

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2313

2007 SENATE EDUCATION

SB 2313

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Education Committee

☐ Check here for Conference Committee

Hearing Date: January 29, 2007

Recorder Job Number: 2132, 2134, 2209

Committee Clerk Signature



Minutes:

Chairman Freborg opened the hearing on SB 2313, a bill to provide for state department of health grants to school districts for automated external defibrillators. All members were present.

Senator Christmann introduced the bill. We have seen a tragic need for this in the last few years when our good, young people have died from heart disease and the possibility that we can prevent such tragedy in the future. The goal is to give the schools the opportunity to have defibrillators near the gymnasiums or where athletic events are going on so if one of these instances occurs, there is an increased likelihood of saving them. It calls for a \$352,000 appropriation to the Health Department. He did not get real bogged down in details; the Health Department is best suited to work out the details. Of the \$352,000, \$32,000 is for a half time FTE for 1 year, leaving a \$320,000 balance. With the buying power of the state, it is estimated this will purchase 200 AEDs. There is probably a need for even more than this but presumably every school will not apply because there are some demands placed on the schools. They would need to provide for training. There are many experts here that know more details. He has worked with the Health Department and they are willing to take this on and they provided the numbers for the bill.

Senator Taylor asked how many schools have AEDs already.

Senator Christmann said one of our experts will know. There was a grant program through UND and some were put in place through that program. Over the weekend he learned there is a foundation in Fargo that may be willing to enhance this effort but he has not been able to contact them at this point.

Representative Mueller testified in favor of the bill. He has friends that get together in Valley City to play basketball. A year ago he had a friend who was playing who collapsed at half court and for all practical purposes he was dead. CPR was applied and was not accomplishing much. Someone knew where the AED was and ran for it. They are fairly simple to run (he is a first responder and has training on them). The good news is that friend is in his CPA office this morning doing tax returns. He gives full credit to the AED and the people who knew how to use it. We need to recognize the need for AEDs for young people in our school. There are also older people in our schools who would benefit, too. It can save lives. June Herman, Senior Director of Advocacy for the American Heart Association testified in favor of the bill. (Written testimony attached)

Michelle Tipton, Beulah, North Dakota, testified in favor of the bill. (Written testimony attached)

Senator Flakoll asked what the expected useful life of an AED is.

Ms. Tipton said they last a lifetime. The battery lasts 4 – 7 years and the lead wires and electrodes last 2 – 4 years. Replacement cost on the lead wires and electrodes are \$40 - \$90 and the battery packs \$50 - \$200, depending on the brand. There is some upkeep but it is minimal.

Chairman Freborg asked about the cost of an AED.

Ms. Tipton said \$1100 - \$1500 per device.

Claudia Crockett, Minot, North Dakota, testified in favor of the bill. (Written testimony attached)

John Emil, Mandan, North Dakota, testified in favor of the bill. (Written testimony attached)

Caitlin McDonald, State Association of Non-Public Schools, testified in favor of the bill. (Written testimony attached)

Senator Bakke asked the cost to add 82 schools.

Ms. McDonald said she is not sure; they cost \$1100 - \$1500 each. She is asking that the non-public schools be allowed to apply.

Valerie Fischer, Director of School Health, Department of Public Instruction, testified in favor of the bill. (Written testimony attached)

Bev Nielson, North Dakota School Boards Association, testified in favor of the bill. .

Chairman Freborg asked why any school official would oppose this bill.

Ms. Nielson said she cannot attempt to answer that. Perhaps the match would be a problem or liability would be an issue.

Brent Engebretson, Drake Public School, testified in favor of the bill. They went through this tragedy. Michelle Tipton has generously donated an AED to their school. Until this tragedy, they were not aware of the plan out there to get AEDs. We have been placed in charge of the greatest asset in our state, our children. This bill would not only help our children. They lost a parent in December to the same thing before their machine arrived. Please don't let that happen again.

Senator Bakke asked what kind of training is involved.

Mr. Engebretson said their local first responders unit is taking care of their training. They are training their high school staff and their students, grades 6 – 12. They think everyone needs to know how to use it. The machine walks you through the correct procedure. Turtle Lake high school in December had the same incident a week after their training and they were prepared.

Senator Bakke asked if the machines travel with the teams.

Mr. Engebretson said not yet but he hopes they will because they want to be able to share their machine.

Dean Lampe, Executive Director of the North Dakota Emergency Medical Service Association, testified in favor of the bill. (Written testimony attached)

Senator Flakoll asked Jack McDonald to come to the podium for questions.

Jack McDonald, State Association of Non Public Schools, appeared for questions.

Senator Flakoll asked how to craft the bill constitutionally to allow the 82 non public schools to apply for these grants.

Mr. McDonald said you never know for sure until it is challenged but from his review of cases, the funds would not be used to support education, they are providing health and public safety. They would just like the opportunity to apply for the grants, if they can come up with the match and the training. They realize the program may run out of money.

Senator Flakoll asked if other states are doing this.

Mr. McDonald said he is not sure but he will find out.

Senator Taylor asked how many AEDs are in the non public schools.

Mr. McDonald said he doesn't know, more don't have an AED than do.

Chairman Freborg closed the hearing on senate bill 2313.

Senator Flakoll said he would like to talk to Anita Thomas from the legislative council to see if we have the option of including the non public schools in this program.

The intern called Anita and was told she could not come down. Senator Flakoll will contact her.

Senator Flakoll moved a Do Pass and Rerefer to Appropriations on SB 2313, seconded by

Senator Gary Lee.

Senator Flakoll said he spoke with Anita Thomas regarding the consideration to the non public schools. She said it is probably not within the law. There is not enough money in the bill to provide machines to all the public schools so he decided not to offer an amendment.

The motion passed 5-0-0. Senator Flakoll will carry the bill.

# FISCAL NOTE

Requested by Legislative Council  
04/17/2007

Amendment to:           Engrossed  
                                  SB 2313

**1A. State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$400,000	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$400,000	\$0	\$0
Appropriations	\$0	\$400,000	\$0	\$0	\$0	\$0

**1B. County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**2A. Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2313 allocates \$400,000 to be used to purchase AED's for all ND school buildings and provides minimal funds for contracted services for overall plan design, RFP development, scoring, equipment ordering, dissemination, training, and evaluation. This is a one-time service.

**B. Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

See above.

**3. State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

**A. Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The \$400,000 amount will be re-appropriated from 2005-07 foundation aid carry over.

**B. Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Estimated expenditures include:

\$20,000 - contracted services  
\$372,000 - AED'S (to include all non public's)\*  
\$8,000 - training support/miscellaneous  
  
\$400,000 - TOTAL

\*Priority given to those schools that do not have an AED.

**C. Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*



<b>Name:</b>	Valerie Fischer	<b>Agency:</b>	Public Instruction
<b>Phone Number:</b>	328-4138	<b>Date Prepared:</b>	04/17/2007

# FISCAL NOTE

Requested by Legislative Council  
03/28/2007

Amendment to: Engrossed  
SB 2313

**1A. State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>	\$0	\$400,000	\$0	\$0	\$0	\$0
<b>Expenditures</b>	\$0	\$0	\$0	\$400,000	\$0	\$0
<b>Appropriations</b>	\$0	\$400,000	\$0	\$0	\$0	\$0

**1B. County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**2A. Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2313 allocates \$400,000 to be used to purchase AED's for all ND school buildings and provides minimal funds for contracted services for overall plan design, RFP development, scoring, equipment ordering, dissemination, training, and evaluation. This is a one-time service.

**B. Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

See above.

**3. State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

**A. Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The \$400,000 amount will be re-appropriated from 2005-07 foundation aid carry over.

**B. Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Estimated expenditures include:

\$20,000 - contracted services  
 \$327,000 - 372,000 - AED'S (difference is for non public's if included)\*  
 \$8,000 - training support/miscellaneous  
 \$400,000 - TOTAL

\*Priority given to those schools that do not have an AED.

**C. Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

<b>Name:</b>	Valerie Fischer	<b>Agency:</b>	Public Instruction
<b>Phone Number:</b>	328-4138	<b>Date Prepared:</b>	03/29/2007

# FISCAL NOTE

Requested by Legislative Council  
03/19/2007

Amendment to: Engrossed  
SB 2313

**1A. State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>	\$0	\$400,000	\$0	\$0	\$0	\$0
<b>Expenditures</b>	\$0	\$0	\$0	\$400,000	\$0	\$0
<b>Appropriations</b>	\$0	\$400,000	\$0	\$0	\$0	\$0

**1B. County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**2A. Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2313 allocates \$400,000 to be used to purchase AED's for all ND school buildings and provides minimal funds for contracted services for overall plan design, RFP development, scoring, equipment ordering, dissemination, training, and evaluation. This is a one-time service.

**B. Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

See above.

**3. State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

**A. Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The \$400,000 amount will be re-appropriated from 2005-07 foundation aid carry over.

**B. Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Estimated expenditures include:

\$20,000 - contracted services

\$327,000 - 372,000 - AED'S (difference is for non public's if included)\*

\$8,000 - training support/miscellaneous

\$400,000 - TOTAL

\*Priority given to those schools that do not have an AED.

**C. Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

<b>Name:</b>	Valerie Fischer	<b>Agency:</b>	Public Instruction
<b>Phone Number:</b>	328-4138	<b>Date Prepared:</b>	03/20/2007

Date: 1/29/07  
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2313

Senate Education Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken

Do Pass + Rerefer to Appropriations

Motion Made By

Sen. Flakoll

Seconded By

Sen. Lee

Senators	Yes	No	Senators	Yes	No
Senator Freborg	✓		Senator Taylor	✓	
Senator Flakoll	✓		Senator Bakke		
Senator Gary Lee	✓				

Total Yes

5

No

0

Absent

0

Floor Assignment

Sen. Flakoll

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2313: Education Committee (Sen. Freborg, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2313 was rereferred to the Appropriations Committee.**

2007 SENATE APPROPRIATIONS

SB 2313



## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-05-07

Recorder Job Number: 2823

Committee Clerk Signature



Minutes:

**Chairman Holmberg** opened the hearing on SB 2313 on February 2, 2007 regarding the Health Grant to School Districts for automatic external defibrillators.

**Senator Randel Christmann, District 33 Hazen** gave oral support for HB 2313 stating he had taken a leap of faith concerning this bill and he feels the education committee is fully supportive of this bill. He testified that this is a very important bill. He gave examples of cases where young people have lost their lives in the schools, in fact there were 3 deaths in the last couple of years which was the result of sudden cardiac arrest (SCA), of that he is aware that 2 were involved in the sports program and at practice when they died. He stated a number of schools do have these, and they are just not for students, for anyone coming into the building or on the grounds for activities, whether it be school related or not. The \$352,000 is ½ FTE for one year plus \$5,000 operating expense. This would be a grant program. The schools have to have some buy in, this would purchase 200 AED's if they applied for it and the Health Department will have the flexibility to put the program together but the schools would need to get a training program in place, one person who will be in charge of the program, the schools themselves will have the responsibility for that training costs and set up the cabinetry for the actual unit, and they will be responsible for the ongoing training. The Health Department will

set this up for one year. He has had contact with the Dakota Medical Foundation regarding this matter and may be able to get these units a little bit cheaper than what we estimate.

**Chairman Holmberg** asked if the committee decided to look at alternatives rather than the general fund as a funding mechanism if that was alright with him. He was told as long as it is a stable source of funding he was fine with that. Chairman Holmberg suggested they look at the Health Care Trust Fund concerning this matter because this clearly is a matter of health and welfare.

**Senator Mathern** stated they found they could get the units quite readily in Fargo, but the training and the responsibility for it is the problem. He is wondering if we should put more money into that rather than the equipment. He was told the Health Department is aware of this and they will implement guide lines for the schools to go by to receive these units.

**Senator Kilzer** asked why the emphasis of putting these AED's in the schools and not other places. He gave an example of a death of a child in his family. He was informed there are certain places that the federal government demands them, like federal buildings, airports, and prisons. But this bill even came about because of the deaths these last few years in the schools involving young people. Time is the key factor, help is needed immediately to save someone in cardiac arrest, and they feel the placement of these units will help that.

**Senator Wardner** asked if ambulances have them. Senator Christmann did not know.

**June Herman American Heart Association** gave oral testimony in support of SB 2313.

**Tim Meyer, State Health Department** confirmed that AED equipment is on every ambulance and gave oral support of SB 2313.

**Senator Bowman** asked if there was one here at the capitol. He was told and security responds to it.

**Senator Mathern** had questions regarding the process of making sure the machines are running properly. He was informed the machines self test themselves everyday. Then someone in charge comes in and checks it monthly. He asked about the shelf life of the battery and the costs of the battery and if anyone checks to see if it is not working.

The hearing closed on SB 2313.

