

2015 SENATE HUMAN SERVICES

SB 2348

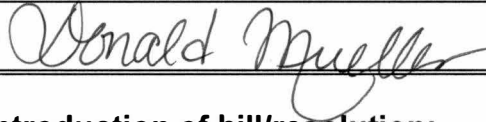
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

SB 2348
2/4/2015
23170

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to training in the use of automated external defibrillators

Minutes:

Attach #1: Written Testimony by Eric Plummer

Term: AED - Automated External Defibrillators

Senator Joan Heckaman (District 23) introduced SB 2348 to the Senate Human Services Committee. (end 3:00).

(3:39). **Maury Sagsveen**, State board testified IN FAVOR of SB 2348. Also provided letter of support by Eric Plummer, UND. (attach #1) (7:30)

V. Chairman Oley Larsen indicated the AED's are all over the university system - what are the cost of those systems? If you wanted those systems in your business, do you have to be trained first?

Mr. Sagsveen doesn't know. If you are aware of them when you walk in the building, you will see them strategically placed.

Senator Howard Anderson, Jr. thinks it may be time to remove all these requirements for this training. We have them in churches, other places. We may need training to keep the immunity. But in churches, we are not worried if they are trained or not. Maybe this was a good idea initially and maybe now we should remove all the training requirements.

Mr. Sagsveen with the new AED's, now, the product has instructions that states step 1, step 2, and so on. He feels comfortable that he could use the AED within a few seconds.

Senator Dever lines 10 and 11, it talks about training in CPR and AED. His understanding is that the AED's are idiot proof. CPR is different. Does that need to be here?

Mr. Sagsveen is comfortable with the AED, but cannot address the CPR issue.

June Herman a North Dakota Lobbyist, testified. They defined training in first part if there is an entity concerned about emergency response, they should have someone trained in CPR. The first section dealt more with if there was a security officer on campus, someone would have the full training. You can get instructions on how to use it, but if coordinated response, you still should have training. They do support extended training, and support if further language changes are needed.

Representative Cory Mock testified. (13:43-16:00). He referred to Eric Plummer's information which includes a proposed amendment at the end of his information (refer back to Attach #1).

Chairman Judy Lee stated that Ms. Herman reminded the committee that Mr. Plummer should be the trained one but that any one of us could use the AED and follow the directions.

Representative Mock stated the intent of the bill is to have as many people trained as possible. But if training course was met or exceeded recognized standards, they could provide training locally.

Senator Dever read line 19, Medical Director of the locally emergency medical services provider. In Bismarck not medical director of either hospitals, but rather the owner of metro ambulance.

Representative Mock indicated the intent was a course that met or exceeded those nationally recognized standards could be submitted to the state medical director for approval, and if that was approved, it could then be offered at local institutions.

Senator Howard Anderson, Jr. when Mr. Sagsveen testified, modern day with all of the information from the AED when you open the box, you may be dealing with overkill when we talk about training. We want broad amount of people to use it. He doesn't agree that course needs to be approved by anyone, but how to use the machine. We still need CPR training, but this might be intermediary step and hopes to remove training all together.

Representative Mock indicated that AED products are advanced.

OPPOSED TO SB 2348
No opposing testimony

NEUTRAL TESTIMONY for SB 2348

Mr Tom Nehring, Health Department, has no prepared testimony. The cost for AED's are typically less than \$1,500. At one point they were \$6,000 to \$7,000. Many more groups are purchasing, churches, social clubs, etc. There is much greater utilization. The best outcomes from cardiac arrest is in combination of CPR and AED as quickly as possible. Most effective is to have that shock to patient within 4 minute timeframe, but also CPR also to help circulation. Previously tried to track AED's and training for AED, and as a result, they stopped following the number of AED's. They currently do not certify training for AED. They work with Heart Association, American Red Cross, but they do not approve training.

Senator Dever how would you interpret the language medical director of the local EMS provider? Might be different in larger city or smaller city.

Mr. Nehring when we talk about emergency services medical director, we are talking about the physician who has signed off on a specific ambulance service, regardless if rural or urban.

