

2025 HOUSE EDUCATION

HB 1363

2025 HOUSE STANDING COMMITTEE MINUTES

Education Committee Coteau AB Room, State Capitol

HB 1363
1/27/2025

Relating to public and nonpublic schools approval requirements and mandatory emergency and disaster drills

3:55 p.m. Chairman Heinert called the hearing to order.

Members Present: Chairman Heinert, Vice Chairman Schreiber- Beck, Representatives, Conmy, Hager, Hatlestad, Hauck, Heilman, Jonas, Longmuir, Maki, Marchall, Morton, Novak, Osowski

Discussion Topics:

- Cardiac response plan
- Fire drills
- Tornado drills
- Active shooter drills
- Lock down drills

3:56 p.m. Representative Meier introduced the bill and submitted testimony. #31913 #31942

3:58 p.m. Greg Gallagher, ND resident, testified in favor and submitted testimony. #31487

4:09 p.m. Amy Heuer, Co- Executive Director for the ND Society of Health and Physical Educators, ND SHAPE, testified in favor and submitted testimony. #31848

4:18 p.m. Tony Bruke, State Government Relations Director American Hearts Association, testified in favor and submitted testimony. #31924

4:21 p.m. Courtney Koebele, Executive Director of the ND Medical Association, testified in favor and submitted testimony, #31481

4:23 p.m. Michelle Tipton, Volunteer American Hearts Association, testified in favor and submitted testimony, #31473

4:26 p.m. Robin Lang, Assistant Director ND Department of Public Instruction, testified in opposition and submitted testimony. #31833

4:29 p.m. Amy De Kok, Executive Director ND School Board Association, testified in opposition.

4:30 p.m. Kevin Hoherz, Legislative Relations, NDCEL, testified in opposition and submitted testimony. #31682

Additional written testimony:

Jeff Fastnacht, Superintendent for the Bismarck Public Schools, submitted testimony in favor.
#31429

Courtney Hoikkala, Independent, submitted testimony in favor. #31474

Lindsey Ahlschlager, Owner of PULSE Medical Training, submitted testimony in favor.
#31535

Jacob Willes, Volunteer for Simon's Heart, submitted testimony in favor. #31633

Tabitha Muncy, Athletic Trainer Valley City High School, submitted testimony in favor.
#31625

Dawn Mattern, Sports and Family Medicine Physician, Trinity Heath, submitted testimony in favor. #31807

4:40 p.m. Chairman Heinert adjourned the meeting.

Leah Kuball, Committee Clerk

1 HB 1363- Cardiac Emergency Response Teams – by Dr. Jeff Fastnacht,
2 Superintendent, Bismarck Public School District.

3 I wish to provide support for HB 1363 and applaud the sponsors of this bill for taking
4 action to ensure proper response to a cardiac arrest in many of our community spaces
5 in and around schools.

6 BPS believes we are already in compliance with your requirements. At the present
7 time, each of our buildings or locations has at least one AED available. That is
8 expanded in our middle and high school locations, commonly used for events, where
9 you will find 3-8 AEDs, depending on the size. BPS already requires the
10 composition of a team and mandates annual training, which is accomplished via
11 online modules.

12 Our only concern would be the crafting of a “cardiac response plan.” Not that we do
13 not feel a plan is a good idea, but we would contend this plan or process should be
14 able to be part of each building's comprehensive “Emergency Response Plan”. I
15 assume that incorporating your proposed plan inside our Emergency Response Plan
16 would be satisfactory. My final clarification would be the required drill component.
17 Many of these drills outlined in this section are for all students and staff. Is that the
18 desire that I make all students engage in such a drill, or are you referring to the team?
19 If you are referring to the response team, you have my support.

Hello, my name is Michelle Tipton

I am speaking to you today as a mother, but my background for 36 years was in emergency response, as a ND Emergency Medical Services Instructor and an American Heart Association Instructor. I personally experienced a cardiac arrest tragedy with my oldest son at age 17 in March 1999. We did not find out a cause for almost a year. My remaining son and I were genetically and clinically diagnosed with Long QT Syndrome.

At the time of our tragedy (in 1999,) AEDs were not in the public setting. AEDs became public access in the year 2000, with airlines being the first.

