

105TH CONGRESS
2D SESSION

S. 2196

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.

IN THE SENATE OF THE UNITED STATES

JUNE 19, 1998

Mr. GORTON (for himself, Mrs. MURRAY, Mr. GRAMS, and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Cardiac Arrest Sur-
5 vival Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

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

6 (2) These cardiac arrest deaths occur primarily
7 from occult underlying heart disease and from
8 drownings, allergic or sensitivity reactions, or elec-
9 trical shocks.

10 (3) Survival from cardiac arrest requires suc-
11 cessful early implementation of a chain of events,
12 the chain of survival which begins when the person
13 sustains a cardiac arrest and continues until the
14 person arrives at the hospital.

15 (4) A successful chain of survival requires the
16 first person on the scene to take rapid and simple
17 initial steps to care for the patient and to assure the
18 patient promptly enters the emergency medical serv-
19 ices system.

20 (5) The first persons on the scene when an ar-
21 rest occurs are typically lay persons who are friends
22 or family of the victim, fire services, public safety
23 personnel, basic life support emergency medical serv-
24 ices providers, teachers, coaches, and supervisors of
25 sports or other extracurricular activities, providers of

1 day care, school bus drivers, lifeguards, attendants
2 at public gatherings, coworkers, and other leaders
3 within the community.

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

9 (A) significantly expanded research con-
10 cerning the efficacy of various methods of pro-
11 viding immediate out-of-hospital lifesaving
12 interventions to the nontraumatic cardiac arrest
13 patient;

14 (B) the development of research-based, na-
15 tionally uniform, easily learned and well re-
16 tained model core educational content concern-
17 ing the use of such lifesaving interventions by
18 health care professionals, allied health person-
19 nel, emergency medical services personnel, pub-
20 lic safety personnel, and other persons who are
21 likely to arrive immediately at the scene of a
22 sudden cardiac arrest;

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

1 (D) the development of model State legis-
2 lation to reduce identified barriers and to en-
3 hance each State’s response to this significant
4 problem.

5 **SEC. 3. NATIONAL INSTITUTES OF HEALTH MODEL PRO-**
6 **GRAM ON THE FIRST LINKS IN THE CHAIN OF**
7 **SURVIVAL.**

8 Section 421 of the Public Health Service Act (42
9 U.S.C. 285b–3) is amended by adding at the end the fol-
10 lowing subsection:

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

15 “(1) The development and dissemination, in co-
16 ordination with the emergency services guidelines
17 promulgated under section 402(a) of title 23, United
18 States Code, by the Associate Administrator for
19 Traffic Safety Programs, Department of Transpor-
20 tation, of a core content for a model State training
21 program applicable to cardiac arrest for inclusion in
22 appropriate current emergency medical services edu-
23 cational curricula and training programs that ad-
24 dress lifesaving interventions, including
25 cardiopulmonary resuscitation and defibrillation. In

1 developing the core content for such program, the
2 Director of the Institute may rely upon the content
3 of similar curricula and training programs developed
4 by national nonprofit entities. The core content of
5 such program—

6 “(A) may be used by health care profes-
7 sionals, allied health personnel, emergency med-
8 ical services personnel, public safety personnel,
9 and any other persons who are likely to arrive
10 immediately at the scene of a sudden cardiac
11 arrest (in this subsection referred to as ‘cardiac
12 arrest care providers’) to provide lifesaving
13 interventions, including cardiopulmonary resus-
14 citation and defibrillation;

15 “(B) shall include age-specific criteria for
16 the use of particular techniques, which shall in-
17 clude infants and children; and

18 “(C) shall be reevaluated as additional
19 interventions are shown to be effective.

20 “(2) The operation of a limited demonstration
21 project to provide training in such core content for
22 cardiac arrest care providers to validate the effec-
23 tiveness of the training program.

24 “(3) The definition and identification of cardiac
25 arrest care providers, by personal relationship, expo-

1 sure to arrest or trauma, occupation (including
2 health professionals), or otherwise, who could pro-
3 vide benefit to victims of out-of-hospital arrest by
4 comprehension of such core content.

5 “(4) The establishment of criteria for comple-
6 tion and comprehension of such core content, includ-
7 ing consideration of inclusion in health and safety
8 educational curricula.

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

18 “(6) The development in accordance with this
19 paragraph of model State legislation (or Federal leg-
20 islation applicable to Federal territories, facilities,
21 and employees). In developing the model legislation,
22 the Director of the Institute shall cooperate with the
23 Attorney General, and may consult with nonprofit
24 private organizations that are involved in the draft-

1 ing of model State legislation. The model legislation
2 shall be developed in accordance with the following:

3 “(A) The purpose of the model legislation
4 shall be to ensure—

5 “(i) access to emergency medical serv-
6 ices through consideration of a require-
7 ment for public placement of lifesaving
8 equipment; and

9 “(ii) good samaritan immunity for
10 cardiac arrest care providers; those in-
11 volved with the instruction of the training
12 programs; and owners and managers of
13 property where equipment is placed.

14 “(B) In the development of the model leg-
15 islation, there shall be consideration of require-
16 ments for training in the core content and use
17 of lifesaving equipment for State licensure or
18 credentialing of health professionals or other oc-
19 cupations or employment of other individuals
20 who may be defined as cardiac arrest care pro-
21 viders under paragraph (3).

22 “(7) The coordination of a national database
23 for reporting and collecting information relating to
24 the incidence of cardiac arrest, the circumstances
25 surrounding such arrests, the rate of survival, the

1 effect of age, and whether interventions, including
2 cardiac arrest care provider interventions, or other
3 aspects of the chain of survival, improve the rate of
4 survival. The development of such database shall be
5 coordinated with other existing databases on emer-
6 gency care that have been developed under the au-
7 thority of the National Highway Traffic Safety Ad-
8 ministration and the Centers for Disease Control
9 and Prevention.”.

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