

## Cardiac Arrest Survival Act

HR 2498 IH

106th CONGRESS  
1st Session  
**H. R. 2498**

To amend the Public Health Service Act to provide for recommendations of the Secretary of Health and Human Services regarding the **placement of automatic external defibrillators in Federal buildings** in order to improve survival rates of individuals who experience cardiac arrest in such buildings, and to **establish protections from civil liability** arising from the emergency use of the devices.

### IN THE HOUSE OF REPRESENTATIVES

**July 13, 1999**

Mr. STEARNS (for himself Mr. RAHALL, Mr. ABERCROMBIE, Mr. BARRETT of Wisconsin, Mr. BILBRAY, Mr. BOEHLERT, Mr. COOK, Mr. DAVIS of Virginia, Mr. DELAHUNT, Mr. DEUTSCH, Mr. FOLEY, Mr. GALLEGLY, Mr. GEKAS, Mr. GREENWOOD, Mr. GUTIERREZ, Mr. HILLIARD, Ms. HOOLEY of Oregon, Mrs. JOHNSON of Connecticut, Mr. MASCARA, Mr. MATSUI, Mr. MEEHAN, Mrs. MINK of Hawaii, Mrs. MORELLA, Mr. PASCARELL, Mr. SANDLIN, and Mr. WEINER) introduced the following bill; which was referred to the Committee on Commerce

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### A BILL

To amend the Public Health Service Act to provide for recommendations of the Secretary of Health and Human Services regarding the placement of automatic external defibrillators in Federal buildings in order to improve survival rates of individuals who experience cardiac arrest in such buildings, and to establish protections from civil liability arising from the emergency use of the devices.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the '**Cardiac Arrest Survival Act of 1999**'.

### SEC. 2. FINDINGS.

The Congress finds as follows:

- (1) Each year more than 250,000 adults suffer cardiac arrest, usually away from a hospital. More than 95 percent of them will die, in many cases because cardiopulmonary resuscitation ('CPR'), defibrillation, and advanced life support are provided too late to reverse the cardiac arrest. These cardiac arrests occur primarily from occult underlying heart disease and from drowning, allergic or sensitivity reactions, or electrical shocks.
- (2) Every minute that passes before returning the heart to a normal rhythm after a cardiac arrest causes the chance of survival to fall by 10 percent.
- (3) In communities where strong public access to defibrillation programs have been implemented, survival from cardiac arrest has improved by as much as 20 percent.
- (4) Survival from cardiac arrest requires successful early implementation of a chain of events, known as the chain of survival, which must be initiated as soon as the person sustains a cardiac arrest and must continue until the person arrives at the hospital.
- (5) The chain of survival is the medical standard of care for treatment of cardiac arrest.
- (6) A successful chain of survival requires the first person on the scene to take rapid and simple initial steps to care for the patient and to assure that the patient promptly enters the emergency medical services system. These steps include--
  - (A) recognizing an emergency and activating the emergency medical services system;
  - (B) beginning CPR; and
  - (C) using an automated external defibrillator ('AED') if one is available at the scene.
- (7) The first persons at the scene of an arrest are typically lay persons who are friends or family of the victim, fire services, public safety personnel, basic life support emergency medical services providers, teachers, coaches and supervisors of sports or other extracurricular activities, providers of day care, school bus drivers, lifeguards, attendants at public gatherings, coworkers, and other leaders within the community.
- (8) **The Federal Government should facilitate programs for the placement of AEDs in public buildings, including provisions regarding the training of personnel in CPR and AED use, integration with the emergency medical services system, and maintenance of the devices.**

### **SEC. 3. RECOMMENDATIONS OF SECRETARY OF HEALTH AND HUMAN SERVICES REGARDING PLACEMENT OF AUTOMATIC EXTERNAL DEFIBRILLATORS IN FEDERAL BUILDINGS.**

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

# **`RECOMMENDATIONS REGARDING PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS IN FEDERAL BUILDINGS**

`SEC. 247. (a) IN GENERAL- Not later than 90 days after the date of the enactment of the Cardiac Arrest Survival Act of 1999, the Secretary shall assist in providing for an improvement in the survival rates of individuals who experience cardiac arrest in Federal buildings by publishing in the Federal Register for public comment the recommendations of the Secretary with respect to placing automatic external defibrillators in such buildings. The Secretary shall in addition assist Federal agencies in implementing programs for such placement.

`(b) CONSIDERATION OF CERTAIN GOALS FOR SURVIVAL RATES- In carrying out this section, the Secretary shall consider the goals established by national public-health organizations for improving the survival rates of individuals who experience cardiac arrest in nonhospital settings, including goals for minimizing the time elapsing between the onset of cardiac arrest and the initial medical response.