If you are from ND, you may have heard of these other tragic stories:

April 2005 – 15 years old Bishop Ryan HS Minot ND on the track

September 2006 – 17 years old Drake ND on the football field during practice

November 2006 - Fargo North Fargo ND in PE doing sit-ups (he did have a diagnosed heart condition and treatment accordingly)

After hearing of 3 cardiac arrest deaths of students on ND school properties between 2005-2006, I encouraged my local senator to present a bill to get AEDs in ND schools. I had already compiled information on which schools had AEDs and a partial list of where more were needed in ND. I requested that we allocate dollars to provide AEDs to ND schools and help schools implement effective AED programs.

An effective AED program includes:

Cardiac Emergency Replan as part of the Emergency Action Plan

Annual drills (to include EMS arrival and involvement)

AED placement (highly, visible and easily accessible)

AED maintenance and correct equipment available

CPR/AED training for all

The bill passed the 2007 legislative session unanimously and 436 or 365 (I have seen both amounts listed) AEDs were placed in ND Schools (public and private). But, without AED programs. I connected with a few schools a few years after distribution of these AEDs and the following comments were made: “you mean we have to replace parts?” “When do the batteries need to be changed?” “We placed the cabinet out of sight and up high so a child can’t mess with it.” There are many more comments that I could share.

I have since assisted in maintaining AEDs to whomever becomes aware of my free services. I assist 23 ND Schools and 4 ND Universities with AED maintenance and recommendations.

In 2009, there were 2 more young cardiac arrest deaths in ND:

Fargo Shanley sophomore September 2009 (not on school property)

Divide County High School 17-year-old August 2009

I spoke with the mother from Divide County High School 5 months after, she was still questioning the timeframe of response as the event was not recognized immediately, it was thought to be just a simple faint. The mother's question for ND legislators was "How can we put a price on this?" (meaning training and AED program implementations)

In 2011, another legislative bill was presented to address the need for effective AED programs in our schools. I do not know the exact outcome of that bill. But, I do know that the schools that I assist do not have the solid AED programs needed to be fully prepared for cardiac arrest responses.

Responding to emergencies properly and timely requires an effective plan, training (which gives us muscle memory), review, and changes to the Emergency Action Plan as you learn from practice drills. The National Athletic Trainers Association came out with recommended guidelines on how to prepare for and manage sudden cardiac arrest (SCA) during high school and college athletic practices and competitions in June 14, 2006. We still are trying to adhere to the recommendation presented then.

ND schools have AEDs, there may not be enough, they may not be up to date, they may not be in appropriate locations and/or visible, and they may not be practiced with. 16 years later I am hoping we can finally finish the process that was started in 2008 to be fully prepared to act during sudden cardiac arrest emergencies in all ND schools and athletic facilities.

Thank you for your time.

Michelle Tipton
109 4th Ave SW
Beulah, ND 58523
michelle@aedeverywhere.com
701-870-4586

Please finish what was started in ND 16 years ago not only in memory of my son who I lost to cardiac arrest in 1999, but also in honor of the students we've lost to cardiac arrest on ND School property. Having a Cardiac Emergency Response Plan in place and an AED on school property could have given these students the best chance to survive. We owe it to them and the students of ND.

**Testimony for the Record
Submitted to the
House Education Committee
For the hearing of HB 1363**

January 26, 2025

Chairman Heinert and Members of the Committee,

I am writing in support of HB1363 as presented to the legislature to implement a cardiac emergency response plan, which is vital for saving lives in cases of sudden cardiac events. As a mother, my life has been shaped by the reality of heart disease, and I deeply understand the critical importance of timely, effective interventions during cardiac emergencies.

My daughter was born with a severe congenital heart defect called hypoplastic left heart syndrome (HLHS), a condition in which the left side of the heart is underdeveloped and unable to pump blood efficiently to the rest of the body. From the moment she was born, my family's life revolved around her complex and ongoing medical needs, as well as the constant concern for her heart's ability to function properly. Over the years, we have witnessed firsthand how early intervention and quick response can make all the difference.

