

107TH CONGRESS  
1ST SESSION

# S. 1275

To amend the Public Health Service Act to provide grants for public access defibrillation programs and public access defibrillation demonstration projects, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JULY 31, 2001

Mr. FRIST (for himself, Mr. KENNEDY, Mr. JEFFORDS, Mr. HUTCHINSON, Mr. DODD, Ms. COLLINS, Mr. BINGAMAN, Mr. FEINGOLD, Mrs. MURRAY, Mr. EDWARDS, and Mr. CORZINE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to provide grants for public access defibrillation programs and public access defibrillation demonstration projects, 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 “Community Access to  
5       Emergency Defibrillation Act of 2001”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

1           (1) Over 220,000 Americans die each year from  
2 cardiac arrest. Every 2 minutes, an individual goes  
3 into cardiac arrest in the United States.

4           (2) The chance of successfully returning to a  
5 normal heart rhythm diminishes by 10 percent each  
6 minute following sudden cardiac arrest.

7           (3) Eighty percent of cardiac arrests are caused  
8 by ventricular fibrillation, for which defibrillation is  
9 the only effective treatment.

10          (4) Sixty percent of all cardiac arrests occur  
11 outside the hospital. The average national survival  
12 rate for out-of-hospital cardiac arrest is only 5 per-  
13 cent.

14          (5) Communities that have established and im-  
15 plemented public access defibrillation programs have  
16 achieved average survival rates for out-of-hospital  
17 cardiac arrest as high as 50 percent.

18          (6) According to the American Heart Associa-  
19 tion, wide use of defibrillators could save as many as  
20 50,000 lives nationally each year.

21          (7) Successful public access defibrillation pro-  
22 grams ensure that cardiac arrest victims have access  
23 to early 911 notification, early cardiopulmonary re-  
24 suscitation, early defibrillation, and early advanced  
25 care.

1 **SEC. 3. PUBLIC ACCESS DEFIBRILLATION PROGRAMS AND**  
2 **PROJECTS.**

3 Part B of title III of the Public Health Service Act  
4 (42 U.S.C. 243 et seq.), as amended by Public Law 106–  
5 310, is amended by adding after section 311 the following:

6 **“SEC. 312. PUBLIC ACCESS DEFIBRILLATION PROGRAMS.**

7 “(a) IN GENERAL.—The Secretary shall award  
8 grants to States, political subdivisions of States, Indian  
9 tribes, and tribal organizations to develop and implement  
10 public access defibrillation programs—

11 “(1) by training and equipping local emergency  
12 medical services personnel, including firefighters, po-  
13 lice officers, paramedics, emergency medical techni-  
14 cians, and other first responders, to administer im-  
15 mediate care, including cardiopulmonary resuscita-  
16 tion and automated external defibrillation, to cardiac  
17 arrest victims;

18 “(2) by purchasing automated external  
19 defibrillators, placing the defibrillators in public  
20 places where cardiac arrests are likely to occur, and  
21 training personnel in such places to administer  
22 cardiopulmonary resuscitation and automated exter-  
23 nal defibrillation to cardiac arrest victims;

24 “(3) by setting procedures for proper mainte-  
25 nance and testing of such devices, according to the  
26 guidelines of the manufacturers of the devices;

1           “(4) by providing training to members of the  
2 public in cardiopulmonary resuscitation and auto-  
3 mated external defibrillation;

4           “(5) by integrating the emergency medical serv-  
5 ices system with the public access defibrillation pro-  
6 grams so that emergency medical services personnel,  
7 including dispatchers, are informed about the loca-  
8 tion of automated external defibrillators in their  
9 community; and

10           “(6) by encouraging private companies, includ-  
11 ing small businesses, to purchase automated external  
12 defibrillators and provide training for their employ-  
13 ees to administer cardiopulmonary resuscitation and  
14 external automated defibrillation to cardiac arrest  
15 victims in their community.

16           “(b) PREFERENCE.—In awarding grants under sub-  
17 section (a), the Secretary shall give a preference to a  
18 State, political subdivision of a State, Indian tribe, or trib-  
19 al organization that—

20           “(1) has a particularly low local survival rate  
21 for cardiac arrests, or a particularly low local re-  
22 sponse rate for cardiac arrest victims; or

23           “(2) demonstrates in its application the great-  
24 est commitment to establishing and maintaining a  
25 public access defibrillation program.