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-08-07

Recorder Job Number: 3228

Committee Clerk Signature



Minutes:

**Chairman Holmberg** opened the hearing on SB 2313 on February 8, 2007.

There was an amendment on the bill. **Senator Christmann made the motion to pass the amendment, seconded by Senator Grindberg, motion carried.**

**Senator Christmann moved a DO PASS AS AMENDED, Senator Grindberg seconded. A roll call vote was taken resulting in 13 yeas, 0 nays and 1 absent. The motion carried.**

**Senator Christmann will carry the bill.**

The hearing on SB 2313 closed.

70783.0101  
Title.

Prepared by the Legislative Council staff for  
Senator Christmann  
February 8, 2007

PROPOSED AMENDMENTS TO SENATE BILL NO. 2313

Page 1, line 5, replace "general" with "community health trust"

Renumber accordingly

Date: 2/8/07  
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2313

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken

Add Am 3101

Motion Made By

Chavis

Seconded By

Beck

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm			Senator Aaron Krauter		
Senator Bill Bowman, V Chrm			Senator Elroy N. Lindaas		
Senator Tony Grindberg, V Chrm			Senator Tim Mathern		
Senator Randel Christmann			Senator Larry J. Robinson		
Senator Tom Fischer			Senator Tom Seymour		
Senator Ralph L. Kilzer			Senator Harvey Tallackson		
Senator Karen K. Krebsbach					
Senator Rich Wardner					

Total (Yes) all No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 2/8/07  
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2313

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken do pass as amended

Motion Made By Christmann Seconded By Grindberg

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern	✓	
Senator Randel Christmann	✓		Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson		
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Sen Christmann ad ed comm

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2313: Appropriations Committee (Sen. Holmberg, Chairman)** recommends  
**AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS**  
(13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2313 was placed on the Sixth  
order on the calendar.

Page 1, line 5, replace "general" with "community health trust"

Renumber accordingly



2007 HOUSE HUMAN SERVICES

SB 2313

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

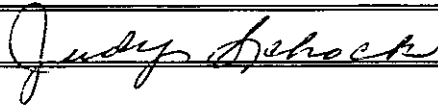
House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 5, 2007

Recorder Job Number: 4318

Committee Clerk Signature



Minutes:

**Chairman Price:** We will open the hearing on SB 2313.

**Representative Phil Mueller, District 24:** I am here only to support the bill, and I will give you a short story of a friend who collapsed on the court playing ball. The AED was used on him and he is alive because of that. They are quite simple to use. These are important to have in the schools for the young people. You will be hearing some very sad stories today.

**Senator Randy Christmann, District 33:** The reason 352,000 was something worked on by the health department. What that amounts to is a ½ times salary for 1 person for 1 year, that would cost 27,000, and 5,000 for operating expenses. The rest be for about 200 units. The health department contacted me and felt the amendment is necessary to this. I am comfortable with it. They feel the schools should contribute some part of the costs. The health department isn't quite comfortable with this language. They hope to purchase them through the health department and get them at a cheaper cost.

**Representative Porter:** How many schools currently have AED's in place?

**Senator Christmann:** I think we do, but I don't.

**Chairman Price:** Do you have a figure in mind for the match or percentage?

**Senator Christmann:** I am thinking it will depend on as we progress and if the price is reduced.

**Michelle Tipton, native of Beulah, ND:** See attached testimony. They range in price from 1200 to 1500 dollars, and different models.

**Representative Schneider:** Do you know if Cardiac arrest is more common in males?

**Ms Tipton:** A significant number of students are males.

**June Herman, Senior Advocacy Director for the American Heart Association:** I am here to testify in support of SB 2313. See attached testimony.

**Representative Kaldor:** The mechanism for doing that, have you looked at amendments that might be required to make that a possibility?

**Ms Herman:** I think today is the first that heart association committed to work with legislators leadership to see how we do that. We have really reached the point where there are some compelling health issues and health needs. It is the whole issue of not enough funds. Maybe you don't need the full bump payment this year or the following legislative session.

**Rep. Kaldor:** I am assuming that the Governors budget reflects the bump?

**Ms Herman:** I believe what has been applied to the budget projections from the different departments based on the assumption that the bump payment would continue to be split up.

**Bob, Carla and Danielle Crockett, from Minot, ND:** See attached testimony.

**James Azure from Minnesota:** See attached testimony.

**Jess Azure, Bismarck Police officer and an EMT:** Currently I am working in schools. While at school one day we had a bomb threat and a girl collapsed, fortunately our fire department had gotten these AED's. They responded quickly and applied the AED and saved her life.

Many schools in ND do not have the quick response Bismarck has. We have now placed

AED's in our squad cars. Living in Bismarck you are very lucky to have as many AED's available. These do save lives, and are most valuable tool. I support this bill.

**Brent Engebretson, Superintendent of Drake School:** September 11<sup>th</sup> has many meanings to us. It was a day a 17 year old all state football player during practice died. We did not have the tools necessary to save his life. We don't know how important it is until it effects you locally. Kids don't die at your school. You have requirements by the activities association to have physicals every two years. Doctors tell you are fine. I wish for support of this bill. Money should not be an object. Saving a life does not have a money value on it.

**Michelle Tipton left testimonies for John Emil, and David Belkin:** See the attached testimonies.

**Valarie Fischer, Director of School Health for the Departmen of Public Instruction:** See attached testimony.

**Representative Potter:** Is it your thought to have one in elementary, middle junior high and high school or is there any kind of focus in one area. What we have heard it is mostly high school students.

**Ms Fischer:** Yes, the intent is to have an AED in every building. If it is larger than it might be appropriate to have more than one, but we are working for one.

**Kathryn Pederson, JPA Coordinator for the Mid=Dakota Education Cooperative in Minot, ND:** See attached testimony, and attached JPA report on schools having AED's.

**Vickey Voldal Rosenau, from Valley City:** See attached testimony: I totally support SB 2313. I am against taking the money out of the tobacco fund, not against the bill.

**Chairman Price:** Is there anyone else to testify for SB 2313? Any opposition? If not we will close the hearing on SB 2313.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

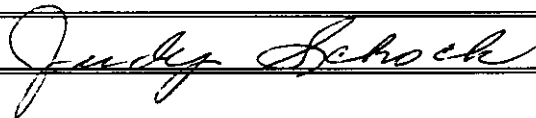
House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 5, 2007

Recorder Job Number: 4358

Committee Clerk Signature



Minutes:

**Chairman Price:** Does anyone have any concerns about their sub committees or any other bills?

**Representative Porter:** I missed some of the hearing on SB 2313. What would happen on that deal if we access the settlement dollars prior to them going to the common school trust fund for this project since it is related to schools? Once it goes into trust fund it is taboo money. We have under funded the health portion of that trust fund back in 99. If we took a look at that approach to at least open the eyes of appropriations. The education fund issue, we should just we should just try to tap that money prior to it being positive. Grab it before it is split.

**Representative Weisz:** I think you will find real resistance. Everyone will want to take out of the top.

**Representative Porter:** I think we need to remind them that in 99 there weren't many of that agree that 45 and 45 and 10 was the proper split and seeing more and more health projects. Another thing why in the world would the health department need a ½ FTE to do something that I would do for free.

**Chairman Price:** The committee is adjourned.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 6, 2007

Recorder Job Number: 4503

Committee Clerk Signature

*Judy Schock*

Minutes:

**Chairman Price:** Committee take out SB 2313. They came up about 1600 per unit.

**Representative Porter:** There are several different kinds, one works a lot like a fire extinguisher, or like a lock box on the wall, to something as complicated as break the glass or open the door, and the alarm goes off so it tells someone else to call 911. You can get them as expensive or in expensive as you want. If we are coming up with the money for the AED program, the school can decide where and how they want it. The training issue is also combined with CPR classes. The claim is anyone can grab the machine and use it without training and still be effective of a shock to the patient.

**Representative Weisz:** hard to hear and understand.

The committee discusses do larger schools need more than one? If they have one, they are still able to have one from us. Representative Porter will check on volume discounts, and he would not be a ½ time employee. We should have a list of schools and buy that many. I can't imagine anyone not wanting one when we give it to them. Committee talked about some buy in for the schools, and training. Do we want it to come out of the tobacco money? The committee agreed not to.

**Chairman Price:** Adjourns the meeting.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 7, 2007

Recorder Job Number: 4601

Committee Clerk Signature

*Judy Schock*

Minutes:

**Rep. Price:** Rep. Kaldor has some amendments to SB 2313. Let me ask you a question about that.

**Rep. Kaldor:** We had a very brief discussion on that. I think I want to say that the current contingency is appropriated or it has been factored in. It was one of the last things that we did before we left. I think that currently there is already a calling for it.

**Rep. Price:** I don't want to hear the word worthwhile but are there priorities in this?

**Rep. Kaldor:** Yes, I wouldn't have any objections in changing that. The way this will work is.

**Rep. Price:** That we would have to have an emergency clause on this bill to access that money.

**Rep. Kaldor:** The way I read this, if they purchased it in this next biennium they would basically have to wait until they can get reimbursed. That is the bad part of this. That might be a problem. You could change the dates on here to basically specify that these are the funds that are available at the end of this. Instead of June 30 it would be 2007. So it would be available June 30, 2007. I don't know what that amount is. I think it is much more than what we need here.

**Rep. Price:** Would you be willing to go back and check that out. We are going to need new language then.

**Rep. Hatlestad:** I would take Rep. Kaldor's language. It is \$1,000 or less. So if they pick the more expensive machine they have more of the local cost shares then if they take the less expensive machine they are covered 100%. I think its perfect language.

**Rep. Kaldor:** We could put a cap of \$400,000 on there.

**Rep. Hatlestad:** Are you thinking that if we change the date July 1, 2005 and still end it in 2009 and leave the dollar amount at \$400,000 just in case there is only \$200,000 available now.

**Rep. Price:** We can try and get it now.

**Rep. Kaldor:** So if we were trying to get the contingency now, we would have July 1, 2005 and end June 30, 2007 and add the emergency clause?

**Rep. Price:** What we need to do is make sure that we limit that.

**Rep. Kaldor:** We need to limit the reimbursement to \$1,000, if they want to go \$1,500 that is their business.

**Rep. Price:** But I don't want DPI to go out and buy 100 of them at \$1,500.

**Rep. Kaldor:** They would be purchasing these as school districts. They would have to show evidence.

**Rep. Hatlestad:** They would just get reimbursed.

**Rep. Price:** Do we all agree with that?

**Rep. Porter :** The one thing that we may want to watch in this is that in the language, are we going to limit that or are we going to be able to not hold the money throughout the course of the program? The set aside has to go for the whole biennium coming up? So the schools wouldn't have three months to make the determination and this purchase going into the next



biennium? If we put the emergency clause on it, it goes into effect tomorrow. It really goes away July 1, if they haven't bought the defibulator.

**Rep. Price:** We would give them the whole biennium to purchase.

**Rep. Porter:** We need to make sure that the \$400,00 is held off to the side so it is just for the next biennium.

**Rep. Hatlestad:** My understanding is the contingency fund, what the money is not spent in the other two things that she talked about, will then be divided up among the schools. I would like to see DPI buy 398 of them, and send them to the school districts and give one to each building.

**Rep. Price:** I'm sure we all would.

**Rep. Porter :** There is one problem with this and that is the reimbursement is limited to the price of one. We can't do that. We have to do it on the building basis.

**Rep. Price:** The other thing is, let's say there are only 200. I would like the school districts that have none to get them first. If one of the school districts have 20 some buildings and already have 7, let's give them to the districts that have none. We can make it a priority.

**Rep. Kaldor:** The other thing is in that scenario is that we do target \$200,000 for the 2007-2009 contingencies for the remainder of the year. By the time 2009 comes around, our target for one per building has been met.

**Rep. Hatlestad:** From what she sounded like, that would have no problem getting the \$400,000 this year.

**Rep. Kaldor:** The problem we are going to have is the school districts are expecting that as part of their pay.

**Rep. Porter:** The thing is, that this is actually a limitation. If they want something better than the \$995 model, they are going to have to think about it and pay the difference. At least we are

pretty much covering the minimum. I'm a little bit hesitant to direct DPI to buy all of those just because there is a little bit of fog in those numbers on which school buildings have them and which do not. I know one question that was asked is if they were talking about a one room school district that maybe has ten kids in it. I think it's alright to have them purchase them and seek reimbursement. I think there is an accountability issue there.

**Rep. Kaldor:** One of the other problems is that we do get Philips and the rest of the community has brand X, it may not fit into their whole community thing. I do think that as these school districts are doing this, that they will need to talk to people inside of their community and make that conscious decision. I don't disagree with Rep. Hatlestad that it would be really clean to pick a brand and mail them out. I do think that there are already programs existing in communities. There are already situations like Rep. Uglen talked about where the ambulance service is directly involved with a public agency program. In the Fargo area they have the Dakota Foundation which has done a lot of work and there are a lot of machines out that they may want to make sure that the expense of the pad, that they expire, that they have a way to rejuvenate them within the community and replace them within the community. It takes away some of that ongoing expenditure. I don't think that we should be just picking for them. These communities know what they want and need.