When a person experiences sudden cardiac arrest, their chances of survival decrease with each passing minute without intervention. CPR (cardiopulmonary resuscitation) and AEDs (automated external defibrillators) are not just first aid techniques; they are essential, life-saving tools that can stabilize a person's condition long enough to increase their chances of survival in the event of a cardiac arrest. The benefits of CPR and AED use cannot be overstated. CPR helps maintain blood flow to the brain and vital organs, and AEDs are capable of delivering a shock to restore a normal heart rhythm. The faster these interventions occur, the higher the likelihood of survival and recovery. I am personally grateful for the widespread efforts to train people in CPR and AED use, and for the legislation that is advocating for broader availability of these tools.

The establishment of a cardiac emergency response plan, coupled with a strong network of CPR-trained individuals and access to AEDs, is a life-saving initiative that could make all the difference in our communities. It is not just a matter of policy—it is a matter of life and death. For every family with a child like mine, for every person who faces the risk of a sudden cardiac event, this legislation represents hope. I urge lawmakers to act decisively and pass HB1363 so that we can save more lives, prevent unnecessary tragedies, and better support our communities.

Thank you for your consideration and commitment to this life-saving cause.

Sincerely,
Courtney Hoikkala
Bismarck, ND



House Education Committee

HB 1363

January 27, 2025

Chairman Heinert and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA supports HB 1363.

The Cardiac Emergency Response Plan (CERP) is a written document that establishes specific steps to reduce death from cardiac arrest in any setting—be it a school, community organization, workplace, or sports facility. It is necessary to ensure schools are prepared to respond to a time-sensitive emergency. Survival from Sudden Cardiac Arrest (SCA) is higher at schools that have developed CERPs compared to schools that have not.

Policies that provide evidence-based guidelines and standards for schools to implement CERPs have the potential to benefit any student, staff member, or school visitor. Training school staff and students allows the knowledge to be applied anywhere needed. A carefully orchestrated plan will reduce deaths in school settings and ensure that chaos does not lead to an improper or no response. Preparation is the key to saving lives.

A well-developed plan is essential for the best outcomes during a cardiac emergency. Nearly 47% of sports-related SCAs are caused by pulseless ventricular tachycardia or ventricular fibrillation, and an AED ‘shock’ can restore normal heart rhythm.

When CPR and defibrillation are performed within 3 minutes of a Sudden Cardiac Arrest (SCA), the survival rate can increase to around 74%, significantly higher than if these interventions are administered after the 3-minute window. As part of the plan, this significantly improves outcomes.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

Testimony for HB 1363
House Education Committee
Greg Gallagher
January 27, 2025

Mr. Chairman and members of the House Education Committee,

I am Greg Gallagher, a life-long North Dakota resident, a member of the Mandan Health Coalition, and Vice-Chair of the Statewide Advocacy and Engagement Committee of the American Health Association in North Dakota. I appear today as a private citizen and not as a lobbyist or representative for any other party. I testify in support of HB 1363 based on my understanding of this matter gained through my involvement with these and other organizations.

Quite simply, HB 1363 will save lives.

This legislation ensures that all schools in North Dakota will develop and deploy meaningful cardiac arrest response plans and supportive training measures to enable all school staff and designees to intervene immediately during a cardiac emergency. During such an event, it is critical for attending staff to know what to do, how to communicate and coordinate activities, how to administer CPR, where to locate and how to operate an AED, and how to attend to the needs of the affected individual until qualified EMTs can arrive and transport the individual. These orchestrated activities require forethought, planning, and training to improve the prospects of a successful outcome. During an emergency, every second matters and the first ten minutes can oftentimes determine the prospects of an outcome. With such time constraints, the rapid and informed actions of onsite responders will improve the probability of saving an individual's life well before any EMTs might arrive, especially in more remote locations.

Schools across North Dakota serve as centers for education, recreation, athletics, music, theater, speech, organizations, and community events of all kinds, bringing together students, teachers, staff, coaches, parents, grandparents, and citizens from far and wide to

participate in the life of the community. It is what schools were meant to be: centers for the community. And wherever people of all ages and health conditions meet, there exists the prospect for a cardiac emergency to occur. We know this. We can plan for this. We can improve the prospects of saving lives. HB 1363 sets in place a means for us to carry this out—and we should. Given what we know about cardiac emergencies and how we can save lives, we have an obligation to do exactly that: save lives.

