

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2015

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HOUSE PRINCIPAL CLERK

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HOUSE DRH20090-MG-86 (03/11)

Short Title: Create Chain of Survival Task Force. (Public)

Sponsors: Representatives Carney, Stam, Adcock, and Hager (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT CREATING A CHAIN OF SURVIVAL PUBLIC-PRIVATE TASK FORCE.
3 The General Assembly of North Carolina enacts:

4 **SECTION 1.** The General Assembly finds the following:

- 5 (1) According to the American Heart Association, an individual goes into
6 cardiac arrest in the United States every two minutes. In North Carolina,
7 twenty-three percent (23%) of all deaths are attributed to heart disease,
8 11,765 of which are as a result of cardiac arrest. Ventricular Fibrillation
9 (VF) is a common rhythm for which cardiopulmonary resuscitation (CPR)
10 and defibrillation are the only effective treatments. For victims with VF,
11 survival rates are highest when immediate bystander CPR is provided and
12 defibrillation occurs within three to five minutes of collapse. With every
13 minute that passes, a victim's survival rate is reduced by seven percent (7%)
14 to ten percent (10%) if no intervention measures are taken. An estimated
15 ninety-five percent (95%) of cardiac arrest victims die before reaching the
16 hospital. If intervention measures are taken, survival rates are much higher;
17 when CPR and defibrillation are immediately performed, survival rates can
18 double.
- 19 (2) Eighty percent (80%) of all cardiac arrests occur in private or residential
20 settings, and almost sixty percent (60%) are witnessed. Communities that
21 have established and implemented public access defibrillation programs
22 have achieved average survival rates for out-of-hospital cardiac arrest as
23 high as forty-one percent (41%) to seventy-four percent (74%).
- 24 (3) Wider use of defibrillators could save as many as 40,000 lives nationally
25 each year. Successful public access defibrillation programs ensure that
26 cardiac arrest victims will have an immediate recognition of cardiac arrest
27 and activation of 911 followed by early CPR with an emphasis on
28 compressions, rapid Automatic External Defibrillator (AED) use, effective
29 advanced care, and coordinated care afterward.

30 **SECTION 2.(a)** There is created a Chain of Survival Public-Private Task Force
31 (Task Force) with members appointed as follows:

- 32 (1) Two Senators appointed by the President Pro Tempore of the Senate.
33 (2) Two members of the House of Representatives appointed by the Speaker of
34 the House of Representatives.
35 (3) One representative of the Office of Emergency Medical Services designated
36 by the Secretary of Health and Human Services.



- 1 (4) One representative of a local Emergency Medical Service designated by the
- 2 Secretary of Health and Human Services.
- 3 (5) One representative of the Heart Disease and Stroke Prevention Branch
- 4 designated by the Secretary of Health and Human Services.
- 5 (6) The Secretary of Administration or the Secretary's designee, ex officio.
- 6 (7) A representative of the American Heart Association.
- 7 (8) A representative of the American Red Cross.
- 8 (9) A representative of the North Carolina Hospital Association.
- 9 (10) A representative of the American College of Cardiology.
- 10 (11) A representative of the College of Emergency Physicians.
- 11 (12) A cardiac arrest survivor designated by the Secretary of Health and Human
- 12 Services.

13 **SECTION 2.(b)** The Task Force shall identify, pursue, and achieve funding for the
14 placement of AEDs and training of State employees to recognize and initiate life-saving actions
15 to those experiencing an acute event (sudden cardiac arrest, heart attack, and stroke) in
16 buildings and facilities that house State agencies, services, and institutions.

17 **SECTION 2.(c)** Members of the Task Force serve at the pleasure of the appointing
18 authority.

19 **SECTION 2.(d)** The Task Force shall expire on June 30, 2017.

20 **SECTION 3.** This act is effective when it becomes law.