**Rep. Price:** You just brought up an issue that was not part of the discussion.

**Rep. Uglen:** What I have seen in the school districts is paralysis from them. We do 6,000 things like he says and pretty soon we can't make a decision.

**Rep. Price:** So just give them one? So what we should say is that each school district can order a model by such a date. If you wish to purchase on your own, have your voucher in by such a date. They should be informed that there are different options and such.

**Rep. Porter:** Even businesses and schools and anybody that has purchased one of these, there is not a single place in Bismarck that did not call us and ask us for advice to steer them in the right direction. We had absolutely no interest in that at all. They wanted to know what we were using, if it would be compatible with what we are doing so that it would be convenient for us. It happens all the time. I can't imagine anybody purchasing one who isn't going to ask the local responders what works.

**Rep. Price:** I think we will have to wait until next week for this bill.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

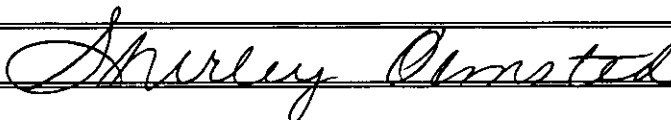
House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 12, 2007

Recorder Job Number: 4935 (Beginning at 61:00 on tape)

Committee Clerk Signature



Minutes:

**Chairman Price** asked the committee to consider SB 2313. She asked for clarification on the definition of a public school.

**Representative Hatlestad** is a building that contains students.

**Chairman Price** asked who wanted to explain the amendment.

**Representative Hatlestad** said they were going to require the Department of Public Instruction to purchase an AED for each building in which school children are present and the money will be taken out of this years contingency fund which I have been assured will have sufficient money to cover the four steps in Section 28. This would mean that each school will get at least one.

**Representative Weisz** said that a public school where students are may cover multiple buildings. He also wanted to know if the intent of this was to pay the full cost.

**Representative Hatlestad** said yes. The cost is \$1000 each.

**Chairman Price** asked if number one and two would be funded first and then number 3 will be next.

**Representative Weisz** said that Representative Kelsch had made promises last session for items 1 and 2.

**Representative Porter** said there was a contingency.

**Representative Conrad** asked if we had more than 400 public schools in North Dakota. Is this each school building? Does this mean that every school in Minot will get one?

Do we have more than 400 buildings?

**Representative Hatlestad** said that we have 398.

**Representative Pietsch** asked if they could get one if they already have one in the school building.

**Representative Hatlestad** said yes. He made a motion to accept the amendment.

**Representative Potter** seconded the motion.

**Chairman Price** asked for discussion. Hearing none, a voice vote was taken. The motion carried.

**Representative Hatlestad** made a motion for a **do pass as amended with referral to appropriations on SB 2313**.

**Representative Kaldor** seconded the motion.

**Chairman Price** asked for any discussion. Hearing none, the clerk called the roll on a do pass as amended with referral to appropriations on SB 2313. Let the record show 12 yes, 0 no with all present.

**Representative Hatlestad** will carry the bill to the floor.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2313

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the use of contingent state aid payments for the purchase of automated external defibrillators by school districts.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. CONTINGENT MONEY - EXTERNAL DEFIBRILLATORS - REIMBURSEMENT.** If any money appropriated to the superintendent of public instruction for state aid payments to school districts remains after the superintendent complies with all statutory payment obligations imposed for the biennium beginning July 1, 2007, and ending June 30, 2009, the superintendent shall use the first \$400,000 to reimburse school districts for the cost of automated external defibrillators purchased during the 2007-09 biennium. The reimbursement per school district is limited to the actual purchase price of one external defibrillator or \$1,000, whichever is less."

Renumber accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2313

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact section 28 of chapter 167 of the 2005 Session Laws, relating to the use of contingent state aid payments to purchase and distribute automated external defibrillators to schools; and to declare an emergency.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. AMENDMENT.** Section 28 of chapter 167 of the 2005 Session Laws is amended and reenacted as follows:

**SECTION 28. CONTINGENCY.** If any moneys appropriated for per student payments and transportation payments in the grants - state school aid line item in House Bill No. 1013, as approved by the fifty-ninth legislative assembly, remain after payment of all statutory obligations for per student and transportation payments during the biennium beginning July 1, 2005, and ending June 30, 2007, and after the superintendent of public instruction has fulfilled any directives contained in section 27 of this Act, the superintendent shall distribute the remaining moneys as follows:

1. The superintendent of public instruction shall use the first \$450,000, or so much of that amount as may be necessary, to provide additional payments to school districts serving English language learners in accordance with section 15.1-27-12.
2. The superintendent of public instruction shall use the next \$1,000,000, or so much of that amount as may be necessary, for the purpose of providing additional per student payments to school districts participating in eligible educational associations in accordance with section 32 of this Act.
3. The superintendent of public instruction shall use the next \$400,000, or so much of that amount as may be necessary, to purchase automated external defibrillators and place one in each public school in the state.
4. The superintendent of public instruction shall use the remainder of the moneys to provide additional per student payments on a prorated basis according to the latest available average daily membership of each school district.

**SECTION 2. EMERGENCY.** This Act is declared to be an emergency measure."

Renumber accordingly

Date: 7/2  
Roll Call Vote #: 1

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."**

House HUMAN SERVICES SB 2313 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken none Amendment

Motion Made By Rep. Hatlestad Seconded By Rep. Potter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman			Kari L Conrad		
Vonnie Pietsch - Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) "Click here to type Yes Vote" No "Click here to type No Vote"

Absent \_\_\_\_\_

Floor Assignment Rep. \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:



Date: 3/2  
Roll Call Vote #: 2

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."**

House HUMAN SERVICES

2313

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken

No Pass as Amended R/H/K

Motion Made By Rep.

Hatlestad

Seconded By Rep.

Kaldor

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman	<u>L</u>		Kari L Conrad	<u>L</u>	
Vonnie Pietsch – Vice Chairman	<u>L</u>		Lee Kaldor	<u>L</u>	
Chuck Damschen	<u>L</u>		Louise Potter	<u>L</u>	
Patrick R. Hatlestad	<u>L</u>		Jasper Schneider	<u>L</u>	
Curt Hofstad	<u>L</u>				
Todd Porter	<u>L</u>				
Gerry Uglem	<u>L</u>				
Robin Weisz	<u>L</u>				

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment

Rep.

Hatlestad

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

SB 2313, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2313 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact section 28 of chapter 167 of the 2005 Session Laws, relating to the use of contingent state aid payments to purchase and distribute automated external defibrillators to schools; and to declare an emergency.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. AMENDMENT.** Section 28 of chapter 167 of the 2005 Session Laws is amended and reenacted as follows:

**SECTION 28. CONTINGENCY.** If any moneys appropriated for per student payments and transportation payments in the grants - state school aid line item in House Bill No. 1013, as approved by the fifty-ninth legislative assembly, remain after payment of all statutory obligations for per student and transportation payments during the biennium beginning July 1, 2005, and ending June 30, 2007, and after the superintendent of public instruction has fulfilled any directives contained in section 27 of this Act, the superintendent shall distribute the remaining moneys as follows:

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2. The superintendent of public instruction shall use the next \$1,000,000, or so much of that amount as may be necessary, for the purpose of providing additional per student payments to school districts participating in eligible educational associations in accordance with section 32 of this Act.
3. The superintendent of public instruction shall use the next \$400,000, or so much of that amount as may be necessary, to purchase automated external defibrillators and place one in each public school in the state.
4. The superintendent of public instruction shall use the remainder of the moneys to provide additional per student payments on a prorated basis according to the latest available average daily membership of each school district.

**SECTION 2. EMERGENCY.** This Act is declared to be an emergency measure."

Renumber accordingly

2007 HOUSE APPROPRIATIONS

SB 2313

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Appropriations Committee  
Education and Environment Division

☐ Check here for Conference Committee

Hearing Date: March 19, 2007

Recorder Job Number: 5247

Committee Clerk Signature

*Shirley Branning*

Minutes:

**Chairman Wald:** Called the meeting to order to hear SB 2313, a bill to provide defibrillators to schools by introducing **Senator Randel Christmann**, District 33, and sponsor of the bill.

**Senator Christmann:** Provided testimony in support of SB 2313. This comes to our attention because 3 teenagers in the past 2 years have died who could potentially have been saved by automated external defibrillators (AEDs). This goes beyond the schools into the communities because the school is the meeting room in many of the small towns. Originally, the bill was designed to have the Health Department set up the grant program and has been moved to the health care trust fund. Schools would do some fund raising and the state would pay most of it. They would be bought in bulk and sent out to the schools. This would be completed by July 2008. Changes show that the money is coming out of the school lands program. There is an organization of athletic trainers that has highly encouraged schools to have this because schools are at a risk for lawsuits if there is no AED in place in the event of an emergency.

**Vice Chairman Monson:** Why does the Health Department need a half-time FTE to dole out \$350,000?

**Senator Christmann:** First to make the best deal on purchasing and to work with the schools who have applied for the grant. Far fewer schools applied than expected, they need to be encouraged to apply.

**Vice Chairman Monson:** How much is going to be spent for the administration of this program?

**Senator Christmann:** \$32,000 was for a half-time FTE for one year and \$6,000-7,000 for operating.

**Representative Philip Mueller, District 24:** spoke in support of SB 2313 as a community need. The funding will go into the contingency part of the education funding bill. The cost of each AED is \$1200-1500. Schools have a \$500 buy-in and the FTE will help with the training.

**Vice Chairman Monson:** A few years ago, the Joint Powers Agreement (JPA) offered AEDs if schools would take the training using Home Land Security dollars. DPI will make a match if schools buy them.

**Representative Mueller:** We are trying to get an accurate count of how many schools have AEDs. They can be located in different sites.

**Representative Hawken:** Was there any discussion of teaming up with local Emergency Medical (EMF)? In Fargo the churches work with the local EMF and may have some available and offer training.

**Chairman Wald:** The remaining money, is that carry-over money?

**Representative Mueller:** Yes, when money is left over at the end of the fiscal year, it gets redistributed on an ADM basis. There will be some left over.

**Chairman Wald:** The JPA, what will the total be?

**Representative Mueller:** There are about \$2m allocated to JPAs in SB 2200.

**Representative Aarsvold:** Where is the formula for distribution?

**Representative Mueller:** DPI will set it up and administer.

**Valerie Fischer,** Director of School Health for the Department of Public Instruction: Most recently the funds have been redistributed to DPI foundation aid. This is about \$12m remaining foundation aid payments. The money will be pooled with the first \$400,000 going to the English language learners and \$1m for the JPA project.

**Chairman Wald:** Why would we put another \$1m in the JPA fund with the year almost over?

**Fischer:** It is language from before, and it is stated that \$400,000 will be allocated to the purchase of AEDs.

**Vice Chairman Monson:** Of the \$400,000 how much will DPI keep to administer?

**Fischer:** There has been some debate because there are 55 non public buildings also want to be a part of this and on the House side that request was made but not approved. We plan to work closely with the Health Department and other partners who want to work with this. The FTE is required to coordinate this. Some match moneys are required.

**Representative Aarsvold:** How many buildings are we talking about?

**Fischer:** According to DPI, we have 382 public schools buildings and that encompasses the 198 K-12 districts, plus the 55 non-publics. There are 6 vocational centers, 6 BIA schools and 4 institutions, that gives us a total of 398 plus 55 non-publics, you're looking at 453 total school buildings. Our closest estimate is that there are 125 schools that already have AEDs.

**Vice Chairman Monson:** Every school should have a chance at it. A \$500 buy-in should prevent duplication.

**Chairman Wald:** In our district most of the tournaments are played in the private schools. Is there any problem with private schools?

**Fischer:** I would have no problem with that at all, my problem is getting the AEDs out in the school buildings.

**Chairman Wald:** If there is no other testimony or further questions, the hearing on SB 2313 is closed. Representative Hawken, would you carry this bill?

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

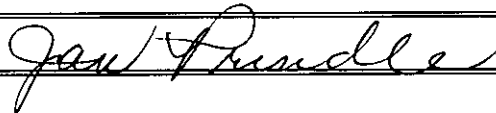
### House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 22 March 2007

Recorder Job Number: 5432

Committee Clerk Signature



Minutes:

**Chairman Svedjan** opened discussion of SB 2313. This is ready to go. I understand there has been a fiscal note or there is a new fiscal note. Everyone should have the new fiscal note and the amendment.