North Dakota schools are approved and accredited by the state on the principle of advancing improvements. HB 1363 defines a straightforward way to improve the safety and welfare of the many individuals touched by schools everywhere, every day. This legislature holds in its hands a means to improve emergency intervention measures that will save lives. I respectfully implore you to do so.

Mr. Chairman, this completes my testimony. I am available to address any questions. Thank you.

Chairman and members of the House Education committee,

Hi, I'm Lindsey, the owner of PULSE Medical Training. With being a front-line respiratory therapist for the last 15 years, I saw the absolute devastation of family members while ambulance was performing CPR in progress on their loved ones. I saw the look in their eyes and the always asked question, "I didn't know what to do. Could I have done anything more?"

For the last 5 years, I've been providing CPR/AED training across North Dakota, and I've had numerous people reach out to say the training they received allowed them to start CPR and apply an AED prior to ambulance arrival.

The national average ambulance response time is 7 minutes, with rural areas being over 14-minute response times. Per American Heart Association, every minute that goes by without a bystander acting, the victim is losing 10% chance of survival. Time is not on our side in ND to simply say, "We'll wait for an ambulance to arrive."

Through engaging, hands-on training, we can aspire to have all of ND schools and athletic centers ready to act *when*, not if, but *when* the worst case strikes. The passing of the Cardiac Emergency Response Plan would ensure North Dakotans are equipped to provide life-saving skills.

In our rural state of ND, time is of the essence and the ability to walk away from a life-saving emergency knowing you had the proper tools to ACT during that emergency is a skill we all can possess. Let's unite together to feel confident starting CPR and using AED'S, improve our out-of-hospital cardiac arrest success rates, and overall level up! I ask you to please vote yes on HB 1363. It is our children's lives at stake.

Sincerely,

Lindsey Ahlschlager RRT, EMR, COHC



700 Hillview Cir Dr
Beulah, ND 58523

PHONE 701-870-2658
EMAIL 701PULSE@gmail.com

Tabitha Muncy, MS, LAT, ATC
Regarding HB 1363
1/26/2025

My name is Tabitha Muncy and I am an athletic trainer at Valley City High School and an emergency medical responder for the Dazey Fire Department. Ever since perusing this career, I have been an advocate for increasing the safety of our student-athletes. I am testifying about lack of policies and procedures in place regarding emergency action planning specifically for cardiac arrests in schools and athletic events. I am in full support of HB 1363 Cardiac Emergency Response Plans for public, nonpublic schools, and athletic events in North Dakota.

My job as an athletic trainer is to prevent injury and illness in athletes, recognize and evaluate injuries, develop and implement emergency action plans, create rehabilitation programs, provide therapeutic interventions, and perhaps most importantly, provide immediate care in emergency situations. As this bill greatly pertains to my career, I have also had a personal experience that has impacted the way I prepare for cardiac emergencies.

On June 12, 2023, I was working at a high school boys basketball camp at the University of Jamestown. While at this camp, an assistant coach of one of the teams suddenly collapsed. After I determined that the coach went into cardiac arrest, I initiated the emergency action plan and started cardiopulmonary resuscitation. A bystander called 911 and I directed someone to get the AED while the assistant coach performed rescue breaths. The AED was applied, and a shock was given. I then continued chest compressions until EMTs later relieved me and were able to stabilize the patient so that he could be transferred by ambulance and later life flighted to Fargo. I would later find out that the coach had suffered from a stroke, but after performing CPR on him that day, I did not know what his condition would be, whether he would survive or not, I had no idea. As professionals in the healthcare field, we often replay situations like these in our heads of what or how we could have done better. After replaying this situation many, many times in my head, I still had comfort knowing that myself, the bystanders who assisted me, EMTs and paramedics that day had done everything in our power to give that patient the best possible outcome.

We gave that patient the best possible outcome because bystanders immediately activated the emergency response system by calling 911, someone who was CPR certified recognized that the patient was in cardiac arrest and started CPR immediately, someone knew where the AED was located and the AED was applied quickly, and the EMTs responded in a short amount of time. If we want to give every person the fighting chance of survival like this coach had, we need to be prepared. Every school and athletic facility needs to have a cardiac emergency response plan that is practiced annually and AEDs that are easily accessible. We also need to have more people who are certified in CPR and to practice these protocols with their local EMS. Being in the state that we are in, there are a lot of rural schools that may take an ambulance 20-30 minutes to arrive at, which is why it is so important to have these plans in place, because during a cardiac emergency, every second counts.

