

**Calendar No. 215**

107<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

**S. 1275**

**[Report No. 107-93]**

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, Mr. CORZINE, Mr. WARNER, Mr. LEAHY, Mr. DORGAN, and Mrs. FEINSTEIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 2 (legislative day, NOVEMBER 1), 2001

Reported by Mr. KENNEDY, with an amendment

[Omit the part struck through]

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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,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Community Access to  
3 Emergency Defibrillation Act of 2001”.

4 **SEC. 2. FINDINGS.**

5       Congress makes the following findings:

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

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

12           (3) Eighty percent of cardiac arrests are caused  
13 by ventricular fibrillation, for which defibrillation is  
14 the only effective treatment.

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

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

23           (6) According to the American Heart Associa-  
24 tion, wide use of defibrillators could save as many as  
25 50,000 lives nationally each year.

1           (7) Successful public access defibrillation pro-  
 2           grams ensure that cardiac arrest victims have access  
 3           to early 911 notification, early cardiopulmonary re-  
 4           suscitation, early defibrillation, and early advanced  
 5           care.

6   **SEC. 3. PUBLIC ACCESS DEFIBRILLATION PROGRAMS AND**  
 7           **PROJECTS.**

8           Part B of title III of the Public Health Service Act  
 9           (42 U.S.C. 243 et seq.), as amended by Public Law 106–  
 10          310, is amended by adding after section 311 the following:

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

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

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

23               “(2) by purchasing automated external  
 24          defibrillators, placing the defibrillators in public  
 25          places where cardiac arrests are likely to occur, and

1 training personnel in such places to administer  
2 cardiopulmonary resuscitation and automated exter-  
3 nal defibrillation to cardiac arrest victims;

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

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

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

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

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

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

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

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

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

14           “(2) provide automated external defibrillation  
15           and basic life support training in automated external  
16           defibrillator usage through nationally recognized  
17           courses;

18           “(3) provide information to community mem-  
19           bers about the public access defibrillation program  
20           to be funded with the grant;

21           “(4) provide information to the local emergency  
22           medical services system regarding the placement of  
23           automated external defibrillators in public places;

24           “(5) produce such materials as may be nec-  
25           essary to encourage private companies, including

1 small businesses, to purchase automated external  
2 defibrillators; and

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

6 “(d) APPLICATION.—

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

14 “(2) CONTENTS.—An application submitted  
15 under paragraph (1) shall—

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

22 “(B) contain procedures for implementing  
23 appropriate nationally recognized training  
24 courses in performing cardiopulmonary resus-

1 citation and the use of automated external  
2 defibrillators;

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

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

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

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

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
24 is authorized to be appropriated to carry out this section  
25 \$50,000,000 for each of fiscal years 2002 through 2007.

1 Not more than 10 percent of amounts received under a  
 2 grant awarded under this section may be used for adminis-  
 3 trative expenses.

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

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

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

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

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

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

22 “(1) purchase automated external defibrillators  
 23 that have been approved, or cleared for marketing,  
 24 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.”.

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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.

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NOVEMBER 2 (legislative day, NOVEMBER 1), 2001

Reported with an amendment