**Representative Hawken:** What this hog house bill does is two things. It moves the financing for this from the health trust fund to the contingency funds in the DPI. It allows for each school in ND to receive a defibrillator. **I move that we approve the amendment to 2313.**

**Representative Munson:** I second.

**Representative Bellew:** You said each school. Is that each school or each school district.

**Representative Hawken:** It is each school. The idea behind this is that you can have heart attack any where. It's one per school.

**Representative Wald:** If you look at the fiscal note, the \$400.0 will be reappropriated from the foundation carryover monies so it's not an impact on the general fund.

**A voice vote was taken:** The amendment was adopted.

**Representative Hawken:** I move amended SB 2313.

**Representative Gulleason:** I second.



Page 2

House Appropriations Committee

Bill/Resolution No **SB 2313**

Hearing Date: **22 Mar 07**

**A roll call vote was taken: Yes: 24, No: 0, Absent: 0. Representative Hawken will carry the bill.**

**House Amendments to Engrossed SB 2313 (70783.0204) - Appropriations Committee  
03/22/2007**

In lieu of the amendments adopted by the House as printed on pages 1007 and 1008 of the House Journal, Engrossed Senate Bill No. 2313 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a statement of legislative intent.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. LEGISLATIVE INTENT.** It is the intent of the sixtieth legislative assembly that funding for the purpose of purchasing automated external defibrillators and placing one in each school in the state be provided from the contingent distributions of per student and transportation state school aid payments for the 2005-07 biennium as provided for in section 28 of chapter 167 of the 2005 Session Laws and amended by the sixtieth legislative assembly."

Renumber accordingly

Date: 3/22/07  
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2313

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 70783, 0204

Action Taken Adopt amendment 0204

Motion Made By Hawken Seconded By Monson

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleson		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Vote - carries*

Date: 3/22/07  
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2313

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 70783.0204

Action Taken No Pass as Amended

Motion Made By Harben Seconded By Gulleson

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold	✓	
Representative Monson	✓		Representative Gulleson	✓	
Representative Hawken	✓				
Representative Klein	✓				
Representative Martinson	✓				
Representative Carlson	✓		Representative Glassheim	✓	
Representative Carlisle	✓		Representative Kroeber	✓	
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson	✓				
Representative Pollert	✓		Representative Ekstrom	✓	
Representative Bellew	✓		Representative Kerzman	✓	
Representative Kreidt	✓		Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 24 No 0

Absent 0

Floor Assignment Harben

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2313, as engrossed and amended: Appropriations Committee (Rep. Svedjan, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (24 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2313, as amended, was placed on the Sixth order on the calendar.**

In lieu of the amendments adopted by the House as printed on pages 1007 and 1008 of the House Journal, Engrossed Senate Bill No. 2313 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a statement of legislative intent.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. LEGISLATIVE INTENT.** It is the intent of the sixtieth legislative assembly that funding for the purpose of purchasing automated external defibrillators and placing one in each school in the state be provided from the contingent distributions of per student and transportation state school aid payments for the 2005-07 biennium as provided for in section 28 of chapter 167 of the 2005 Session Laws and amended by the sixtieth legislative assembly."

Renumber accordingly

2007 SENATE EDUCATION

CONFERENCE COMMITTEE

SB 2313

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. Engrossed SB 2313

Senate Education Committee

☒ Check here for Conference Committee

Hearing Date: April 11, 2007

Recorder Job Number: 5903

Committee Clerk Signature

Minutes:

**Chairman Flakoll** called the Conference Committee to order. All committee members were present.

**Senator Flakoll** asked the House members to share their thoughts on Engrossed SB 2313.

**Rep. Hawken** said that this is a relatively simple bill to put defibrillators in every school in the state of ND. There was some concern, originally when it was changed from public schools to include private schools but there is a method that is currently used for federal funding where the money goes to the public school and then goes to the private school through the public school. She said in visiting with DPI they feel this could happen. She said the rationale for every school was that activities occur at every school and the idea behind it is to save lives. She also stated that many of the activities in small communities are used by community centers so this would be a very positive thing. She said that she understood the Senate Committee members were concerned where the money was coming from and she said they did put it into the contingency funding in position number nine because it would be a one time expenditure.

**Senator Flakoll** said with the language on line 3, "the intent", he asked if she felt that was solution enough to make sure that this would happen if the money was available?

**Rep. Hawken** answered that the language was the right style and form.

**Senator Taylor** said that this language seems softer than previous language.

**Rep. Monson** said that this bill is shortened up to this one little line item. He said the real meat of this, where the money is now is in 2013. It is spelled out in SB 2013 that we talk about public and private and it is probably more complete in SB 2013 than it is here.

**Rep. Hawken** said that she believed that the background on this bill was that we have had a couple of incidents in the last year where if they would have had a defibrillator in the school we might have saved a life.

**Senator Flakoll** said that when the bill left the Senate there was a half time person to look at this, is it the intent of the amendments to not have that anymore?

**Rep. Hawken** said that they had discussion on this and currently in district and towns that have defibrillators; much of the training is done by EMS people. DPI would be ordering these and getting them to the schools but we did feel that training would be a local issue.

**Rep. Monson** said that the \$400,000. is a grant line item to DPI and they set down the rules if there is any matching money needed or any training. They may require that some of the money be put upfront by the local schools as well. They will set up the rules how the money will be distributed and what kinds of training will be needed.

**Senator Flakoll** said there was an increase from \$352,000 to \$400,000. Is that increase because of the private schools being added?

**Rep. Monson** said that was part of it and also there could be some money that DPI may require for administration.

**Rep. Gulleason** said that if you look at the FN under section 3 were it talks about the estimated expenditure, it does include the \$20,000 for contracted services and the cost of the AED's at \$327,000 - \$372,000 and \$8000 for training. She said that she thinks that we will have to clarify the \$20,000

whether it was for DPI or to support the local EMS.



**Rep. Hawkin** said that in previous discussion the actual workload of ordering these and getting them out would not be as great because we are not expecting the DPI to do the training.

**Senator Flakoll** asked if there were any foundations wishing to partner up on this?

**Rep. Hawkin** said that she was not aware of any but certainly it might be something that could be looked at further if this passed. She said that it hadn't come up in discussion but it is a positive idea.

**Senator Flakoll** adjourned the conference committee.

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Education Committee

☒ Check here for Conference Committee

Hearing Date: April 13, 2007

Recorder Job Number: 6007

Committee Clerk Signature



Minutes:

Senator Flakoll called the meeting of the conference committee on SB 2313 to order. All members were present.

Representative Monson distributed amendment .0205. It is a hoghouse amendment that changes the bill from just being the intent so it would actually be a section. The language means if public school students have school related activities in a private school, then the public school would get the defibrillator and place it out in the area where their kids participate.

Representative Monson moved amendment .0205, seconded by Representative Hawken.

Representative Monson said he also distributed amendment .0222 to SB 2013 that will not be adopted in this conference committee but it matches the new language from .0205 to SB 2313 to an amendment they will eventually be putting on SB 2013 that clarifies that any money of the \$400,000 that is not used to purchase defibrillators when the program is completed, will be distributed on a pro rated basis as per student payments. The money will get paid back out to the school districts if it is not used for the purpose of buying AED's.

Senator Flakoll asked if this doesn't change the public private school provision, it just more clearly defines it.

Representative Monson said this is the way to get them into all schools because every private school also hosts activities and it doesn't name the private schools. A public school can get the AED and they give it to the schools where they play and that does what we want it to do without breaking any laws.

Senator Flakoll asked Representative Monson's interpretation of intent if a school district were to have an event say at the legion park. Would they have an AED there permanently or would it be a portable device?

Representative Monson said there are many places, a city owned baseball field for example, that would not have a place to keep an AED. Maybe they could take it with them. We can't think of every single instance.

Senator Flakoll asked if they are intended to be more portable in nature or left on site.

Representative Monson said his intent is to leave them on site at schools or places where there is a place to keep them. In the case of an outdoor park, there would be no place to keep them.

Representative Gulleon clarified it has to stay with a school. We will still have to rely on local emergency services for back up. If you think about the school systems now, Sargent Central as an example, the school is in Foreman, there are 8 affiliated communities that go in there. Sometimes football games are held at a football field that is not on the school site. You can't be running the AED all over the place, where they end up playing some of the junior high games. It has to stay with the school.

Senator Flakoll said he hopes we never see a lawsuit because there was not an AED where they could have.

Representative Hawken said they won't.

The motion passed 6- 0-0.

Senator Flakoll asked Representative Monson to make a statement regarding the prioritization of contingency funds items.

Representative Monson said as far as he is concerned and he doesn't want to speak for others and he is on several conference committees that would be affected by this but he did hand out an amendment to 2013 that coincides with this. It has not been changed as far as the pecking order goes. He has talked with Senator Flakoll, Senator Freborg, and Representative Kelsch among others and he has no problem with the pecking order they choose in their committees, provided they are all on the same track. We are talking mainly about 2200. In 2200 if you want to make a pecking order that fits your needs, it will be in 2013 but he will bring those amendments forward in 2013 and he can pretty well speak with the rest of the people that serve on 2013 that they have talked about it and they don't have any concern.

Representative Hawken said other than the first two.

Representative Monson said that goes without saying because those are old language. They will all get funded and he personally and the people he has talked to don't seem to have any problem with you prioritizing and he will put it forth and put it on 2013.

There was some discussion among the conference committee members about the correct motion to amend the bill. They agreed the conference committee has already amended the bill. They want to adopt the amended version. They decided they have to pass the bill as amended.

Representative Hawken moved a do pass as amended for SB 2313, seconded by Representative Gulleeson.

The motion passed 6-0-0.

Senator Flakoll adjourned the meeting of the conference committee.

*JB*  
4-13-07

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2313

That the House recede from its amendments as printed on page 1199 of the Senate Journal and page 1229 of the House Journal and that Engrossed Senate Bill No. 2313 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the purchase and distribution of automated external defibrillators to schools.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. Automated external defibrillators - Purchase and distribution.**  
The superintendent of public instruction shall purchase automated external defibrillators and distribute the defibrillators to school districts in this state for placement in schools or at the site of school-related activities."

Renumber accordingly

Date: 4/13/07  
Roll Call Vote #: 1

**2007 SENATE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. 2313**

SENATE Conference Committee on SB 2313 Committee

x Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Amendment 10305

Motion Made By Rep. Munson Seconded By Rep. Hawken

Senators	Yes	No	Representatives	Yes	No
Senator Flakoll	✓		Representative Munson	✓	
Senator Freborg	✓		Representative Hawken	✓	
Senator Taylor	✓		Representative Gulletson	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 4/13/07  
Roll Call Vote #: 2

**2007 SENATE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. 2313**

SENATE Conference Committee on SB 2313 Committee

x Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass As Amended

Motion Made By Rep. Hawken Seconded By Rep. Gulleason

Senators	Yes	No	Representatives	Yes	No
Senator Flakoll	✓		Representative Munson	✓	
Senator Freborg	✓		Representative Hawken	✓	
Senator Taylor	✓		Representative Gulleason	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

**REPORT OF CONFERENCE COMMITTEE**

**SB 2313, as engrossed:** Your conference committee (Sens. Flakoll, Freborg, Taylor and Reps. Monson, Hawken, Gulleason) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 1199, adopt amendments as follows, and place SB 2313 on the Seventh order:

That the House recede from its amendments as printed on page 1199 of the Senate Journal and page 1229 of the House Journal and that Engrossed Senate Bill No. 2313 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the purchase and distribution of automated external defibrillators to schools.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. Automated external defibrillators - Purchase and distribution.**

The superintendent of public instruction shall purchase automated external defibrillators and distribute the defibrillators to school districts in this state for placement in schools or at the site of school-related activities."

Renumber accordingly

Engrossed SB 2313 was placed on the Seventh order of business on the calendar.



2007 TESTIMONY

SB 2313

**Testimony  
Senate Bill 2313**

**Senate Education Committee  
Monday, January 29, 2007**

**American Stroke  
Association.**

A Division of American  
Heart Association 

Chairman Freborg, members of the Senate Education Committee. My name is June Herman, and I am the Senior Advocacy Director for the American Heart Association. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

The North Dakota legislature started saving lives back in 1999 when it passed Good Samaritan language addressing the use of Automated External Defibrillators (AEDs) in North Dakota. With that step, AEDs have taken hold in North Dakota, and proven themselves as reliable, easy to use life saving tools. This is another step forward in helping North Dakota schools to achieve a level of readiness for responding to cardiac emergencies.

My task today is to introduce information related to the scope of the bill. My testimony will be followed by Michelle Tipton who has been the spearhead of this issue for a number of years, and can respond more specifically to the placement of AEDs in schools.