The odds for a full recovery were not in the patient's favor. However, he made a full recovery, and I had the honor of meeting him and his family who are thankful that he is still here, living his full life as a husband, father, and grandfather.

This unfortunate experience reiterates the importance of a cardiac emergency response plan. Each public and nonpublic school conducts fire, tornado, and other emergency or disaster drills, so why not a cardiac emergency response plan when statistically about 23,000 children experience a cardiac arrest outside of a hospital each year with 40 % of these events being sport

related. Being an athletic trainer and emergency medical responder, my job mostly involves preparing and executing emergency action plans. While I have been included in many emergency response drills for spine injuries, stroke, and cardiac arrest, I often say one can never be too prepared. After any type of emergency I have been a part of, I have never heard anyone say: “We were way too prepared for that.”

I hope my story gives more insight as to why passing this bill so is beneficial to not only our students, but teachers, coaches, officials, spectators, or anyone else who may suffer from cardiac arrest inside a school or athletic facility. Thank you for reading my testimony, your consideration of these matters is much appreciated.

Mr. Chairman and Members of the Board,

Thank you for the opportunity to provide my brief testimony today. I expressing my strong for HB 1363.

During my own legislative efforts in the state of North Dakota this session, I have had the privilege of working with and meeting some of the key leaders who helped create this vital bill. Sudden cardiac arrest is the leading cause of death on school campuses across the United States. These cardiac events occur quickly and often without warning. With survival rates for out-of-hospital cardiac events remaining alarmingly low nationwide, it is critical that people are prepared to respond effectively, giving our youth the best chance at survival.

In my opinion, having an emergency cardiac response plan in place is just as essential as having a fire extinguisher. This bill has the potential to save lives and provide a safer environment for students at North Dakota schools.

Thank you for your time and consideration.



Chairman Heinert and Members of the Education Committee,

Thank you for the opportunity to provide testimony in opposition to House Bill No. 1363, which proposes requiring schools to develop and implement a cardiac emergency response plan. I am here representing the North Dakota Council of Educational Leaders which represents our K12 school leaders in North Dakota including our Superintendents, Principals, CTE Directors, SPED directors, Business Officials, REA Directors, Technology Directors, and Athletic

While the goal of improving preparedness for cardiac emergencies is admirable, the practical challenges of implementing this mandate create significant concerns for school districts across the state.

House Bill 1363 aims to encompass all school activities and athletic practices at every level, which is a highly ambitious undertaking. Schools host numerous events across various locations, often simultaneously, making it difficult for teams to cover all events. This requirement adds logistical complexity that many schools may find overwhelming, especially smaller districts with limited resources.

The bill's stipulation for periodic training of school personnel adds to the already heavy training mandates placed on educators. Teachers and staff are currently required to complete numerous training programs. Adding another mandatory training further strains their time and distracts from their primary focus on student instruction. Furthermore, coaches are already required to receive CPR and AED training.

The establishment and activation of a cardiac emergency response team, as mandated by the bill, pose additional staffing challenges. Many schools are already struggling with staff shortages, and requiring personnel to fulfill additional roles may lead to burnout and decreased efficiency in other critical areas. Ensuring proper supervision and coordination of emergency response drills and training could also divert staff from their instructional or administrative duties.

The one-size-fits-all approach outlined in the bill undermines the flexibility that local school districts need to address their unique circumstances. Schools are best positioned to assess their specific risks, resources, and logistical capabilities. Mandating a uniform plan across all schools, regardless of size or location, fails to account for the diversity of North Dakota's educational institutions and their varying needs.

It is also essential to address the issue of liability. Schools implementing a cardiac emergency response plan should be granted immunity from liability if an incident occurs despite their best efforts to comply with the mandates. Without such protections, schools may face legal risks that further discourage compliance and strain already limited resources.

In closing, while the intent of House Bill No. 1363 to enhance cardiac emergency preparedness is commendable, the practical challenges of its implementation cannot be overlooked. We



respectfully urge the committee to consider the burdens this bill places on schools and to explore alternative approaches that balance safety with practicality. Thank you for your time and thoughtful consideration.