Senator Dever we have AED in our church, and we had to change batteries. How many are not maintained?

Mr. Nehring indicated likely a good number and they do require regular maintenance. Need CPR as quickly as possible, need to deliver a shock as quickly as possible, and if you have dead batteries, you have to find another AED or wait for ambulance. The outcome is compromised to the delivery of shock.

Senator Dever recalled that prior legislator stated to let him go if couldn't have shock.

Mr. Nehring stated the numbers and survivability are very dramatic. If you are going to do CPR for period of time before shock, don't bother.

Senator Dever has been trained how to use the AED.

Chairman Judy Lee asked in response to earlier testimony and Senator Howard Anderson, Jr. questions, lines 18 and 19 which talks about nationally recognized standards and approved is more restrictive than it needs to be.

Mr. Nehring stated it may actually limit the availability, and education for AED must be as easy as possible, and sees this as limitation. He also emphasized the role CPR plays as part of the team approach in the cardiac patient.

Senator Howard Anderson, Jr. says the language should be changed to nationally recognized standards. Period. And not have it approved by anyone.

Chairman Judy Lee stated that UND may want to develop training. Is that too limiting too.

Mr. Nehring all of us are in favor of having more widespread education to using AED's. To do this you have to remove the obstacles. We are in favor of more training. We can't follow that regardless, so he believes the standards have been established by American Heart Association. But any course with a CPR component is a positive thing.

No more neutral testimony.

Closed hearing on SB 2348.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2348
2/9/2015
23510

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Donald Mueller

Explanation or reason for introduction of bill/resolution:

A bill relating to training in the use of automated external defibrillators

Minutes:

No attachments

Chairman Judy Lee recapped the prior testimony, proposed amendments, as previously discussed and distributed to the Senate Human Services Committee.

(1:13)

Senator Howard Anderson, Jr. moved to ADOPT AMENDMENT for SB 2348, Page 1, line 18. Language that states, a course nationally recognized standards and approved by medical director of local emergency medical services provider (changed the word "provided" to "approved".) The motion was seconded by **V. Chairman Oley Larsen**.

Discussion:

Senator Dever indicated the training is not just AED, but also CPR.

Chairman Judy Lee was questioning why they struck through the CPR and AED use.

Senator Howard Anderson, Jr. reason language was struck through is because alternatives are listed below in 1, 2, and 3. **Chairman Judy Lee** understands that part. Things are good.

V. Chairman Oley Larsen on line 15, page 1, they crossed out nationally and just had recognized course. Representative Mock talked about training in Grand Forks or Bismarck, wouldn't have to be nationally driven and wanted some flexibility there.

Senator Howard Anderson, Jr. these 3 are alternatives. This means it could be nationally recognized course, an American Heart Association / American Red Cross course, or a course nationally recognized and approved by the medical director. **Chairman Judy Lee** indicated this should permit the medical school to fit under this.

June Herman, American Heart Association, does like the words "following national recognized standards." They should follow basic standards that there is consensus on at a national level. This gives them the flexibility to develop their course but they are teaching to the science.

Chairman Judy Lee indicated that the medical school people didn't come in and say they wanted to be different. It was subjected by someone else so as not to impede the staff from doing the training. Chairman Judy Lee asked **Ms. Herman** if she would be okay with the proposed change from "provided" to "approved by". **Ms. Herman** confirmed yes.

Senator Axness noted that his notes shows an entire line struck out from the testimony, that there may redundant language. Senator Axness asked if anyone else had this.

Senator Howard Anderson, Jr. stated it he originally had asked for it to be struck, but people thought it was worth leaving it in the bill, so it was decided to leave it in.

Roll Call Vote to Amend

6 Yes, 0 No, 0 Absent. Motion passed.

Senator Howard Anderson, Jr. moved DO PASS AS AMENDED for SB 2348. The motion was seconded by **V. Chairman Oley Larsen**. No Discussion.