It's important to note that this session, the House has already passed one additional fix to the Good Samaritan Law related to AED use. HB 1108 clarifies that sites that place an AED are also protected by our Good Samaritan AED law. Our concern was that sites might be reluctant to place AEDs over fear of liability due to the training requirements outlined within that same law – specifically that all expected responders are trained in AED use. With this fix, training and AED maintenance are still within the state recommended guideline. Schools would not need to be concerned that every school personnel has had the AED training at any given moment.

Project Scope:

Total Appropriation Request - \$352,000, representing \$320,000 for school grants and \$32,000 for a one-half fulltime equivalent position within the North Dakota Department of Health for program management.

This represents 128 Grants at \$2,500 each. Schools must allocate \$500.00 to be eligible for the grant. The grants cover equipment, training and AED cabinet mounting in an accessible area. Grant guidance and application process will be handled by the position recommended by this bill.

The objective of this bill is to achieve:

- Device in each public school building and one traveling (for team practice/sports)
- Training (every 2 years)
- Training Unit availability
- EAP Drills
- Placement (Gym with informational signs) ; Publicly Accessible
- Signs indicating AED location throughout school
- Cabinet

At this point, I would be happy to respond to any questions related to the Good Samaritan work we are doing this session, and with committee indulgence, would encourage questions specific to the work leading up to SB 2313 and its design to be directed to Michelle Tipton who has done a yeoman's job in developing this project, and who will be the next to testify. On behalf of the American Heart Association, I do ask for your "do pass" recommendation.

**Testimony  
Senate Bill 2313**

**Senate Education Committee  
Monday, January 29, 2007**

**Michelle Tipton**

Chairman Freborg, members of the Senate Education Committee. My name is Michelle Tipton; I am a Beulah, ND native. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

On March 25, 1999 my oldest son, Shannon, cardiac arrested and died in his bedroom in the middle of the night. My father found him the next day, after the Beulah High School called me at work and stated he didn't make it in to school that day. Autopsy revealed no reason for cardiac arrest and death. Eleven months after his death, the Mayo Clinic in Rochester, MN, clinically and genetically diagnosed my younger son and I with something called Long QT Syndrome. We became a poster family for Mayo's LQT Syndrome Clinic at that time. My son, Shannon, was one of the first molecular autopsies to genetically diagnose a family. My younger son and I were told we could cardiac arrest and die at any moment, any where, any time. He and I had Implanted Cardioverter Defibrillators placed in August of 2000.

Since that horrific day almost 8 years ago now, I have tried to provide awareness about how this can happen to a perfectly healthy teenager. My son was 6'1" 190 pounds, had annual physicals and was in picture perfect health, so we assumed.

It is estimated that 4,000 – 10,000 sudden cardiac arrest deaths occur in people ages 2 – 25 annually in the US. That is 20 a day. 1 in 500 children have a heart defect.

The American Heart Association states that Sudden Cardiac Arrest is the number one killer in the United States:

335,000 people die each year from SCA

900 people die each day from SCA

37.5 people die every hour from SCA

Cardiac Arrest is not a heart attack. A heart attack is the number one cause of cardiac arrest. A cardiac arrest can be caused by a heart attack, stroke, drowning, electrocution, trauma, heat emergencies, medications or drugs. It can also be caused by approximately 9 undiagnosed heart conditions like what we have LQTS, or HCM, ARVD and others. The other thing that can cause a cardiac arrest in a young healthy person is something called Commotio Cordis. This is the one that makes each and everyone at risk...it is simply a blow to the chest at the time the heart is recharging, such as an elbow under the basketball hoop, a hockey puck on the ice rink.

Your heart is an electrical pump. Your heart generates its own electricity. At the top of the heart is the SA node it is "the boss" of all the electrical impulses or the pacemaker of your heart. It fires an electrical impulse, then another impulse is fired, these electrical impulses travel through the heart and cause the heart to contract to pump and relax to refill. This is one heartbeat.

When someone goes into cardiac arrest, no matter what the cause, the same thing happens in the heart. All the electrical impulse firing stations say "I am not listening to the boss or the pacemaker any more; I am going to fire when I want to." And they do. All the electrical impulses go into electrical chaos. The only known fix for this electrical chaotic rhythm, known as ventricular fibrillation, is defibrillation.

Defibrillation can be provided by an Automatic External Defibrillator or AED. You only have a short window of opportunity to prevent death. Your heart will stay in that electrical chaotic rhythm for approximately 10 minutes if CPR is initiated immediately. If CPR is the only thing performed for someone in cardiac arrest you have a 0 to 10 percent chance of survival, if an AED is available for this emergency you can jump to an 80 percent chance of survival. You need to understand that every minute that goes by you lose 10 percent chance of survival. If the AED is used within 3 minutes you have a 70 percent chance, if the AED does not show up for 9 minutes you only have a 10 percent chance of survival. National average ambulance response time is 9 minutes.

My journey has led me here today for a few different reasons:

For the past four years schools were able to apply for a grant to receive an AED through the Federal Rural Access to Emergency Devices money brought into ND through UND's Rural Centers for Health. This money is no longer available in ND for our schools to receive AEDs and implement AED programs.

On June 14, 2006 the National Athletic Trainers Association came out with their recommended emergency preparedness for a cardiac arrest at all sports practices and sports functions. It includes CPR training, AED availability, AED training, and an emergency action plan in place.

There have been three deaths of teens in ND on school property in the past year and one half: Andrew Crocket, 15 years old, running on the track at Bishop Ryan High School in Minot, April 2005. Michael Mack, 17 years old, at football practice in Drake, ND, September 2006 and Justin Rybo, 14 years old, during PE class, Fargo North, Fargo, ND, November 2006.

Cardiac Arrest is the leading cause of death on school property. I believe that most of our larger schools have AEDs and, possibly, programs in place. This bill will provide the same emergency preparedness for a cardiac arrest at our smaller schools that do not have the awareness nor funding.

Our schools are community buildings; they hold probably the largest gatherings in our communities and become emergency shelters in times of disaster. We have fire extinguishers, fire suppression systems and fire drills mandated for all our schools. There has never been a fire in a school while occupied, in the history of ND. We have had three cardiac arrest deaths in a year and a half.

An AED and implementing an AED program has become the recommended standard of care. As such, this bill could also protect our schools from a lawsuit that would cost one school a minimum of 3 times the amount of money that this bill has appropriated for it.

Please give this bill a "do pass vote."



National Athletic  
Trainers' Association

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**RECOMMENDED GUIDELINES ON HOW TO PREPARE FOR AND MANAGE  
SUDDEN CARDIAC ARREST (SCA) DURING HIGH SCHOOL AND  
COLLEGE ATHLETIC PRACTICES AND COMPETITIONS**

ATLANTA, June 14, 2006 – Sudden cardiac arrest (SCA) affects over 400,000 people annually in the United States and is the leading cause of death in young athletes.<sup>1,2</sup> Until now, many health-related organizations have had guidelines on managing SCA during athletic practices and competitions. However these guidelines have not directly linked emergency planning and SCA management in athletics.

To develop a comprehensive consensus statement that would cover such critical issues for high school and college athletic programs, the National Athletic Trainers' Association (NATA) organized an Inter-Association Task Force of representatives from 15 national organizations, which included such fields as athletic training, cardiology, electrophysiology, emergency medicine, family medicine, orthopaedics, paramedics, pediatrics and sports medicine.

On June 14, the executive summary of the "Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs" consensus statement was presented during NATA's 57<sup>th</sup> annual meeting and clinical symposia in Atlanta. Its key recommendations are as follows:

1. **Emergency Preparedness**

- Every school or institution that sponsors athletic activities should have a written and structured emergency action plan (EAP).
- The EAP should be developed and coordinated in consultation with local EMS personnel, school public safety officials, on-site first responders and school administrators.
- The EAP should be specific to each individual athletic venue and encompass emergency communication, personnel, equipment and transportation to appropriate emergency facilities.
- The EAP should be reviewed and practiced at least annually with certified athletic trainers, team and attending physicians, athletic training students, school and institutional safety personnel, administrators and coaches.<sup>6</sup>
- Targeted first responders should receive certified training in CPR and automated external defibrillator (AED) use.
- Access to early defibrillation is essential, and a target goal of less than three to five minutes from the time of collapse to the first shock is strongly recommended.<sup>5,7</sup>
- Review of equipment readiness and the EAP by on-site event personnel for each athletic event is desirable.

- more -

*from Michelle Tipton*

2. **Management of Sudden Cardiac Arrest**

- Management begins with appropriate emergency preparedness, CPR and AED training for all likely first responders, and access to early defibrillation.
- Essential components of SCA management include early activation of EMS, early CPR, early defibrillation and rapid transition to advanced cardiac life support.
- High suspicion of SCA should be maintained for any collapsed and unresponsive athlete.
- SCA in athletes can be mistaken for other causes of collapse. Rescuers should be trained to recognize SCA in athletes with special focus on potential barriers to recognizing SCA including inaccurate rescuer assessment of pulse or respirations, occasional or agonal gasping and myoclonic or seizure-like activity.
- Young athletes who collapse shortly after being struck in the chest by a firm projectile or by contact with another player should be suspected of having SCA from a condition known as commotio cordis.
- Any collapsed and unresponsive athlete should be managed as a sudden cardiac arrest with application of an AED as soon as possible for rhythm analysis and defibrillation, if indicated.
- CPR should be provided while waiting for an AED.
- Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock.
- CPR should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis following two minutes or five cycles of CPR, or until advanced life support providers take over or the victim starts to move.<sup>7,8</sup>
- Rapid access to the SCA victim should be facilitated for EMS personnel.

The organizations that participated in the Task Force included: American Academy of Emergency Medicine, American Academy of Pediatrics, American College of Emergency Physicians, American College of Sports Medicine, American Heart Association, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy for Sports Medicine, American Physical Therapy Association Sports Physical Therapy Section, National Association of Emergency Medical Service Physicians, National Association of Emergency Medical Technicians, National Athletic Trainers' Association, National Collegiate Athletic Association, National Federation of State High School Associations and Sudden Cardiac Arrest Association.

# # #

**About NATA:**

Certified athletic trainers are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers' Association represents and supports the 30,000 members of the athletic training profession through education and research. [www.nata.org](http://www.nata.org). NATA, 2952 Stemmons Freeway, Ste. 200, Dallas, TX 75247, 214.637.6282; 214.637.2206 (fax).



## References\*

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2. Van Camp SP, Bloor CM, Mueller FO, Cantu RC, Olson HG. Nontraumatic sports death in high school and college athletes. Med Sci Sports Exerc 1995;27(5):641-7.
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6. Andersen J, Courson RW, Kleiner DM, McLoda TA. National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics. J Athl Train 2002;37(1):99-104.
7. Part 4: Adult Basic Life Support. Circulation 2005;112(24\_suppl):IV19-IV34.
8. Part 5: Electrical Therapies: Automated External Defibrillators, Defibrillation, Cardioversion, and Pacing. Circulation 2005;112(24\_suppl):IV35-IV46.

**\*Note:** This is a partial list of references from the consensus statement executive summary as appropriate to this news release.

### Disclaimer:

The National Athletic Trainers' Association and the Inter-Association Task Force advise individuals, schools, and institutions to carefully and independently consider each of the recommendations. The information contained in the statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA and the Inter-Association Task Force advise their members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The foregoing statement should not be relied upon as an independent basis for care, but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from any of NATA's position statements. The NATA and the Inter-Association Task Force reserve the right to rescind or modify their statements at any time.

**Testimony  
Senate Bill 2313**

**Senate Education Committee  
Monday, January 29, 2007**

Carla Crockett

*Sent to  
House  
Human Services*

Chairman Freborg, members of the Senate Education Committee. My name is Carla Crockett, from Minot, ND. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

I would like to introduce you to someone very special to us. He also touched many people's lives. I wish we could introduce you to him in person, but we can't because he died to Sudden Cardiac Arrest.

This is our son Andrew Crockett. Does he look sick to you? He was 15 years old in this picture and it was taken three days before he died from Sudden Cardiac Arrest. Three days after this picture was taken Andrew never came home from school. April 7th, 2005 we thought was a typical day, rushing around trying to get ready for school and dropping our daughter and son off at Bishop Ryan High School. But that morning was different, little did we know that day that when we came home that night our lives would never be the same again.

Andrew was at track practice just like he was suppose to be. He and his running partner were doing 400 meter dashes. After they crossed the finish line on the second race they both put their hands on their knees to catch their breath, but Andrew never spoke another word, instead he collapsed on the track. Teammates, friends and coaches gathered around frantically trying to decide what to do. They gave him breaths because they thought his heart was still beating, his best friend, who has been through life guard training, tried to save his life. Other friends and teammates looked on frantically having no idea what to do, wishing they could do something to help, anything. We weren't there at the time. I believed we were spared of that horrible moment, because we would have had no idea what to do either.