House Human Services Committee

HB 1363

January 27, 2025

Chairman Heinert, Vice Chairman Schreiber-Beck, and members of the House Education Committee:

My name is Dawn Mattern, and I am a sports medicine and family medicine physician from Minot, North Dakota. I work for Trinity Health seeing patients in clinic and with athletic trainers covering area teams and sporting events. I support HB 1363.

There are 4 main causes of dying while participating in high school sport: heart (sudden cardiac arrest), head (traumatic brain injuries), hemoglobin (exertional sickling), and heat (exertional heat stroke). These 4 together account for 90% of the deaths—sudden cardiac arrest is 60%—yes, the majority but not the only cause.

I support and encourage this bill, but I would like to aim higher—include preparation for ALL causes of death and support the EMERGENCY ACTION PLAN, not just the cardiac emergency response plan. An emergency action plan includes the same vital requirements as the proposed cardiac response plan; a team of personnel to assist, AEDs at each venue, distribution of the plan, coordination with EMS, training, and practice. An EAP adds information specific to each venue—maps, directions, and further details on-site emergency equipment available for use.

Our human resources to serve in this role are scarce—declining numbers of athletic trainers, school nurses, ambulance crews...at a time when more kids are participating in more activities—travel teams and year-round training. Establishing EAPs with AED availability and then training the coaches and staff that will be supervising our children gives a child the best chance of survival if a life-threatening event occurs.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

Dawn Mattern MD
Trinity Health Sports Medicine
NDHSAA Sports Medicine Advisory Committee Chair
Team Up for Sports Safety

**TESTIMONY ON HB 1363
HOUSE EDUCATION COMMITTEE**

January 27, 2025

**By: Robin Lang, Assistant Director of Educational Improvement and Support
701-328-2265
North Dakota Department of Public Instruction**

Chairman Heinert and Members of the Committee:

My name is Robin Lang, and I am an Assistant Director in the Office of Educational Improvement and Support with the Department of Public Instruction. I am here to speak in opposition of House Bill 1363, as it is currently written.

While the Department of Public Instruction supports the concept of cardiac emergency response plans for public and nonpublic schools and for athletic events, we do not believe that the responsibilities associated with this health and safety initiative resides only in the Department of Public Instruction.

The Department of Public Instruction is not the lead state health expert and is therefore not equipped with the expertise to lead in planning for cardiac emergencies. The Department of Health and Human Services have areas that support this work, such as; School Health and Nursing, and North Dakota Cardiac System of Care.

Currently, for any school health information, the Department of Health and Human Services have the health content experts who lead school health initiatives and collaborate with the Department of Public Instruction, as necessary, to ensure the

most effective and accurate information is developed and disseminated to our schools. This collaborative approach ensures the information provided reflects the most current medical standards and practices while allowing the Department of Public Instruction to continue its focus on the primary responsibilities in education.

We would respectfully recommend that the Department of Health and Human Services, the agency with health professionals and experts in cardiac care and prevention, be added to this bill as the lead agency. The Department of Public Instruction would remain a strong collaborative partner in this process and would engage in the development of materials and support the dissemination of any developed information and materials to our schools through our various communication channels as directed or requested by the Department of Health and Human Services. I have included an attachment that provides examples of health-related information and resources that are currently provided by the North Dakota Department of Health and Human Services in collaboration with the Department of Public Instruction.

Chairman Heinert and Members of the Committee, that concludes my prepared testimony, and I will stand for any questions that you may have.

Testimony in Support of HB 1363
CERP
1/27/25
4:00pm Education Committee Hearing
Coteau AB

Chairman Heinert and members of the Education Committee. My name is Amy Heuer, Co-Executive Director for the North Dakota Society of Health and Physical Educators (ND SHAPE), a volunteer with the American Heart Association, and a recently retired Middle School Health and Physical Education Teacher. I am here to provide testimony and support of HB 1363.

In my 25+ years of teaching, I have experienced over 100 emergency response drills, including fire, tornado, lock down, and active shooter drills. For all of them, my job was to ensure the students in my care followed the drill protocols. Thankfully, I have not had to experience a fire, tornado, or active shooter while teaching.