Roll Call Vote to DO PASS AS AMENDED

6 Yes, 0 No, 0 Absent. Motion passed.

Senator Howard Anderson, Jr. will carry SB 2348 to the floor.

15.0974.02001
Title.03000

Adopted by the Human Services Committee

February 9, 2015

PROPOSED AMENDMENTS TO SENATE BILL NO. 2348

Page 1, line 18, replace "provided" with "approved"

Renumber accordingly

TD
2/10/15

Date: 02/09 2015
Roll Call Vote #: 1

**2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES**
BILL/RESOLUTION NO. SB2348

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Change word "provided" to "approved"

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Anderson Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Date: 02/09 2015
Roll Call Vote #: 8

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2348

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15-0974.02001 Title 03000

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Anderson Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Anderson

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

REPORT OF STANDING COMMITTEE

SB 2348: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2348 was placed on the Sixth order on the calendar.

Page 1, line 18, replace "provided" with "approved"

Renumber accordingly

2015 HOUSE HUMAN SERVICES

SB 2348

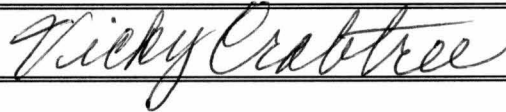
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2348
3/18/2015
Job #25062

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to training in the use of automated external defibrillators.

Minutes:

Handout and Testimony 1-2

Chairman Weisz opened the hearing on SB 2348.

Joan Heckaman: From District 23 New Rockford introduced and supported the bill. I'm turning this over to Sen. Mock and he will do the testimony.

Sen. Corey Mock: From District 42. This is a bill that amends Chapter 32 of the ND Century Code regarding qualified training for AEDs. This came to our attention from the University of ND as they were training some of the individuals that were expected. You will not that in 32-03.1-02.3 AED requirements, that every individual expected to use an AED is to receive an American Heart Association or American Red Cross training in the resuscitation and AED use or an equivalent nationally recognized course in the same practice. The concern from the University was: (Reads from Handout #1. See Handout #1) The bill was drafted before you to maintain the language that it is a course provided by the American Heart Association or the American Red Course, a nationally recognized course provided by an entity other than the Heart Association or American Red Cross. And it has to meet nationally recognized standards and be approved by the medical director of the local emergency medical service provider.

4:31

Murray Sagsveen: Chief of Staff for the Chancellor in the ND University System Office testified in support of the bill (See Testimony #2)

5:54

Rep. Mooney: This question is from Rep. Anderson who had to step out for a bill. He wanted to know, does this bill exclude anyone from using AEDs if they don't have the specified training?

Sagsveen: If I was not trained properly and there was a defibrillator on the wall, I would take it down and use it because the instructions are on it and I would do it and suffer the consequences later.

Rep. Mooney: The Good Samaritan Act is referenced in the second page testimony and is most likely applies even though this is talking about specific training?

Sagsveen: Yes.

Chairman Weisz: It requires attending a CPR class to use this AED.

Sagsveen: I've worked in higher education for 1 ½ years and haven't received the training, but still would use it. Am I answering your question?

Chairman Weisz: Not quite. Why is it in current law that CPR is required to use an AED?

NO OPPOSITION

Kelli Sears: From State Dept. Health and EMS training and education coordinator. As far as the CPR training, current studies are showing that the AED is not going to be beneficial unless CPR is being performed at the same time. As far as can public people use an AED, that is covered under the Good Samaritan Law. If they were expected to use it in a private business then the employees should be trained also.

Rep. Fehr: Were you involved in the writing of this bill?

Sears: No.

Rep. Porter: If like the Civic Center wants to have one for public use, there is no requirement for training.

Sears: That is correct.

Rep. Porter: Is that person covered under the Good Samaritan Law if they follow the instructions of the machine and they aren't trained?

Sears: When acting in good faith, they are covered.

Rep. Porter: The new language about the nationally recognized standards approved by the medical director, are there other nationally recognized standards in CPR other than the American Heart Association and the American Red Cross?

Sears: The Safety Council has their own CPR and AED training as well.