1       “(c) USE OF FUNDS.—A State, political subdivision  
2 of a State, Indian tribe, or tribal organization that receives  
3 a grant under subsection (a) may use funds received  
4 through such grant to—

5           “(1) purchase automated external defibrillators  
6 that have been approved, or cleared for marketing,  
7 by the Food and Drug Administration;

8           “(2) provide automated external defibrillation  
9 and basic life support training in automated external  
10 defibrillator usage through nationally recognized  
11 courses;

12           “(3) provide information to community mem-  
13 bers about the public access defibrillation program  
14 to be funded with the grant;

15           “(4) provide information to the local emergency  
16 medical services system regarding the placement of  
17 automated external defibrillators in public places;

18           “(5) produce such materials as may be nec-  
19 essary to encourage private companies, including  
20 small businesses, to purchase automated external  
21 defibrillators; and

22           “(6) carry out other activities that the Sec-  
23 retary determines are necessary or useful to pursue  
24 the purposes of this section.

25       “(d) APPLICATION.—

1           “(1) IN GENERAL.—To be eligible to receive a  
2 grant under subsection (a), a State, political subdivi-  
3 sion of a State, Indian tribe, or tribal organization  
4 shall prepare and submit an application to the Sec-  
5 retary at such time, in such manner, and containing  
6 such information as the Secretary may reasonably  
7 require.

8           “(2) CONTENTS.—An application submitted  
9 under paragraph (1) shall—

10           “(A) describe the comprehensive public ac-  
11 cess defibrillation program to be funded with  
12 the grant and demonstrate how such program  
13 would make automated external defibrillation  
14 accessible and available to cardiac arrest vic-  
15 tims in the community;

16           “(B) contain procedures for implementing  
17 appropriate nationally recognized training  
18 courses in performing cardiopulmonary resus-  
19 citation and the use of automated external  
20 defibrillators;

21           “(C) contain procedures for ensuring direct  
22 involvement of a licensed medical professional  
23 and coordination with the local emergency med-  
24 ical services system in the oversight of training

1 and notification of incidents of the use of the  
2 automated external defibrillators;

3 “(D) contain procedures for proper main-  
4 tenance and testing of the automated external  
5 defibrillators, according to the labeling of the  
6 manufacturer;

7 “(E) contain procedures for ensuring noti-  
8 fication of local emergency medical services sys-  
9 tem personnel, including dispatchers, of the lo-  
10 cation and type of devices used in the public ac-  
11 cess defibrillation program; and

12 “(F) provide for the collection of data re-  
13 garding the effectiveness of the public access  
14 defibrillation program to be funded with the  
15 grant in affecting the out-of-hospital cardiac ar-  
16 rest survival rate.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
18 is authorized to be appropriated to carry out this section  
19 \$50,000,000 for each of fiscal years 2002 through 2007.  
20 Not more than 10 percent of amounts received under a  
21 grant awarded under this section may be used for adminis-  
22 trative expenses.

1 **“SEC. 313. PUBLIC ACCESS DEFIBRILLATION DEMONSTRATION PROJECTS.**  
2

3 “(a) IN GENERAL.—The Secretary shall award  
4 grants to political subdivisions of States, Indian tribes,  
5 and tribal organizations to develop and implement innova-  
6 tive, comprehensive, community-based public access  
7 defibrillation demonstration projects that—

8 “(1) provide cardiopulmonary resuscitation and  
9 automated external defibrillation to cardiac arrest  
10 victims in unique settings;

11 “(2) provide training to community members in  
12 cardiopulmonary resuscitation and automated exter-  
13 nal defibrillation; and

14 “(3) maximize community access to automated  
15 external defibrillators.

16 “(b) USE OF FUNDS.—A recipient of a grant under  
17 subsection (a) shall use the funds provided through the  
18 grant to—

19 “(1) purchase automated external defibrillators  
20 that have been approved, or cleared for marketing,  
21 by the Food and Drug Administration;

22 “(2) provide basic life training in automated ex-  
23 ternal defibrillator usage through nationally recog-  
24 nized courses;

1           “(3) provide information to community mem-  
2           bers about the public access defibrillation dem-  
3           onstration project to be funded with the grant;

4           “(4) provide information to the local emergency  
5           medical services system regarding the placement of  
6           automated external defibrillators in the unique set-  
7           tings; and

8           “(5) carry out other activities that the Sec-  
9           retary determines are necessary or useful to pursue  
10          the purposes of this section.