I have however, experienced several life-threatening situations while in school ranging from asthma, anaphylaxis, broken bones, and seizures. We did not have a plan for any of those situation. Typically, the teacher present would send a student to find me, as I am a certified CPR/First Aid instructor. My schedule typically had me in 2-3 places in the building, which were on different floors, sometimes taking 5 minutes before I would arrive. While not having a set plan resulted in a delay arriving to the emergency, my delay did not result in any harm, but that wouldn't be the case if it had been a cardiac emergency.

While most cardiac arrests happen in the home, the second highest amount happen in public settings. We know that schools are often the hub of a community, which increases the risk of a cardiac event happening on school property.

Having a Cardiac Emergency Response Plan in place in schools will help prevent a delay in care during a cardiac emergency, helping to protect our students and the community. Creating a plan is not difficult, and there is plenty of guidance to assist.

It starts with education about sudden cardiac arrest and the importance of CPR and AED use, as well as exploring the steps of a CERP plan.

Next is to explore the local resources and organizations that can assist. This could include EMS services, community organizations, local health departments as a start.

You are then ready to identify members of the Cardiac Emergency Response Team. This is a group of staff members that have current CPR/AED training and are designated to respond during a cardiac emergency. A school may need different members depending on the time of day, and should include administrators, a staff member from each area of the building, health and pe teachers, coaches and other afterschool activity advisors to name a few.

Once your team is identified, it is time to draft the Plan. It should be evidence based and have clear action steps, including who is responsible for each step. Samples are available to assist with this step.

Like other emergency plans, it is important it is integrated into local emergency responders actions. It should be clearly shared with staff, including anyone that uses the building outside of the school day. It should be posted throughout the building, being sure to clearly mark the location of any AEDs on property.

Practicing the Cardiac Emergency Response Plan will allow the school to improve its efficiency, and be ready to act in a case of cardiac arrest. Like any skill, the more it is practiced, the easier and faster the response will be.

As a CPR/1st Aid instructor for over 15 years, I fully support schools having a Cardiac Emergency Response Plan, and I hope you will as well. Please vote yes on House Bill 1363.

HB 1363

Mr. Chairman, and members of the House Education Committee. For the record I am Representative Lisa Meier of District 32 in Bismarck.

HB 1363 directs Public and Non-Public schools in ND and athletic events to have a cardiac response plan and incorporates cardiac emergency response plan drills for implementation in schools.

I've had the opportunity to work with the American Heart Association on this legislation and they will walk through the bill.

I know that some schools have a great plan in place to address this important issue. Heart disease is the number 1 cause of death for North Dakotans. Schools are often a gathering place for community events. Approximately 70% of children survive cardiac arrests when a AED is used. The goal with this legislation is to save lives. I thank you for your consideration.

HB 1363 – CERPS 2025 Testimony

Chairman Heinert, & members of the House Education Committee. For the record, I am Tony Burke, Government Relations Director for the American Heart Association.

As you have heard in previous testimony, this is a lifesaving bill! With over 100 years of advancements, and community engagement, the American Heart Association is focused on creating a Nation of Lifesavers and this bill will be a critical step in doing so.

With the passage of HB 1363, the American Heart Association, in partnership with the Smart Hearts Sports Coalition, are ready to walk alongside North Dakotans to implement Cardiac Emergency Response Plans in schools and athletic facilities. With plug and play tools, like a CERP Implementation Guide, Checklist for Schools, Sports and communities, we are ready to create a Nation of Lifesavers with North Dakotans.

Nationwide, 10 states have passed policies for CERPS in Schools and 18 states have passed policies for CERPS in Athletics. Currently, we are tracking 20 bills that are active (*been introduced and have bill numbers*) and we are expecting 16-18 more which are either in drafting or awaiting session to start.

In fact, American Heart Association Community Impact staff, and volunteers, have already worked with, or currently working with schools like Killdeer, Rugby, South Heart High School, Billings and more.

Mr. Chairman, this completes my testimony. I am available to address any questions. Thank you.

Meier, Lisa M.

