

107TH CONGRESS
2D SESSION

S. 1275

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2002

Referred to the Committee on Energy and Commerce

AN ACT

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 2002”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

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

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

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

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

20 (6) According to the American Heart Associa-
21 tion, wide use of defibrillators could save as many as
22 50,000 lives nationally each year.

23 (7) Successful public access defibrillation pro-
24 grams ensure that cardiac arrest victims have access
25 to early 911 notification, early cardiopulmonary re-

1 suscitation, early defibrillation, and early advanced
2 care.

3 **SEC. 3. PUBLIC ACCESS DEFIBRILLATION PROGRAMS AND**
4 **PROJECTS.**

5 Part B of title III of the Public Health Service Act
6 (42 U.S.C. 243 et seq.), as amended by Public Law 106–
7 310, is amended by adding after section 311 the following:

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

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

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

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

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

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

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

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

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

23 “(1) has a particularly low local survival rate
24 for cardiac arrests, or a particularly low local re-
25 sponse rate for cardiac arrest victims; or

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

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

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

11 “(2) provide automated external defibrillation
12 and basic life support training in automated external
13 defibrillator usage through nationally recognized
14 courses;

15 “(3) provide information to community mem-
16 bers about the public access defibrillation program
17 to be funded with the grant;

18 “(4) provide information to the local emergency
19 medical services system regarding the placement of
20 automated external defibrillators in public places;

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

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

4 “(d) APPLICATION.—

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

12 “(2) CONTENTS.—An application submitted
13 under paragraph (1) shall—

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

20 “(B) contain procedures for implementing
21 appropriate nationally recognized training
22 courses in performing cardiopulmonary resus-
23 citation and the use of automated external
24 defibrillators;

1 “(C) contain procedures for ensuring direct
2 involvement of a licensed medical professional
3 and coordination with the local emergency med-
4 ical services system in the oversight of training
5 and notification of incidents of the use of the
6 automated external defibrillators;

7 “(D) contain procedures for proper main-
8 tenance and testing of the automated external
9 defibrillators, according to the labeling of the
10 manufacturer;

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

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

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 \$50,000,000 for each of fiscal years 2002 through 2007.
24 Not more than 10 percent of amounts received under a

1 grant awarded under this section may be used for adminis-
2 trative expenses.

3 **“SEC. 313. PUBLIC ACCESS DEFIBRILLATION DEMONSTRA-**
4 **TION PROJECTS.**

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

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

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

16 “(3) maximize community access to automated
17 external defibrillators.

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

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

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

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

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

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

14 “(c) APPLICATION.—

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

22 “(2) CONTENTS.—An application submitted
23 under paragraph (1) may—

24 “(A) describe the innovative, comprehen-
25 sive, community-based public access

1 defibrillation demonstration project to be fund-
2 ed with the grant;

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

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

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

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

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

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

2 “(a) PROGRAM AUTHORIZED.—The Secretary of
3 Health and Human Services shall award a grant to a
4 health care organization to establish a national informa-
5 tion clearinghouse that provides information to increase
6 public access to defibrillation in schools.

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

10 “(1) providing timely information to entities re-
11 garding public access defibrillation program imple-
12 mentation and development;

13 “(2) developing and providing comprehensive
14 program materials to establish a public access
15 defibrillation program in schools;

16 “(3) providing support to CPR and AED train-
17 ing programs;

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

25 “(5) establishing a data base to gather informa-
26 tion in a central location regarding sudden cardiac

1 arrest in the pediatric population and identifying or
2 conducting further research into the problem; and

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

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

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

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

1 such funds may be appropriated to carry out the programs
2 described in this section for each of the fiscal years 2002
3 through 2006.”.

Passed the Senate February 6, 2002.

Attest:

JERI THOMSON,
Secretary.