

GENERAL ASSEMBLY OF NORTH CAROLINA
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HOUSE BILL DRH30336-MG-6C (11/17)

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

Sponsors: Representatives Carney, Lewis, Earle, and Brenden Jones (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT CREATING A CHAIN OF SURVIVAL PUBLIC-PRIVATE TASK FORCE TO
3 IDENTIFY, PURSUE, AND ACHIEVE FUNDING FOR THE PLACEMENT OF
4 AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) IN ALL BUILDINGS AND
5 FACILITIES THAT HOUSE STATE SERVICES, AGENCIES, AND INSTITUTIONS
6 AND IN ALL PUBLIC SCHOOLS AND FOR THE TRAINING OF STATE
7 EMPLOYEES AND SCHOOL PERSONNEL ON THE USE OF AEDS.

8 The General Assembly of North Carolina enacts:

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

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

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



- 1 (1) Two Senators appointed by the President Pro Tempore of the Senate.
- 2 (2) Two members of the House of Representatives appointed by the Speaker of
- 3 the House of Representatives.
- 4 (3) One representative of the Office of Emergency Medical Services designated
- 5 by the Secretary of Health and Human Services.
- 6 (4) One representative of a local Emergency Medical Service designated by the
- 7 Secretary of Health and Human Services.
- 8 (5) One representative of the Heart Disease and Stroke Prevention Branch
- 9 designated by the Secretary of Health and Human Services.
- 10 (6) The Secretary of Administration or the Secretary's designee, ex officio.
- 11 (7) A representative of the American Heart Association.
- 12 (8) A representative of the American Red Cross.
- 13 (9) A representative of the North Carolina Hospital Association.
- 14 (10) A representative of the American College of Cardiology.
- 15 (11) A representative of the College of Emergency Physicians.
- 16 (12) A cardiac arrest survivor designated by the Secretary of Health and Human
- 17 Services.

18 **SECTION 2.(b)** The Task Force shall identify, pursue, and achieve funding,
19 including through private-public partnerships, for the placement of AEDs and training of State
20 employees and public school personnel to recognize and initiate lifesaving actions to those
21 experiencing an acute event (sudden cardiac arrest, heart attack, and stroke) in the following
22 locations:

- 23 (1) Buildings and facilities that house State agencies, services, and institutions.
- 24 (2) Public schools, including athletic facilities.

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

27 **SECTION 2.(d)** The Task Force and this section expire on June 30, 2019.

28 **SECTION 3.(a)** Subject to the receipt of public-private funds for this purpose, the
29 Department of Administration shall, in consultation with OEMS, AHA, and a qualified vendor
30 or provider of AEDs and training services, develop and adopt policies and procedures relative
31 to the placement and use of automated external defibrillators in State-owned and State-leased
32 buildings. The Department of Administration shall also cause to be developed a medical
33 emergency response plan for all State buildings, facilities, and institutions to facilitate all of the
34 following:

- 35 (1) Effective and efficient communication throughout the State-owned and
- 36 State-leased buildings.
- 37 (2) Coordinated and practiced response plans.
- 38 (3) Training and equipment for first aid and CPR.
- 39 (4) Implementation of a lay rescuer AED program.

40 **SECTION 3.(b)** In addition, for each State building, facility, or institution, the
41 Department of Administration shall cause to be developed and periodically updated a
42 maintenance plan that takes all of the following into account:

- 43 (1) Implementation of an appropriate training course in the use of AEDs,
- 44 including the role of CPR.
- 45 (2) Proper maintenance and testing of the devices.
- 46 (3) Ensuring coordination with appropriate licensed professionals in the
- 47 oversight of training on the devices.
- 48 (4) Ensuring coordination with local emergency medical systems regarding the
- 49 placement of AEDs in State buildings, facilities, or institutions where such
- 50 devices are to be used.

1 **SECTION 3.(c)** The State Board of Education shall review the maintenance plan
2 for AEDs developed by the Department of Administration under subsection (b) of this section
3 and adopt guidelines to be used by local school administrative units for public schools,
4 including athletic facilities.

5 **SECTION 4.** This act is effective when it becomes law.