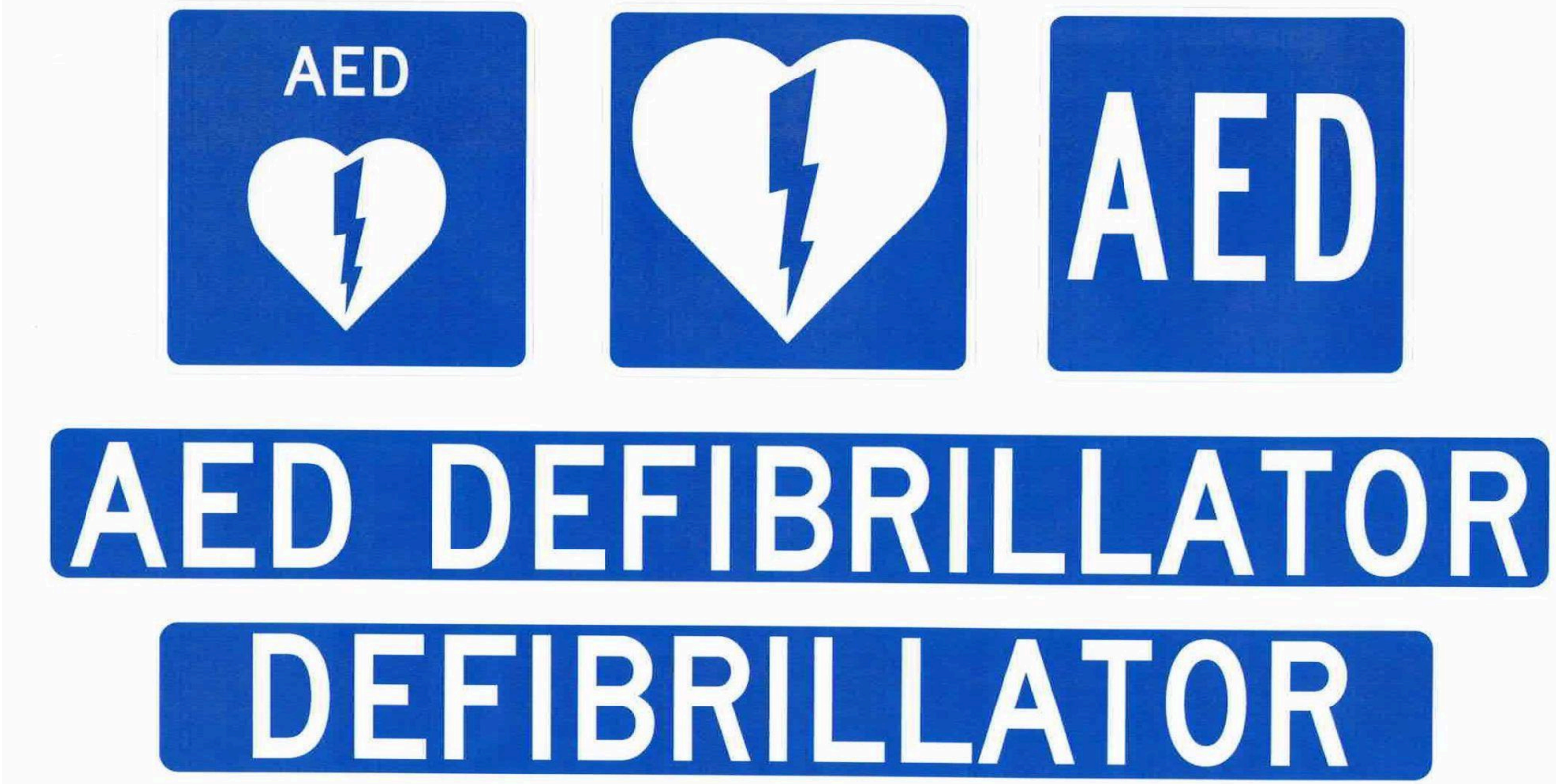
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Figure 2I-1. General Service Signs and Plaques