Rep. Porter: The Heart Association really does all the research to come out with the standards and other places adopt those standards.

Sears: That would be correct that the Heart Association is doing constant scientific research and about every five years they come out with new CPR guidelines and new scientific resuscitation guidelines that are nationally adopted and considered to be the national standard.

Rep. Porter: We do run a risk if we adopt the national recognized standards and don't put the equivalency statement in there; that you could end up with a course from someone else that is two years behind the current research if they choose not to stay up to the research and performance standards that come out from the American Heart Association?

Sears: I don't have the knowledge to answer that question.

Rep. Porter: I think that equivalency language is very important since you have one organization doing all of the work.

Chairman Weisz: Assuming the situation is the mall and the mall administration designated certain employees to use the AEDs then they would be required to take the training.

Sears. That is correct.

Chairman Weisz closed the hearing on SB 2348.

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2348
3/18/2015
Job # 25079

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Vicky Crabtree

Minutes:

Chairman Weisz: Let's look at 2348.

Rep. Porter: I'll need a couple of days to get the language in line 18 right.

Chairman Weisz: Your concern is on equivalency?

Rep. Porter: It needs to be equivalent. The standards are set by the American Heart Association. If you don't have it in there that it is current so that it is not two standards ago after an update. You don't want to have two people in a public scenario and each thinks the other is doing it wrong because one is using the new standard and one is using the old standard. That is my concern.

Chairman Weisz: Everyone listed here had to take the training. Is that \$250-\$500?

Rep. Porter: No. My best guess is there is a \$5 charge for the card and whatever the instructor would charge. It is a 4-5 hour course. My guess is they run \$25-\$30. A full course including CPR, choking and defibrillation is 4-5 hours.

Chairman Weisz: We will take a look at this one next week.

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2348
3/24/2015
SB 25353

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Minutes:

Handout 1

Chairman Weisz took up SB 2348. Austin passed out copies of an amendment. (See Handout #1)

Rep. Porter: We talked about how we didn't need to split this into three we just needed to in line 10 insert "in a current nationally recognized course". The American Heart Association sets the standards. I move the amendment.

Rep. Fehr: Second.

Chairman Weisz: We are cleaning it up with these words. On number 3 where it talks about being approved by the local medical director, you don't think that prohibits that from them doing that anyway?

Rep. Porter: No.

Rep. Rich Becker: Why don't we just designate in the bill that it was the source?

Rep. Porter: The objection of the higher education said there were other inexpensive ways to train their staff and the American Heart Association has not chosen to copyright or trademark their product.

Rep. Rich Becker: In your opinion are the other alternatives offered similar in quality?

Rep. Porter: I think as long as we stick to the currently nationally recognized course, that sets it to the American Heart Association standard.

VOICE VOTE: MOTION CARRIED

Rep. Seibel: I move a Do Pass as amended on SB 2348.

Rep. Fehr: Second.

House Human Services Committee

SB 2348

March 24, 2015

Page 2

ROLL CALL VOTE: 13 y 0 n 0 absent

Bill Carrier: Rep. Seibel

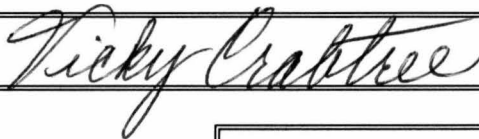
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2348
4/1/2016
Job #25712

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Minutes:

Chairman Weisz: Committee 2348 has been re-referred back to our committee. We need to reconsider it.

Rep. Seibel: I move we reconsider SB 2348.

Rep. Porter: Second.

VOICE VOTE: MOTION CARRIED

Rep. Oversen: Could you read the amendments again.

Chairman Weisz read the amendment.

Rep. Porter: I move the amendments.

Rep. Fehr: Second:

VOICE VOTE: MOTION CARRIED

Rep. Hofstad: I move a Do Pass as Amended on engrossed SB 2348.

Rep. Seibel: Second.