Finally the ambulance and rescue team came to do CPR and use an AED, many minutes later. They worked on him all the way to the hospital and continued there with a cardiologist, my husband followed in despair. I arrived at the hospital shortly after, then our two girls. The doctor came in to tell us that our son had died, we cried and screamed in shock and horror. How could this happen to such a healthy kid? Out of any of us, Andrew was definitely the most athletic and strongest in our family and extended family. He was in three sports a year, his favorite basketball.

His best friend asked, "If I only would have had an AED, I could have hooked it up, to see if I could have shocked/saved him." Thank goodness our school now has four. Currently Bishop Ryan High School has an AED installed in each of the school gyms and the other two units go out to practice fields and travel to activities that are away. There is also a program in place to train all teachers, staff, coaches, and students grade 6 - 12 in CPR/AED. Bishop Ryan High School could be used as a model of what is needed to protect students against Sudden Cardiac Arrest.

Because of an incomplete autopsy, we don't have any answers as to what heart disease Andrew died from. But at least we know our daughters have an AED available, we pray it never has to be used. We will never know if an AED used earlier would have saved our son's life, but we hope this bill would save other families from this heartache and devastation. We pray that getting AED's into schools, and providing trainings, would save one life. That would make this bill worth it.

Testimony  
Senate Bill 2313

*Sume  
to House  
Human  
Services*

Senate Education Committee  
Monday, January 29, 2007

Chairman Freborg, members of the Senate Education Committee. My name is John Emil and I am from Mandan N.D. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

You may have heard or read my name in the media lately. I did not want you to hear it, however, I had no control of it. Jan. 7<sup>th</sup> started with attending church, going to lunch with friends and family, and ended with me being in St Alexius Hospital in Bismarck. About 2:30 P.M. I suffered a cardiac arrest (sudden death) at Wachter Middle School in south Bismarck while playing volleyball. A co-worker, and a young man I had just met minutes earlier called 911 and began CPR on me immediately. One person watching the gym knew of the school's AED and retrieved it. Within minutes the AED was diagnosing my condition and advising my rescuers to administer a shock. The Bismarck police and paramedic team arrived and told my rescuers to administer the shock, I instantly came back to life, gasping for air. I have no remembrance of cardiac arrest or my revival other than what I have been told. I do know that there is no way that I can repay the individuals for saving my life other than promoting CPR and AED use and training. I realize the cost to put AED's in schools and athletic venues is immense, but how much is a child's or young adult life worth?

Our schools not only serve their students, but our communities as well as a center of community activity. Your support of these project has the potential to touch many lives of all ages.

Please give Senate Bill 2313 a "do pass" recommendation. Thank you. I am willing to respond to any questions you may have.

January 29, 2007

SENATE EDUCATION COMMITTEE SB 2313
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SENATOR FREBORG AND COMMITTEE MEMBERS:

My name is Caitlin McDonald. I am appearing today on behalf of the State Association of Non-Public Schools (SANS). We strongly support SB 2313 and urge a do pass with the amendment we are offering at the bottom of my testimony.

This bill, with the proposed amendment, will extend the grants to purchase the much-needed defibrillators to the state's 82 non-public schools. As you heard in prior testimony, these defibrillators mean the difference between life and death for the young persons involved.

Last year there were 6,510 North Dakota students enrolled in non-public schools – 4,884 in grades K-8, and 1,626 in grades 9-12.

If our schools can comply with the legal requirements, including the formulation of a plan, and can provide the matching funds for the grants, then we respectfully request that you allow them to apply for these grants.

This program is not supporting non-public schools and we do not believe it raises constitutional questions concerning the separation of church and state. This is merely providing health and safety accommodations to all North Dakota students.

If you have any questions, I will be happy to try to answer them. THANK YOU FOR YOUR TIME AND CONSIDERATION.

PROPOSED AMENDMENT TO SB 2313

On page 1, line 1, after "districts" insert "and non-public schools"

On page 1, line 8, after "districts" insert "and non-public schools"

On page 1, page 13, after "district" insert "or non-public school"

Renumber accordingly.

**TESTIMONY ON SB 2313**  
**SENATE EDUCATION COMMITTEE**

January 29, 2007

Valerie Fischer, Director of School Health  
Department of Public Instruction  
328.4138

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Good Morning Chairman Freborg and members of the committee – I am Valerie Fischer, Director of School Health for the Department of Public Instruction. I am here to speak in favor of SB 2313, which provides appropriations for schools to purchase AEDs – automated external defibrillators through a grant process.

The Department conducted a “Quick Response” email survey in mid January with North Dakota schools to assess the current number of AEDs and the desire to possess an AED in each school building. The survey results are as follows:

Of 198 districts / 433 buildings, 65% responded (129 districts / 280 buildings) ...

Current # of AEDs: 121

Do you support having an AED in each of your school buildings?

Yes: 126 No: 3

Would you support this effort if a match of \$500 or less was required (i.e., PTO fundraiser, community donation)?

Yes: 98 No: 27 No response: 4

Having AEDs in each school building will not only allow students to have access to the emergency medical care they may require, but also offers that same emergency medical care to any citizen attending a sporting event, school function, participating in adult sport leagues or community event or voting in local, state and federal elections. SB 2313 creates the opportunity for an AED to be accessible to all members of any North Dakota community when they are in a school building.

The Department of Public Instruction looks forward to working with the Department of Health to collaborate efforts to provide information, education and technical assistance to school personnel. On behalf of the 103,000 school aged youth across the state, I urge your support of SB 2313. I am available to address any questions you may have.

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SB 2313

January 29, 2007

Testimony – Senate Education Committee  
North Dakota EMS Association  
Dean Lampe, Executive Director

Good Morning Mr. Chairman and members of the committee. My name is Dean Lampe, and I am the Executive Director of the North Dakota Emergency Medical Service (EMS) Association. On behalf of our nearly 2,000 active members (Ms. Tipton being one) who serve on North Dakota's ambulance services and quick response units, I thank you for the opportunity to testify in support of HB 2313.

Of course, there is no way to place a value on a human life. However, if that process was undertaken, we would certainly begin with North Dakota's children. The committee has heard ample compelling testimony in support of this bill, and the North Dakota EMS Association would urge your Do Pass recommendation.

Mr. Chairman, thank you for this opportunity to testify in support HB 2313. I would be happy to answer questions the committee may have.

**Testimony  
Senate Bill 2313**

**House Human Services  
Monday, March 5, 2007**

**Michelle Tipton**

Chairman Price, members of the House Human Services Committee. My name is Michelle Tipton; I am a Beulah, ND native. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

On March 25, 1999 my oldest son, Shannon, cardiac arrested and died, at age 17, in his bedroom in the middle of the night. My father found him the next day, after the Beulah High School called me at work and stated he didn't make it in to school that day. Autopsy revealed no reason for cardiac arrest and death. Eleven months after his death, the Mayo Clinic in Rochester, MN, clinically and genetically diagnosed my younger son and I with something called Long QT Syndrome. We became a poster family for Mayo's LQT Syndrome Clinic at that time. My son, Shannon, was one of the first molecular autopsies to genetically diagnose a family. My younger son and I were told we could cardiac arrest and die at any moment, any where, any time. He and I had Implanted Cardioverter Defibrillators placed in August of 2000.

Since that horrific day almost 8 years ago now, I have tried to provide awareness about how this can happen to a perfectly healthy teenager. My son was 6'1" 190 pounds, had annual physicals and was in picture perfect health, so we assumed.

It is estimated that 4,000 – 10,000 sudden cardiac arrest deaths occur in people ages 2 – 25 annually in the US. That is 20 a day. 1 in 500 children have a heart defect.

The American Heart Association states that Sudden Cardiac Arrest is the number one killer in the United States:

335,000 people die each year from SCA

900 people die each day from SCA

37.5 people die every hour from SCA



Cardiac Arrest is not a heart attack. A heart attack is the number one cause of cardiac arrest. A cardiac arrest can be caused by a heart attack, stroke, drowning, electrocution, trauma, heat emergencies, medications or drugs. It can also be caused by approximately 9 undiagnosed heart conditions like what we have LQTS, or HCM, ARVD and others. The other thing that can cause a cardiac arrest in a young healthy person is something called Commotio Cordis. This is the one that makes each and everyone at risk...it is simply a blow to the chest at the time the heart is recharging, such as an elbow under the basketball hoop, a hockey puck on the ice rink.

Your heart is an electrical pump. Your heart generates its own electricity. At the top of the heart is the SA node it is "the boss" of all the electrical impulses or the pacemaker of your heart. It fires an electrical impulse, then another impulse is fired, these electrical impulses travel through the heart and cause the heart to contract to pump and relax to refill. This is one heartbeat.

When someone goes into cardiac arrest, no matter what the cause, the same thing happens in the heart. All the electrical impulse firing stations say "I am not listening to the boss or the pacemaker any more; I am going to fire when I want to." And they do. All the electrical impulses go into electrical chaos. The only known fix for this electrical chaotic rhythm, known as ventricular fibrillation, is defibrillation.

Defibrillation can be provided by an Automatic External Defibrillator or AED. You only have a short window of opportunity to prevent death. Your heart will stay in that electrical chaotic rhythm for approximately 10 minutes if CPR is initiated immediately. If CPR is the only thing performed for someone in cardiac arrest you have a 0 to 10 percent chance of survival, if an AED is available for this emergency you can jump to an 80 percent chance of survival. You need to understand that every minute that goes by you lose 10 percent chance of survival. If the AED is used within 3 minutes you have a 70 percent chance, if the AED does not show up for 9 minutes you only have a 10 percent chance of survival. National average ambulance response time is 9 minutes.

My journey has led me here today for three main reasons:

1. For the past four years schools were able to apply for a grant to receive an AED through the Federal Rural Access to Emergency Devices money brought into ND through UND's Rural Centers for Health. This money is no longer available in ND for our schools to receive AEDs and implement AED programs.
2. On June 14, 2006 the National Athletic Trainers Association came out with their recommended emergency preparedness for a cardiac arrest at all sports practices and sports functions. It includes CPR training, AED availability, AED training, and an emergency action plan in place.
3. There have been three deaths of teens in ND on school property in the past two years: Andrew Crocket, 15 years old, running on the track at Bishop Ryan High School in Minot, April 2005. Michael Mack, 17 years old, at football practice in Drake, ND, September 2006 and Justin Rybo, 14 years old, during PE class, Fargo North, Fargo, ND, November 2006.

Cardiac Arrest is the leading cause of death on school property. I believe that most of our larger schools have AEDs and, possibly, programs in place. This bill will provide the same emergency preparedness for a cardiac arrest at our smaller schools that do not have the awareness nor funding.

Our schools are community buildings; they hold probably the largest gatherings in our communities and become emergency shelters in times of disaster. We have fire extinguishers, fire suppression systems and fire drills mandated for all our schools. There has never been a fire in a school while occupied, in the history of ND. We have had three cardiac arrest deaths in a year and a half.

All airlines have AEDs, all federal buildings have AEDs and all correctional facilities have AEDs.

An AED and implementing an AED program has become the recommended standard of care. As such, this bill could also protect our schools from a lawsuit that would cost one school a minimum of 3 times the amount of money that this bill has appropriated for it. Please give this bill a "do pass vote."

**Senate Bill 2313**

June Herman

American Heart Association

**House Human Services Committee**

**Monday, February 5, 2007**

**American Stroke Association.**

A Division of American Heart Association 

Chairman Price and members of the Senate Education Committee. My name is June Herman, and I am the Senior Advocacy Director for the American Heart Association. I am here today to testify in support of Senate Bill 2313.

When you consider the type of project SB 2313 represents, the Community Health Trust Fund could be a very appropriate fund for this project. The issue may be one of the revenue flow to this fund. 10% of the base tobacco settlement funds are directed to the CHTF, with 45% to water projects, and 45% to the school trust fund. Starting this biennium, North Dakota will be receiving increased "bump payments" from the tobacco settlement agreement, and without legislative comment, will be split by the same percentages.

Given the amount of "school health" items seeking funding from the community health grants:

- SADD Prevention Advisory for \$440,000
- Schools AEDs for \$352,000

and the additional funds being appropriated for other core health items:

- \$300,000 for EMS
- \$75,000 Physician loan
- \$150,000 colorectal cancer

could the tobacco settlement "bump payments" be distributed differently than the base settlement funds? Certainly the needs above, both school based and health based, plus the alarming threat to the viability of our EMS system that your committee has already discussed in detail, are as compelling as the funding concerns that drove the base settlement split a number of sessions ago. What we have available now is the opportunity presented by the bump payments starting in 2008.