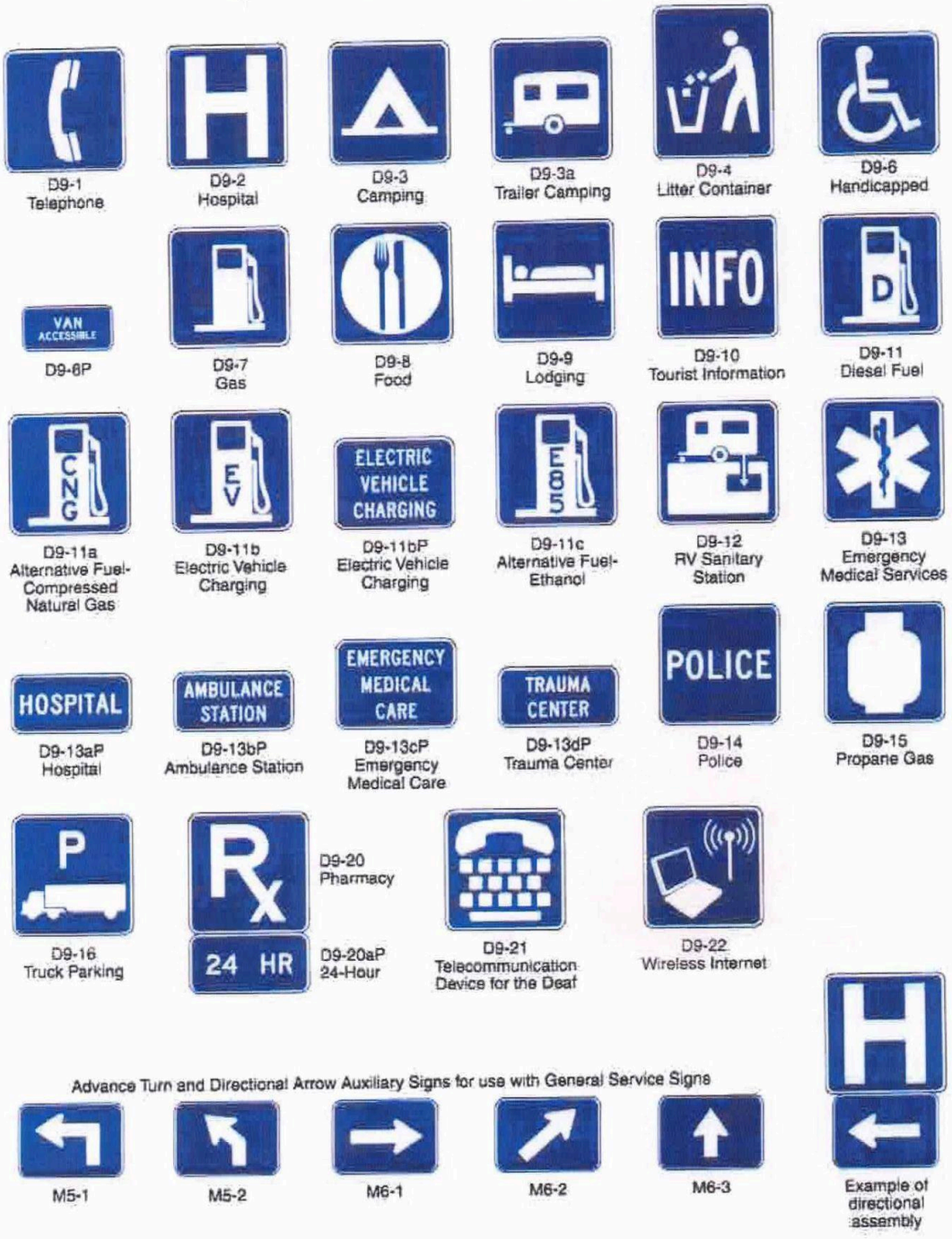
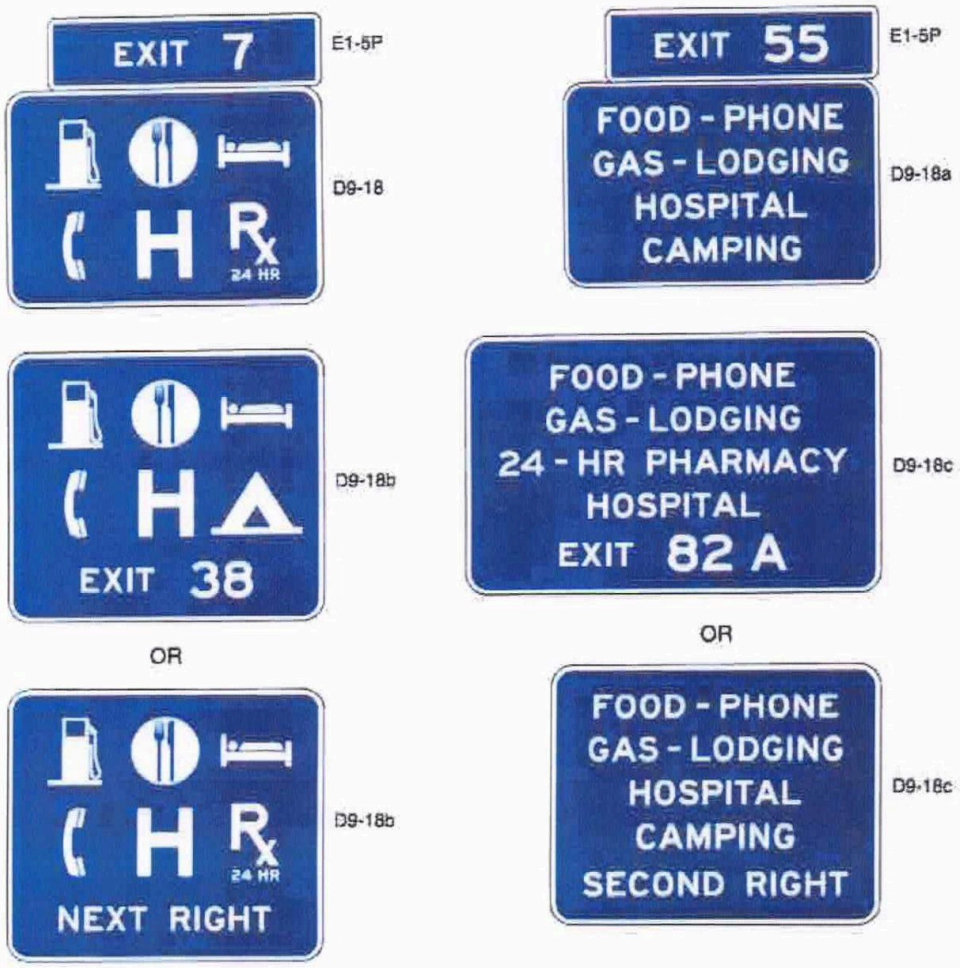


Figure 2I-3. Examples of General Service Signs with and without Exit Numbering



D. Public Telephone if continuous operation, 7 days per week is available.

E. Hospital if continuous emergency care capability, with a physician on duty 24 hours per day, 7 days per week is available. A physician on duty would include the following criteria and should be signed in accordance with the priority as follows:

1. *Physician on duty within the emergency department;*
2. *Registered nurse on duty within the emergency department, with a physician in the hospital on call; or*
3. *Registered nurse on duty within the emergency department, with a physician on call from office or home.*

F. 24-Hour Pharmacy if a pharmacy is open, with a State-licensed pharmacist present and on duty, 24 hours per day, 7 days per week and is located within 3 miles of an interchange on the Federal-aid system.

G. Camping if all of the following are available:

1. *Licensing or approval, where required;*
2. *Adequate parking accommodations; and*
3. *Modern sanitary facilities and drinking water.*