ROLL CALL VOTE: 13 y 0 n 0 absent

Bill Carrier: Rep. Seibel

sf
3/24/15

March 24, 2015

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2348

Page 1, line 10, after "training" insert "in a nationally recognized course"

Page 1, line 12, remove "by means of:"

Page 1, remove lines 13 and 14

Page 1, line 15, remove "(2) A"

Page 1, line 15, overstrike "nationally recognized course"

Page 1, line 16, remove the overstrike over the period

Page 1, line 16, remove "provided by an entity other than one"

Page 1, remove lines 17 through 19

Renumber accordingly

84
3/2/15

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2348

In lieu of the amendments adopted by the House as printed on page 1152 of the House Journal, Engrossed Senate Bill No. 2348 is amended as follows:

Page 1, line 10, after "training" insert "in the most recent nationally recognized course"

Page 1, line 12, remove "by means of:"

Page 1, remove lines 13 and 14

Page 1, line 15, remove "(2) A"

Page 1, line 15, overstrike "nationally recognized course"

Page 1, line 16, remove the overstrike over the period

Page 1, line 16, remove "provided by an entity other than one"

Page 1, remove lines 17 through 19

Renumber accordingly

Date: 3-24-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2348

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: See Attachment #1

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Voice Vote
Motion Carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

pg. 1, line 10, after "training" insert "in a current,
nationally recognized course."
pg. 1, line 12 . . .
pg. 1, remove lines 13-19.

Date: 3-24-15
Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2348

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Seibel Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Seibel

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

2

BILL/RESOLUTION NO. 2348

Committee

☐ Subcommittee

15.094.03003 06000

☐

Rep. Zehr

[illegible]

No

Absent

Floor Assignment

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

Date: 4-1-15
Roll Call Vote #: 3

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2348

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Hofstad Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Seibel

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

REPORT OF STANDING COMMITTEE

SB 2348, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2348
was placed on the Sixth order on the calendar.

Page 1, line 10, after "training" insert "in a nationally recognized course"

Page 1, line 12, remove "by means of:"

Page 1, remove lines 13 and 14

Page 1, line 15, remove "(2) A"

Page 1, line 15, overstrike "nationally recognized course"

Page 1, line 16, remove the overstrike over the period

Page 1, line 16, remove "provided by an entity other than one"

Page 1, remove lines 17 through 19

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2348, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2348
was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on page 1152 of the House
Journal, Engrossed Senate Bill No. 2348 is amended as follows:

Page 1, line 10, after "training" insert "in the most recent nationally recognized course"

Page 1, line 12, remove "by means of:"

Page 1, remove lines 13 and 14

Page 1, line 15, remove "(2) A"

Page 1, line 15, overstrike "nationally recognized course"

Page 1, line 16, remove the overstrike over the period

Page 1, line 16, remove "provided by an entity other than one"

Page 1, remove lines 17 through 19

Renumber accordingly

2015 TESTIMONY

SB 2348

SB 2348

J# 23170

Senate Human Services Committee

February 4, 2015

Eric Plummer, UND's Associate Vice President for Public Safety and Chief of Police
701.777.3511 | eric.plummer@und.edu

According to the American Heart Association, sudden cardiac arrest remains one of the leading causes of death in the United States. While several electrical abnormalities in the heart can result in sudden cardiac arrest, the majority begin with ventricular fibrillation.

Ventricular fibrillation is a heart rhythm problem that occurs when the heart beats with rapid, erratic electrical impulses. This causes pumping chambers in the heart (the ventricles) to quiver uselessly, instead of pumping blood. Sometimes triggered by a heart attack, ventricular fibrillation causes blood pressure to plummet, cutting off blood supply to the body's vital organs. Ventricular fibrillation causes an individual to collapse within seconds, and requires immediate medical attention. It's the most frequent cause of sudden cardiac death. Emergency treatment essential to a victim's survival includes cardiopulmonary resuscitation (CPR) and a controlled electrical shock to the heart with a device called a defibrillator.

