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105TH CONGRESS
2D SESSION

# H. R. 4121

To amend the Public Health Service Act to provide for the establishment at the National Heart, Lung, and Blood Institute of a program regarding lifesaving interventions for individuals who experience cardiac arrest, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

JUNE 23, 1998

Mr. STEARNS (for himself, Mr. GEKAS, Mr. SERRANO, Mr. WAXMAN, Mr. FROST, Mrs. MINK of Hawaii, Mr. FILNER, Mr. HILLIARD, Mr. MCCOLLUM, Mrs. KENNELLY of Connecticut, Mr. CLEMENT, Mr. SHAYS, Mr. FALEOMAVAEGA, Mr. HASTINGS of Florida, Ms. CARSON, Mr. WOLF, Mr. WALSH, Mr. BOEHLERT, Mrs. LINDA SMITH of Washington, Mr. COOK, and Mr. DELAHUNT) 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 the establishment at the National Heart, Lung, and Blood Institute of a program regarding lifesaving interventions for individuals who experience cardiac arrest, and for other purposes.

*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''.

**SEC. 2. FINDINGS.**

Congress makes the following findings:

(1) Each year more than 350,000 adults suffer cardiac arrest, usually away from a hospital. More than 95 percent of them will die, in many cases, because lifesaving defibrillators arrive on the scene too late, if at all.

(2) These cardiac arrest deaths occur primarily from occult underlying heart disease and from drownings, allergic or sensitivity reactions, or electrical shocks.

(3) Survival from cardiac arrest requires successful early implementation of a chain of events, the chain of survival which begins when the person sustains a cardiac arrest and continues until the person arrives at the hospital.

(4) 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 the patient promptly enters the emergency medical services system.

(5) The first persons on the scene when an arrest occurs 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.

(6) A coordinated Federal response is necessary to ensure that appropriate and timely lifesaving interventions are provided to persons sustaining nontraumatic cardiac arrest. The Federal response should include, but not be limited to—

(A) significantly expanded research concerning the efficacy of various methods of providing immediate out-of-hospital lifesaving interventions to the nontraumatic cardiac arrest patient;

(B) the development of research-based, nationally uniform, easily learned and well retained model core educational content concerning the use of such lifesaving interventions by health care professionals, allied health personnel, emergency medical services personnel, public safety personnel, and other persons who are

likely to arrive immediately at the scene of a sudden cardiac arrest;

(C) an identification of the legal, political, financial, and other barriers to implementing these lifesaving interventions; and

(D) the development of model State legislation to reduce identified barriers and to enhance each State's response to this significant problem.

**SEC. 3. NATIONAL INSTITUTES OF HEALTH MODEL PROGRAM ON THE FIRST LINKS IN THE CHAIN OF SURVIVAL.**

Section 421 of the Public Health Service Act (42 U.S.C. 285b–3) is amended by adding at the end the following subsection:

''(c) Programs under subsection (a)(1)(E) (relating to emergency medical services and preventive, diagnostic, therapeutic, and rehabilitative approaches) shall include programs for the following:

''(1) The development and dissemination, in coordination with the emergency services guidelines promulgated under section 402(a) of title 23, United States Code, by the Associate Administrator for Traffic Safety Programs, Department of Transportation, of a core content for a model State training

program applicable to cardiac arrest for inclusion in appropriate current emergency medical services educational curricula and training programs that address lifesaving interventions, including cardiopulmonary resuscitation and defibrillation. In developing the core content for such program, the Director of the Institute may rely upon the content of similar curricula and training programs developed by national nonprofit entities. The core content of such program—

''(A) may be used by health care professionals, allied health personnel, emergency medical services personnel, public safety personnel, and any other persons who are likely to arrive immediately at the scene of a sudden cardiac arrest (in this subsection referred to as 'cardiac arrest care providers') to provide lifesaving interventions, including cardiopulmonary resuscitation and defibrillation;

''(B) shall include age-specific criteria for the use of particular techniques, which shall include infants and children; and

''(C) shall be reevaluated as additional interventions are shown to be effective.

''(2) The operation of a limited demonstration project to provide training in such core content for cardiac arrest care providers to validate the effectiveness of the training program.

''(3) The definition and identification of cardiac arrest care providers, by personal relationship, exposure to arrest or trauma, occupation (including health professionals), or otherwise, who could provide benefit to victims of out-of-hospital arrest by comprehension of such core content.

''(4) The establishment of criteria for completion and comprehension of such core content, including consideration of inclusion in health and safety educational curricula.

''(5) The identification of equipment and supplies that should be accessible to cardiac arrest care providers to permit lifesaving interventions by preplacement of such equipment in appropriate locations insofar as such activities are consistent with the development of the core content and utilize information derived from such studies by the National Institutes of Health on investigation in cardiac resuscitation.

''(6) The development in accordance with this paragraph of model State legislation (or Federal leg-

islation applicable to Federal territories, facilities, and employees). In developing the model legislation, the Director of the Institute shall cooperate with the Attorney General, and may consult with nonprofit private organizations that are involved in the drafting of model State legislation. The model legislation should take into consideration the following:

''(A) The purpose of the model legislation shall be to ensure—

''(i) access to emergency medical services through consideration of a requirement for public placement of lifesaving equipment; and

''(ii) good samaritan immunity for cardiac arrest care providers; those involved with the instruction of the training programs; and owners and managers of property where equipment is placed.

''(B) In the development of the model legislation, there shall be consideration of requirements for training in the core content and use of lifesaving equipment for State licensure or credentialing of health professionals or other occupations or employment of other individuals

who may be defined as cardiac arrest care providers under paragraph (3).

''(7) The coordination of a national database for reporting and collecting information relating to the incidence of cardiac arrest, the circumstances surrounding such arrests, the rate of survival, the effect of age, and whether interventions, including cardiac arrest care provider interventions, or other aspects of the chain of survival, improve the rate of survival. The development of such database shall be coordinated with other existing databases on emergency care that have been developed under the authority of the National Highway Traffic Safety Administration and the Centers for Disease Control and Prevention.''.

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