11         “(c) APPLICATION.—

12           “(1) IN GENERAL.—To be eligible to receive a  
13           grant under subsection (a), a political subdivision of  
14           a State, Indian tribe, or tribal organization shall  
15           prepare and submit an application to the Secretary  
16           at such time, in such manner, and containing such  
17           information as the Secretary may reasonably re-  
18           quire.

19           “(2) CONTENTS.—An application submitted  
20           under paragraph (1) may—

21           “(A) describe the innovative, comprehen-  
22           sive, community-based public access  
23           defibrillation demonstration project to be fund-  
24           ed with the grant;

1           “(B) explain how such public access  
2 defibrillation demonstration project represents  
3 innovation in providing public access to auto-  
4 mated external defibrillation; and

5           “(C) provide for the collection of data re-  
6 garding the effectiveness of the demonstration  
7 project to be funded with the grant in—

8                   “(i) providing emergency  
9 cardiopulmonary resuscitation and auto-  
10 mated external defibrillation to cardiac ar-  
11 rest victims in the setting served by the  
12 demonstration project; and

13                   “(ii) affecting the cardiac arrest sur-  
14 vival rate in the setting served by the dem-  
15 onstration project.

16           “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
17 is authorized to be appropriated to carry out this section  
18 \$5,000,000 for each of fiscal years 2002 through 2007.  
19 Not more than 10 percent of amounts received under a  
20 grant awarded under this section may be used for adminis-  
21 trative expenses.”.

22 **“SEC. 313A. GRANTS FOR ACCESS TO DEFIBRILLATION.**

23           “(a) PROGRAM AUTHORIZED.—The Secretary of  
24 Health and Human Services shall award a grant to a  
25 health care organization to establish a national informa-

1 tion clearinghouse that provides information to increase  
2 public access to defibrillation in schools.

3 “(b) DUTIES.—The health care organization that re-  
4 ceives a grant under this section shall promote public ac-  
5 cess to defibrillation in schools by—

6 “(1) providing timely information to entities re-  
7 garding public access defibrillation program imple-  
8 mentation and development;

9 “(2) developing and providing comprehensive  
10 program materials to establish a public access  
11 defibrillation program in schools;

12 “(3) providing support to CPR and AED train-  
13 ing programs;

14 “(4) fostering new and existing community  
15 partnerships with and among public and private or-  
16 ganizations (such as local educational agencies, non-  
17 profit organizations, public health organizations,  
18 emergency medical service providers, fire and police  
19 departments, and parent-teacher associations) to  
20 promote public access to defibrillation in schools;

21 “(5) establishing a data base to gather informa-  
22 tion in a central location regarding sudden cardiac  
23 arrest in the pediatric population and identifying or  
24 conducting further research into the problem; and

1           “(6) providing assistance to communities that  
2           wish to develop screening programs for at risk  
3           youth.

4           “(c) APPLICATION.—A health care organization de-  
5           siring a grant under this section shall submit an applica-  
6           tion to the Secretary at such time, in such manner, and  
7           accompanied by such information as the Secretary may  
8           reasonably require.

9           “(d) REPORT.—Not later than 5 years after the date  
10          on which the health care organization receives a grant  
11          under this section, such organization shall submit to the  
12          Secretary of Health and Human Services a report that  
13          describes activities carried out with funds received under  
14          this section. Not later than 3 months after the date on  
15          which such report is received by the Secretary of Health  
16          and Human Services, the Secretary shall prepare and sub-  
17          mit to the appropriate committees of Congress an evalua-  
18          tion that reviews such report and evaluates the success  
19          of such clearinghouse.

20          “(e) AUTHORIZATION OF APPROPRIATIONS.—From  
21          funds authorized to be appropriated for fiscal years 2002  
22          through 2006 for activities and programs under the De-  
23          partment of Health and Human Services, \$800,000 of  
24          such funds may be appropriated to carry out the programs

1 described in this section for each of the fiscal years 2002  
2 through 2006.”.

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