The American College of Occupational and Environmental Medicine recommends placement, when practical, of automated external defibrillators (AEDs) in sufficient workplace locations to allow initiation of resuscitation within five minutes of recognized sudden cardiac arrest. With the use of AEDs, early recognition and correction of sudden cardiac arrest by lay rescuers can significantly improve the outcome of cardiac arrest. U.S. Occupational Safety and Health Administration (OSHA) recommends CPR training be a general program element of a first aid program. While CPR has long been used, and can prolong the chances of survival, it cannot reverse sudden cardiac death and should be used in conjunction with an AED for maximum effect. Therefore, anyone trained to operate an AED should also be trained in CPR, since early CPR is a critical step in resuscitation to help reestablish the circulation of blood and the delivery of oxygen to the body. AEDs may also prompt the rescuer to continue CPR while the AED is analyzing the heartbeat of the patient.

In adherence with NDCC 32-03.1-02.3, the University of North Dakota (UND) established an AED policy to provide a consistent process for its procurement, placement, training, and maintenance of AEDs located throughout its campus. The use of an AED does not replace the care provided by emergency medical services (EMS) providers, but provides a lifesaving bridge between the first few critical minutes after sudden cardiac arrest and the time it takes for EMS providers to arrive and assume patient care for the victim.

This bill, as written, will provide a more fiscally responsible way to maintain compliance with state law. Rather than requiring training through the American Red Cross, American Heart Association, or a nationally equivalent course – which can be costly both initially and for subsequent certifications – local professionals will be able to provide training in accordance with national CPR and AED standards. This will increase the opportunity for UND and others across the state of North Dakota to purchase AEDs and

1.2

to train lay rescuers to perform CPR and use an AED. More trained staff will be available in more work and social environments, and may ultimately provide greater access to AEDs and the critical life safety measures they afford ensuring greater workplace safety. For UND in particular, this legislation will allow the University to provide additional training options and course offerings to its employees in an effort to maximize training in CPR and AED usage at a lower cost to the institution while maintaining its AED program and certification for lay rescuers.

Please note, item 1(a)(3) (lines 18 and 19) of the bill specifies that a course meeting nationally recognized standards would be “provided by the medical director of the local emergency medical services provider.” The word “provided” may lead to misinterpretation and force medical directors of local hospitals, clinics and health care systems to actually teach the course rather than give his/her approval of the materials to be taught during the training. We recommend changing the word “provided” to “approved” to reduce potential confusion through interpretation.

ⁱ <http://newsroom.heart.org/news/heart-disease-and-stroke-continue-to-threaten-u-s-health>

SB 2348
3-18-15

#1

Text of email from Jen Rogers (UND) to Rep. Corey Mock

January 20, 2015

Here's the NDCC I mentioned: 32-03.1 Good Samaritan Act. The specific section is 32-03.1-02.3(1)(a). Automated external defibrillators - Requirements.

As currently written, NDCC requires every individual expected to use an AED to receive training in CPR and AED use from the American Heart Association, American Red Cross or an equivalent nationally recognized course.

Here are the concerns with the statement as written:

1. CPR training standards are now all the same which negates the need to require one training course over another. Qualified local professionals can provide training that aligns with national standards.
2. AEDs are designed to be used by following the instructions voiced by the device when it is powered on. Lay persons who listen to the directions should be able to operate the device with or without formal training.
3. Providing a shock quickly to the heart via AED provides greater medical benefit than by performing CPR alone.
4. More and more entities are moving away from American Heart Association and American Red Cross training due to the expense. In addition to travel expenses and taking time off from work to attend training, courses can cost between \$75 and \$150 per person to complete. Moreover, this training is required to be repeated every two years to maintain certification.

Based on this information, the following paragraph is recommended to replace item a. under item 1 of 32-03.1-02.3.

Require every individual expected to use the automated external defibrillator to be trained to the standards of a nationally recognized cardiopulmonary resuscitation and automated external defibrillator training program such as those provided by National Safety Council, American Red Cross or American Heart Association.

If you have additional questions feel free to contact me at 777-4392, Terry Wynne, associate director for Safety, at 777-3759, or Tim Shea, ND STAR simulation coordinator, at 777-4712.