`(c) CERTAIN PROCEDURES- The matters addressed by the Secretary in the recommendations under subsection (a) shall include the following:

`(1) Procedures for implementing appropriate nationally recognized training courses in performing cardiopulmonary resuscitation and the use of automatic external defibrillators.

`(2) Procedures for proper maintenance and testing of such devices, according to the guidelines of the manufacturer of the devices.

`(3) Procedures for ensuring direct involvement of a licensed medical professional and coordination with local emergency medical services in the oversight of training and notification of incidents of the use of the devices.

`(4) Procedures for ensuring notification of an agent of the local emergency medical system dispatch center of the location and type of device.

`(d) CERTAIN CRITERIA- In making recommendations under subsection (a), the Secretary shall determine the following:

`(1) Criteria for selecting the Federal public buildings in which automatic external defibrillators should be placed, taking into account the typical number of employees and visitors in the buildings, the extent of the need for security measures regarding the buildings, buildings or portions of buildings in which there are special circumstances such as high electrical voltage or extreme heat or cold, and such other factors as the Secretary determines to be appropriate.

`(2) Criteria regarding the maintenance of such devices (consistent with the labeling for the devices).

`(3) Criteria for coordinating the use of the devices in public buildings with providers of emergency medical services for the geographic areas in which the buildings are located.'

## **SEC. 4. IMMUNITY FROM CIVIL LIABILITY FOR EMERGENCY USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS.**

Part B of title II of the Public Health Service Act, as amended by section 3 of this Act, is amended by adding at the end the following section:

### **`LIABILITY REGARDING EMERGENCY USE OF AUTOMATED EXTERNAL DEFIBRILLATORS**

`SEC. 248. (a) PERSONS USING AEDS- Any person who provides emergency medical care through the use of an automated external defibrillator is immune from civil liability for any personal injury or wrongful death resulting from the provision of such care, except as provided in subsection (c).

`(b) OTHER PERSONS INVOLVED WITH AEDS; SPECIAL RULES FOR ACQUIRERS- With respect to a personal injury or wrongful death to which subsection (a) applies, in addition to the person who provided emergency medical care through the use of the automated external defibrillator, the following persons are with respect to the device immune from civil liability for the personal injury or wrongful death in accordance with the following, except as provided in subsection (c):

`(1) Any person who maintained the device, tested the device, or provided training in the use of the device is immune from such liability.

`(2) Any physician who provided medical oversight regarding the device is immune from such liability.

`(3) The person who acquired the device (in this paragraph referred to as the `acquirer') is immune from such liability if the following conditions are met:

`(A) The condition that the acquirer notified local emergency response personnel of the most recent placement of the device within a reasonable period of time after the device was placed.

`(B) The condition that, as of the date on which the emergency occurred, the device had been maintained and tested in accordance with the guidelines established for the device by the manufacturer of the device.

`(C) In any case in which the person who provided the emergency medical care through the use of the device was an employee or agent of the acquirer, and the employee or agent was within the class of persons the acquirer expected would use the device in the event of a relevant emergency, the condition that the employee or agent received reasonable instruction

in the use of such devices through a course approved by the Secretary or by the chief public health officer of any of the States.

`(c) INAPPLICABILITY OF IMMUNITY- Immunity under subsections (a) and (b) does not apply to a person if the person engaged in gross negligence or willful or wanton misconduct in the circumstances described in such subsections that apply to the person with respect to automated external defibrillators.

`(d) RULES OF CONSTRUCTION-

`(1) IN GENERAL- The following applies with respect to this section:

`(A) This section does not supersede the law of any State that (before, on, or after the date of the enactment of the Cardiac Arrest Survival Act of 1999) provides through statute or regulations any degree of immunity for any class of persons for civil liability for personal injury or wrongful death arising from the provision of emergency medical care through the use of an automated external defibrillator.

`(B) This section does not waive any protection from liability for Federal officers or employees under--

`(i) section 224; or

`(ii) sections 1346(b) and 2672 of title 28, United States Code, or under alternative benefits provided by the United States where the availability of such benefits precludes a remedy under section 1346(b) of title 28.

`(C) This section does not require that an automated external defibrillator be placed at any building or other location.

`(2) CIVIL ACTIONS UNDER FEDERAL LAW-

`(A) IN GENERAL- The applicability of subsections (a) through (c) includes applicability to any action for civil liability described in subsection (a) that arises under Federal law.

`(B) FEDERAL AREAS ADOPTING STATE LAW- If a geographic area is under Federal jurisdiction and is located within a State but out of the jurisdiction of the State, and if, pursuant to Federal law, the law of the State applies in such area regarding matters for which there is no applicable Federal law, then an action for civil liability described in subsection (a) that in such area arises under the law of the State is subject to subsections (a) through (c) in lieu of any related State law that would apply in such area in the absence of this subparagraph.'.

*END*