The minutes for Budget Section Regular Meeting - (3/8/06) indicate that the state will receive approximately \$23 million a year until 2008 when the payments are projected to increase to approximately \$36 million to \$38 million. This represents \$13 million in bump payments available for the next biennium, \$26 million in the following biennium. We urge this committee's work to utilize the bump payments as a vehicle to finally address the important health needs of our state.

Good Morning. My name is James Azure.

My daughter, Chenay, and I drove six hours to get here to tell you our story.

My wife and I, along with our 4 children Amber, Jarrett, Whitney and Chenay were raised in Wahpeton. My family roots are from the Washburn and Belcourt areas and my wife; Vickie's family is from Richland County. Representative Clark Williams was our one of our teachers and Principal and I worked with Senator Arden Anderson at Wahpeton City Hall for many years. In 2004, I was offered a position with the Minnesota Department of Natural Resources and we moved from Wahpeton to Grand Rapids Minnesota.

To say the least, our children were not happy about leaving their friends in Wahpeton but adjusted easily. All the kids were excellent athletes and found new friends quickly.

Jarrett excelled in football and basketball and led his basketball team to the state tournament his senior year. He was looking forward to going back to Wahpeton and playing basketball for the NDSCS Wildcats.

He never got the chance.

He died on March 24, 2005, two weeks before Andrew Crockett.

He had just turned 18 three days earlier.

Jarrett was playing in an All-Star basketball game in Duluth. At half time the team went to the locker room. They called for a doctor over the intercom twice. The last thing on our mind was that it was for Jarrett. About 10 minutes after the first call for a doctor they called for our family.

When we got to Jarrett, he was unconscious and looked very bad. No one had started CPR and an ambulance was not even called for yet. We started CPR and had someone call 911.

It was too late. Jarrett's mom and sister had to watch Jarrett die. Jarrett did not have to die. If someone would have recognized that he was in serious trouble and started CPR right away and applied an AED the outcome could have been much different.

After Jarrett's death we found out that his sister Whitney has the same genetic problem that Jarrett had.

Our schools should be the one place our children are most secure but this is not the case. In us older people, SCA happen anywhere, any time with a high percentage happening at home.

I children, especially teenagers, they are dying at school and usually playing sports.

This is not a coincidence.

Heart screenings have disclosed that one in ten kids have some sort of condition that may pre-dispose them to a sudden cardiac arrest. One in 300 may have a serious heart defect that makes them extremely venerable. This doesn't mean all of these children will have a SCA but if the conditions were right, they would be at risk.

Some of these conditions are physical exertion and advanced physical conditioning. This is why many of the students that die are star athletes. An example of this is a basketball player has 15 times more of a chance to die of SCA than a non-athlete does.

3 children have died in your schools since Jarrett died two years ago. Including Jarrett, all have been involved in a physical activity.

Let's stop killing our kids.

A little bit of knowledge and simple easy to use piece of equipment is all it takes to save their lives in our schools.

No mother should get the call that her child has died of sudden cardiac arrest in their school or worse yet watch it happen.

You have the option of saving these kids.

One of the remarks we have heard is that placing these AED's should be the responsibility of the local school boards. In fact, when one of us parents have pushed to get them in the schools locally we have been very successful. Our story is powerful and they usually listen. The problem is there are only a few of us that have the will to do this and there are so many schools.

We do not want any more spokesparents joining our group. Ours is a fraternity with a very high initiation cost.

I understand there is an issue with how to fund this bill. I beg you to put aside your differences and find the money to place these devices.

The real bottom line is that if you do, children will live and if you don't more will die needlessly.

Please support this bill to give the schools the tools they need.

James Azure

25581 Ingebo Road

Cohasset, MN 55721

(218) 999-5207

To whom this may concern

David Belkin 301 986 0352 (h) 240 351 7159 (c)

I am a recent survivor of SCA (sudden cardiac arrest). Interestingly enough, I just came from my first visit with my Electro Physiologist and when I referred to SCA, he looked puzzled. I said it referred to sudden cardiac arrest. He said he knew it as SCD or sudden cardiac death. I think his thinking is indicative of most people, including professionals, because most people do not survive my experience. I survived because there was an AED in place at the elementary school where I had my SCA.

It was the morning of February 18, 2007. I had been invited to play basketball by my son-in law in an elementary school gym in Honesdale Pa. in the Pocono's near my second home. I did not know any of the people playing except my son-law and a friend of his. It's their standard Sunday morning game played with guys and one women ranging in age from mid 30's to 65. I had just turned 65 three days earlier. I was pronounced in perfect health by my primary care physician, having just had my physical on February 9. I play tennis at least once a week and am on 3 softball teams so I am in pretty good shape for my age. There were 11 of us. Our games were 4 on 4 played half court played to 15 with the winners continuing and the losers sitting. I played some; I sat some. We started about 9:30 and at about 11 am during one of the games I was playing in, I started to feel lightheaded and a little woozy. Thinking I was dehydrated and over exhausted, I started to walk towards the sidelines. I collapsed as I got to the sidelines into the stands hitting my head slightly and my left hip very hard (as indicated from the black and blue mark there). One of the guys came over to me immediately (he has since told me) and bending down, he saw that I was breathing very shallowly. This person happened to be an emergency room doctor and as he started to examine me, he said I started to turn blue. He pulled down my shorts to check my femoral artery and felt nothing. My heart had stopped.

He immediately started CPR and another guy gave me mouth to mouth. Knowing that we were in Pa. and that schools in Pa. are required by law to have AED's, he immediately shouted for one of the others to find the AED device. A fourth person called 911. The person looking for the AED found the janitor who immediately brought the AED to my side. He applied the AED to my chest (it only kicks in if it does not sense any electrical charge coming from the heart) and it immediately did what it was supposed to do. I think my heart started beating after one application. He says that I was out for less than 3 minutes. About 2 minutes later, the EMT squad got there. I was weak and horribly nauseous and started to throw up. I also started to get up thinking I had merely fainted but they kept me down. The crew loaded me on a stretcher and took me to the hospital.

The guy who saved me said I was gone but for the AED. I am happy to report that because the AED was applied immediately that I suffered no heart damage and the catheterization showed no blockages. I have had an ICD implanted in me on February 21 and returned home to Maryland on February 24. Happily I will be able to resume my normal activities in a few weeks or so.

But for the AED being in that elementary school and being applied immediately, I know and have been told by my doctors that I would not be here today. Certainly I would not have survived without any heart or brain damage. Had I had that damage, my care would have been an enormous use of the public's health care dollars. I am on Medicare. Certainly the cost of a few AED's is more than offset by the savings in these health care costs that states and federal government would be otherwise required to pay out. Many more people, like myself, can be saved if these devices are placed in schools and other facilities used by the public. If we can spend money to have fire alarms in these very schools and public places to protect property, it seems that we can do the same thing to put these devices in the same places to save lives.

Thank you for the opportunity to express my views on this important matter.



**TESTIMONY ON SB 2313**  
**HOUSE HUMAN SERVICES COMMITTEE**

March 5, 2007

Valerie Fischer, Director of School Health  
Department of Public Instruction  
328.4138

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Good Morning Madam Chair and members of the committee – I'm Valerie Fischer, Director of School Health for the Department of Public Instruction. On behalf of the Department, I am here to speak in favor of SB 2313.

The Department has acquired data to identify the number of schools which already have AED's, how many schools do not, and support for a local match to obtain an AED. As of this date, we have two sources of information which help document the need:

The first data set was secured through an email survey on January 11, 2007 with North Dakota schools to assess the current number of AEDs and the desire to possess an AED in each school building. The survey results are as follows:

Of 198 districts, representing 398 buildings, 65% responded (129 districts / 280 buildings) ...

Current # of AEDs: 121

Do you support having an AED in each of your school buildings?

Yes: 126    No: 3

Would you support this effort if a match of \$500 or less was required (i.e., PTO fundraiser, community donation)?

Yes: 98    No: 27    No response: 4

The second data set will be further detailed by Kathryn Peterson, who will testify on behalf of the Joint Powers Agreements (JPAs).

Having AEDs in each school building will not only allow students to have access to the emergency medical care they may require, but also offers that same emergency medical care to any citizen attending a sporting event, school function, participating in adult sport leagues, community event or to vote. SB 2313 creates the opportunity for an AED to be accessible to all members of any North Dakota community when they are in a school building.

The Department of Public Instruction looks forward to working with the Department of Health to collaborate efforts to provide information, education and technical assistance to school personnel. On behalf of all ND citizens, I urge your support of SB 2313. Thank you. I am available to address any questions you may have.

**TESTIMONY FOR SB 2313**

**March 5, 2007**

**Good Morning Chairperson Price and Members of the House Human Services Committee.**

I am here today in support of SB 2313. My name is Kathryn Pederson. I am the JPA Coordinator for the Mid-Dakota Education Cooperative located in Minot, North Dakota. I currently represent 10 school districts with 8595 K-12 students. The schools in the MDEC JPA are very different. They range from a large school district like Minot to a small school district like Eureka that has an enrollment of 11 students. Some of the schools are country schools that are not located in a community and some of the schools are in large communities. I believe that all of the students in large or small school districts deserve to have an AED in their school. The students at the greatest risk are students who are not near a community or emergency station and are from a small school with limited funding. That defines many schools in North Dakota. In a situation where an AED is needed for a child, seconds count. A school without an AED that is rural and small doesn't have a chance to help this child.

Therefore, I am here to support SB2313 and encourage the use of the JPA model for training school personnel. I believe by using the JPA model for training, we can effectively utilize the funds and impact as many students as possible with more money left for purchasing AEDs. **Thank you.**

JPA Schools who report having at least one AED (**red**)  
or none (**black**)  
Number of buildings in ( )

**\* Not all schools responded to the data request**

**\* The following list does not include non public schools (55), state institutions (4), Vocational Centers (6), BIA schools (6) or districts that do not belong to a JPA (16)**

**Northeast Education Services Cooperative**

Adams-Edmore (2; have one)  
Bisbee-Egeland (1)  
Cando (1)  
Dakota Prairie (2; have one)  
Devils Lake (5; have four)  
Four Winds (1)  
Lakota (2)  
Langdon (2)  
Leeds (1)  
Maddock (1)  
Minnewaukan (1)  
Munich (1)  
North Central (1)  
Rolette (1)  
Starkweather (1)  
Warwick (1)  
Wolford (1)

**25 buildings; 12 AEDs, 13 do not have AEDs**

**Great Northwest Education Cooperative**

Alexander (1)  
Bowbells (1)  
Burke-Central (1)  
Eight Mile (1)  
New District 8 (1)  
Divide County (2; have one)  
Grenora (1)  
Kenmare (2; have one)  
Mandaree (1)  
New Town (2; have one)  
Parshall (2; have one)  
Powers Lake (2; have one)  
Ray (1)  
Stanley (2; have one)  
Tioga (2; have one)

**Key:**

Red - have at least one AEDs  
Black - do not have an AED

*data as of 3/2/06*

Watford City (2; have one)  
Williston (6; have three)

**30 buildings; 15 AEDs, 15 do not have AEDs**

**Red River Valley Education Cooperative**

Cavalier (1)  
Central Valley (1)  
Drayton (1)  
Edinburg (1)  
Emerado (1)  
Finley-Sharon (1)  
Fordville-Lankin (1)  
Grafton (5; has one)  
Grand Forks (18; have three)  
Hatton (1)  
Hillsboro (2)  
Larimore (2)  
Manvel (1)  
May-Port CG (2; have one)  
Midway (1)  
Minto (1)  
Nash (1)  
North Border (3)  
Northern Cass (1)  
Northwood (1)  
Park River (1)  
St. Thomas (1)  
Thompson (1)  
Valley (1)

**50 buildings; 19 have AEDs, 31 do not have AEDs**

**Roughrider Education Services Program**

Beach (2)  
Belfield (1)  
Billings County (1)  
Bowman (2)  
Dickinson (9)  
Glen Ullin (1)  
Golva (1)  
Halliday (2)  
Hebron (1)  
Hettinger (1)  
Killdeer (1)  
Mott/Regent (2)  
New England (1)  
Richardton/Taylor (2)

**Key:**

Red - have at least one AEDs  
Black - do not have an AED

*data as of 3/2/06*

Scranton (1)  
Slope County (2)  
South Heart (1)

**31 buildings; 4 have AEDs, 27 do not have AEDs**

**South Central Education Cooperative**

Edgeley (1)  
Ellendale (1)  
Enderlin (1)  
Fessenden-Bowdon (1)  
Griggs County (2)  
Hope-Page (2)  
Jamestown (8; have three)  
Kensal (1)  
Kulm (1)  
LaMoure (1)  
Litchville Marion (2)  
Maple Valley (2)  
Medina (1)  
Montpelier (1)  
North Central (1)  
Pingree-Buchanan (2)  
Spiritwood (1)  
Tappen (1)  
Tuttle-Pettibone (1)  
Valley City (4; have one)  
Wimbledon-Courtenay (1)