SB 2348

House Human Services Committee

March 18, 2015

Murray Sagsveen, Chief of Staff

701.328.1499 | murray.sagsveen@ndus.edu

I am Murray Sagsveen, Chief of Staff for the Chancellor in the North Dakota University System Office. I appear in support of Senate Bill 2348 on behalf of the State Board of Higher Education, which voted to support this bill during its meeting on January 29, 2015.

This bill would provide additional flexibility for training individuals at the University System's eleven institutions concerning the appropriate use of automated external defibrillators (AEDs).

Enclosed is supporting testimony by Eric Plummer, Associate Vice President for Public Safety and Chief of Police, University of North Dakota. His testimony explains that this bill "will provide a more fiscally responsible way" to provide training to properly use AEDs.

Therefore, the State Board of Higher Education urges a "do pass" recommendation on this bill.

According to the American Heart Association, sudden cardiac arrest remains one of the leading causes of death in the United States.¹ While several electrical abnormalities in the heart can result in sudden cardiac arrest, the majority begin with ventricular fibrillation.

Ventricular fibrillation is a heart rhythm problem that occurs when the heart beats with rapid, erratic electrical impulses. This causes pumping chambers in the heart (the ventricles) to quiver uselessly, instead of pumping blood. Sometimes triggered by a heart attack, ventricular fibrillation causes blood pressure to plummet, cutting off blood supply to the body's vital organs. Ventricular fibrillation causes an individual to collapse within seconds, and requires immediate medical attention. It's the most frequent cause of sudden cardiac death. Emergency treatment essential to a victim's survival includes cardiopulmonary resuscitation (CPR) and a controlled electrical shock to the heart with a device called a defibrillator.

The American College of Occupational and Environmental Medicine recommends placement, when practical, of automated external defibrillators (AEDs) in sufficient workplace locations to allow initiation of resuscitation within five minutes of recognized sudden cardiac arrest. With the use of AEDs, early recognition and correction of sudden cardiac arrest by lay rescuers can significantly improve the outcome of cardiac arrest. U.S. Occupational Safety and Health Administration (OSHA) recommends CPR training be a general program element of a first aid program. While CPR has long been used, and can prolong the chances of survival, it cannot reverse sudden cardiac death and should be used in conjunction with an AED for maximum effect. Therefore, anyone trained to operate an AED should also be trained in CPR, since early CPR is a critical step in resuscitation to help reestablish the circulation of blood and the delivery of oxygen to the body. AEDs may also prompt the rescuer to continue CPR while the AED is analyzing the heartbeat of the patient.

In adherence with NDCC 32-03.1-02.3, the University of North Dakota (UND) established an AED policy to provide a consistent process for its procurement, placement, training, and maintenance of AEDs located throughout its campus. The use of an AED does not replace the care provided by emergency medical services (EMS) providers, but provides a lifesaving bridge between the first few critical minutes after sudden cardiac arrest and the time it takes for EMS providers to arrive and assume patient care for the victim.

This bill, as written, will provide a more fiscally responsible way to maintain compliance with state law. Rather than requiring training through the American Red Cross, American Heart Association, or a nationally equivalent course – which can be costly both initially and for subsequent certifications – local professionals will be able to provide training in accordance with national CPR and AED standards. This will increase the opportunity for UND and others across the state of North Dakota to purchase AEDs and to train lay rescuers to perform CPR and use an AED. More trained staff will be available in more work and social environments, and may ultimately provide greater access to AEDs and the critical life safety measures they afford ensuring greater workplace safety. For UND in particular, this legislation will allow the University to provide additional training options and course offerings to its employees in an effort to maximize training in CPR and AED usage at a lower cost to the institution while maintaining its AED program and certification for lay rescuers.

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3-24-15

#1

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL No. 2348

Page 1, line 10, after "training" insert "in a current, nationally recognized course,"

Page 1, line 12, replace "by means of:" with an underscored period.

Page 1, remove lines 13 through 19.