**36 buildings; 18 have AEDs, 18 do not have AEDs**

**North Central Education Cooperative**

Anamoose (1)  
Belcourt (2)  
Bottineau (1)  
Drake (1)  
Dunseith (2; have one)  
Harvey (2; have one)  
MLS (2)  
Newburg United (1)  
Rolla (1)  
Rugby (2; have one)  
Sawyer (1)  
St. John (1)  
TGU (2)  
Velva (2)  
Westhope (1)

**22 buildings; 16 have AEDs, 6 do not have AEDs**

**Key:**

Red - have at least one AEDs  
Black - do not have an AED

*data as of 3/2/06*

**Missouri River Education Cooperative**

Almont (Sims) (1)  
Ashley (1)  
Apple Creek (1)  
Beulah (2)  
Bismarck (23; have three)  
Roosevelt (Carson) (1)  
Center-Stanton (2)  
Elgin-New Leipzig (1)  
Flasher (1)  
Garrison (2)  
Goodrich (1)  
Hazen (2)  
Hazelton-Moffit-Braddock (1)  
Little Heart (1)  
Max (1)  
Mandan (7; have three)  
McClusky (2)  
Menoken (1)  
Montefiore (Wilton) (1)  
Napoleon (1)  
New Salem (2)  
Solen-Cannonball (2)  
Steele-Dawson (1)  
Sterling (1)  
Sweet Briar (1)  
Turtle Lake-Mercer (1)  
Underwood (1)  
Washburn (1)  
Wishek (1)  
Zeeland (1)

**64 buildings; 22 have AEDs, 42 do not have AEDs**

**South East Education Cooperative**

Central Cass (1)  
Fairmount (1)  
Fargo (22; have seven)  
Ft Ransom (1)  
Hankinson (1)  
Kindred (2)  
Lidgerwood (1)  
Lisbon (2)  
Mapleton (1)  
Milnor (2)  
North Sargent (1)

**Key:**

Red - have at least one AEDs

Black - do not have an AED

*data as of 3/2/06*

Oakes (1)  
Richland (Colfax) (2)  
Sargent Central (1)  
Sheldon (1)  
Wahpeton (5; have three)  
West Fargo (9; unknown)  
Wyndmere (1)

**55 buildings; 19+ have AEDs, 27+ do not have AEDs**

**Mid-Dakota Education Cooperative**

Bell (1)  
Eureka (1)  
Glenburn (1)  
Lewis & Clark  
    Berthold (1)  
    North Shore (1)  
    North Shore High (1)  
    Plaza (1)  
Minot (18; unknown)  
Nedrose (1)  
South Prairie (1)  
Surrey (1)  
United (Des Lacs/Burlington) (2)

**30 buildings; 2+ have AEDs. 11+ do not have AEDs**

\*\*\*\*\*

**Total –       343 buildings responded (398 statewide buildings)  
                  127 have an AED  
                  190 have none**

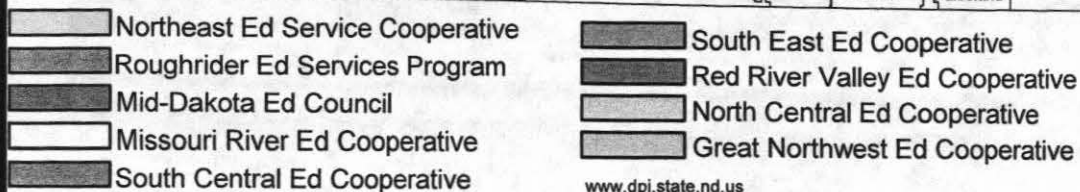
**\* Numbers don't total because not all multi school districts responded accurately**

**Key:**

Red – have at least one AEDs  
Black - do not have an AED

*data as of 3/2/06*

## 01/09/2007



The State of North Dakota  
Department of Public Instruction  
Dr. Wayne G. Sanstead, Superintendent  
Office of School District Finance and Organization  
600 East Boulevard Avenue Dept 201  
Bismarck, North Dakota 58505-0440



March 5, 2007—

Testimony to the House Human Services Committee

Re: SB 2313

"Funds for AED's Should Not Come from ND's Tobacco Settlement Community Health Trust Fund"

***Chairman Price and Members of the Committee:***

My name is Vicki Voldal Rosenau. I live in Valley City, where for the past 12 years I have worked to promote tobacco prevention and cessation. Even though I am here today testifying as a private citizen, I should point out that during the past decade I have studied widely and deeply to learn how best to reduce the death, disease, and drain on government coffers that are caused by tobacco addiction.

It is not the purpose of my testimony this morning to oppose state funding for placing AED's in schools. Rather, my purpose is to oppose taking funds for any such work from North Dakota's Tobacco Settlement Community Health Trust Fund moneys.

I know there are some members of this committee who have definitely not forgotten what North Dakota citizens want their Tobacco Settlement dollars to be spent for, and also what was said to be the purpose, six years ago, for establishing the Community Health Trust Fund. But, because there are some new faces, I would like to take just a few seconds to review that information.

First, in 2001, when legislative decisions were rendered regarding allocation of North Dakota's \$25-30 million/year Tobacco Settlement, the stated wishes of the citizens were not exactly followed. In January of that year, results of a scientific, telephone-interview poll showed that 67.6% of North Dakota adults — nearly 7 out of 10 — wanted **at least half of ND's Tobacco Settlement dollars to be spent on tobacco prevention work!**

[Please refer to attached excerpt from "Statewide Poll on the Use of Tobacco Settlement Funds, prepared by Winkelman Consulting, January, 2001]

Obviously, the 57<sup>th</sup> Legislative Assembly declined to safeguard half of the Tobacco Settlement dollars for science-based tobacco prevention and cessation. They did establish the Community Health Grant Program. According to Century Code 23-38-01 (where that program is codified): "The primary purpose of the program is to prevent or reduce tobacco usage in the state by strengthening community-based public health programs and by providing assistance to public health units and communities throughout the state." The section further states that this program "... shall follow the centers for disease control and prevention's best practices for comprehensive tobacco control programs." The most critical requirement of the CDC Best Practices guidelines is the guarantee of an adequate level of annual funding for all the components that synergistically make up a true comprehensive prevention initiative, and the CDC specifies that for North Dakota, the annual amount must be \$8.2 - \$16.6 million. Of course, at this time, North Dakota has not achieved even the minimal level of effectiveness.

Indeed, even if the entire amount currently allocated for the Community Health Trust Fund were faithfully invested in CDC-based tobacco prevention, we would still be

far short of the minimum level . . . and THAT is the reason for which I am here today to ask you to refrain from taking Community Health Trust Fund dollars for any purpose other than tobacco control—no matter how worthy the purpose. Until and unless the Legislature chooses to reconfigure the formula being used for allocating our Tobacco Settlement, that Community Health Trust Fund is the only source available to build our critical tobacco prevention program toward that CDC-prescribed level of effectiveness.

Just how critical is ND's tobacco prevention program? Well, if we are serious about reducing the causes for heart attacks and cancer (two of the most dreaded diseases), then we will expand and strengthen the ND Tobacco Prevention Program as quickly as possible -- because tobacco use is a very major cause of both diseases. For example, the American Heart Association states: "**Smoking is a woman's single biggest risk factor for heart attack**" and "...smoking is the most important risk factor for young men and women." The CDC states flatly: "You are up to **four times** more likely to die from heart disease if you smoke." Likewise, the American Cancer Society states: "**Smoking accounts for at least 30% of all cancer deaths and 87% of lung cancer deaths.**" Clearly, in order to reduce the need for ever-more money to treat heart attacks and cancer in ND, we must greatly reduce tobacco addiction in the state!

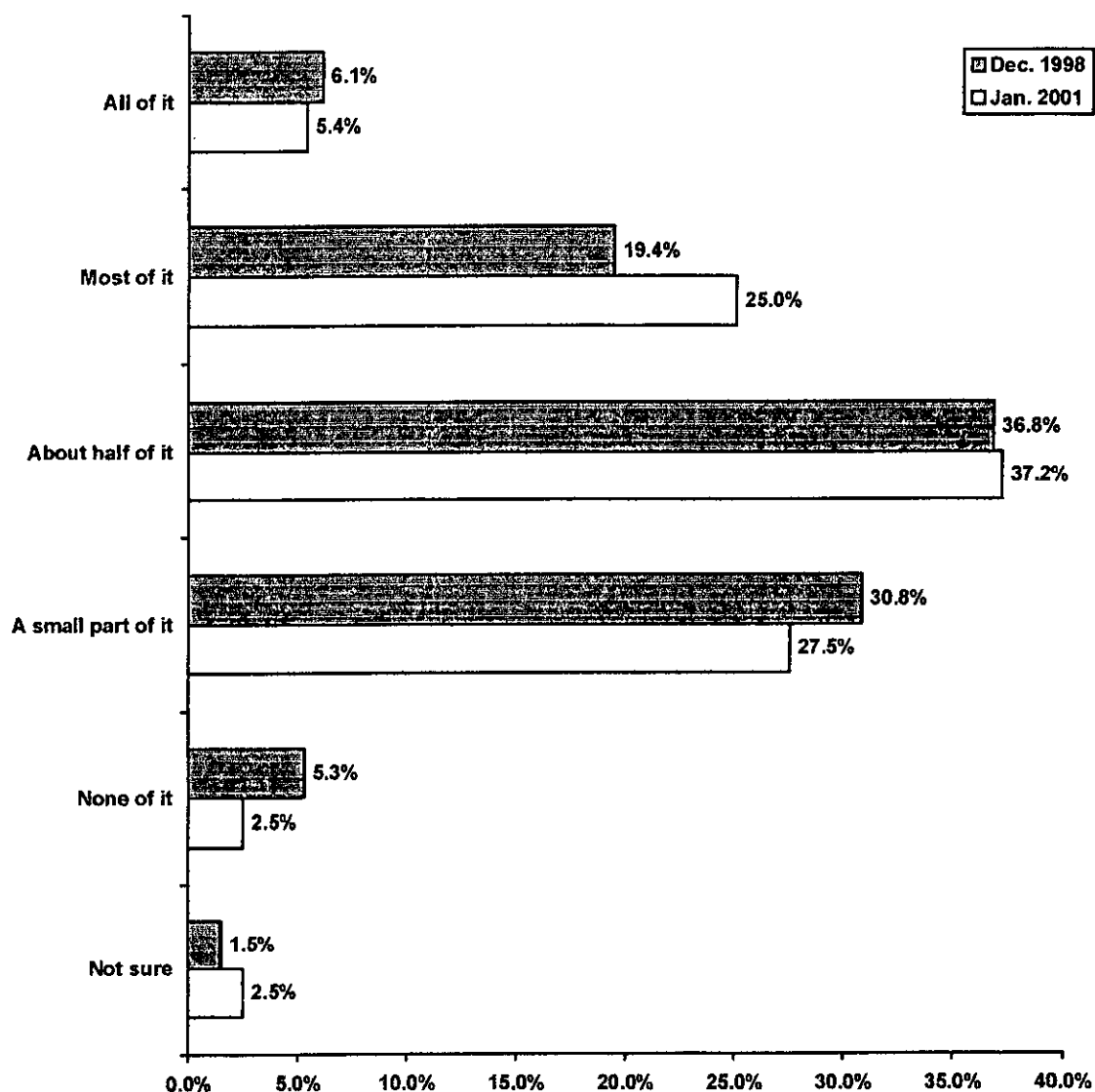
Once again, I want to clearly state that I do not stand here to oppose state funding for placing AED's in schools, nor am I aware of any tobacco-prevention professional who opposes such funding. AED's and other worthy health programs can and should be funded with general-fund dollars. What many of us do oppose is what appears to be a growing trend to seek the diversion of funds from the Community Health Trust Fund for non-tobacco-prevention purposes. The first priority of Community Health Trust Fund dollars from ND's Tobacco Settlement must remain the establishment of a science-based comprehensive tobacco prevention and control program, which North Dakota is still a long way from achieving. In order to accomplish real saving of lives and of healthcare dollars, we must first allocate and sustain the CDC-prescribed level of funding for ND's Tobacco Prevention Program.

As Attorney General Heidi Heitkamp said in 2001 about allocating funds for tobacco prevention in North Dakota: "**It's like a prescription: If you cut it in half it may not work at all.**"

Respectfully submitted:  
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*Finding from a 2001 public opinion survey of North Dakota adults:*

**Figure 2. How much of the settlement funds do you feel should be spent on efforts to reduce smoking among children? (Includes all respondents)**



**This graph shows that nearly seven of every ten respondents [ 67.6 % ] feel at least half of the settlement funds should be spent on efforts to reduce tobacco use ...**