From: Mike Krumwiede <mike@scgnd.com>
Sent: Friday, January 24, 2025 5:57 PM
To: Meier, Lisa M.
Subject: Re: Cardiac Response Legislation HB1363mi Testimony

Thanks Lisa,

I was wondering if you would be able to also introduce the amendment that DPI wants or I can have Tony do it too.

Here is the language for the amendment:

The department of health and human services in collaboration with the department of public instruction shall create a customizable cardiac emergency response plan template for schools and nonpublic schools to use to develop a plan tailored to the school or nonpublic school.

Thanks,
Mike

From: Meier, Lisa M. <lmeier@ndlegis.gov>
Sent: Friday, January 24, 2025 12:59 PM
To: Mike Krumwiede <mike@scgnd.com>
Cc: Meier, Lisa M. <lmeier@ndlegis.gov>
Subject: Cardiac Response Legislation HB1363mi Testimony

Hi Mike,

Here is my testimony for 1363.

Thanks Mike,

Lisa

5:45 - 7:15
Feb 21

2025 HOUSE STANDING COMMITTEE MINUTES

Education Committee Coteau AB Room, State Capitol

HB 1363
2/17/2025

Relating to public and nonpublic schools approval requirements and mandatory emergency and disaster drills

9:14 a.m. Chairman Heinert called the hearing to order.

Members Present: Chairman Heinert, Vice Chairman Schreiber- Beck, Representatives, Conmy, Hager, Hatlestad, Hauck, Jonas, Longmuir, Maki, Marchall, Morton, Novak, Osowski

Members Absent: Representative Heilman

Discussion Topics:

- Committee Action

9:21 a.m. Representative Hauck moved to adopt amendment #25.0316.02003. #37900

9:21 a.m. Representative Morton seconded the motion.

Representatives	Vote
Representative Pat D. Heinert	Y
Representative Cynthia Schreiber-Beck	Y
Representative Liz Conmy	AB
Representative LaurieBeth Hager	Y
Representative Patrick R. Hatlestad	Y
Representative Dori Hauck	Y
Representative Matthew Heilman	AB
Representative Jim Jonas	Y
Representative Donald W. Longmuir	Y
Representative Roger A. Maki	Y
Representative Andrew Marschall	AB
Representative Desiree Morton	Y
Representative Anna S. Novak	AB
Representative Doug Osowski	Y

Motion Carried: 10-0-4

9:22 a.m. Representative Jonas moved a Do Pass as Amended.

9:22 a.m. Representative Hauck seconded the motion.

Representatives	Vote
Representative Pat D. Heinert	Y
Representative Cynthia Schreiber-Beck	Y
Representative Liz Conmy	AB
Representative LaurieBeth Hager	Y
Representative Patrick R. Hatlestad	Y
Representative Dori Hauck	Y
Representative Matthew Heilman	AB
Representative Jim Jonas	Y
Representative Donald W. Longmuir	Y
Representative Roger A. Maki	Y
Representative Andrew Marschall	AB
Representative Desiree Morton	Y
Representative Anna S. Novak	AB
Representative Doug Osowski	Y

Motion Carried: 10-0-4

9:23 a.m. Representative Hager moved to place on the consent calendar.

9:23 a.m. Representative Jonas seconded the motion.

Representatives	Vote
Representative Pat D. Heinert	Y
Representative Cynthia Schreiber-Beck	Y
Representative Liz Conmy	AB
Representative LaurieBeth Hager	Y
Representative Patrick R. Hatlestad	Y
Representative Dori Hauck	Y
Representative Matthew Heilman	AB
Representative Jim Jonas	Y
Representative Donald W. Longmuir	Y
Representative Roger A. Maki	Y
Representative Andrew Marschall	AB
Representative Desiree Morton	Y
Representative Anna S. Novak	AB
Representative Doug Osowski	Y

Motion Carried: 10-0-4

Bill Carrier: Representative Hauck

9:24 p.m. Chairman Heinert closed the hearing.

Saydee Wahl for Leah Kuball, Committee Clerk

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1363

Introduced by

Representatives Meier, Dockter, Hagert, Heinert, J. Olson, Hauck, Jonas, Novak, Rohr

Senators Cleary, Dever, Boschee

1 A BILL for an Act to create and enact a new section to chapter 15.1-02 of the North Dakota
2 Century Code, relating to cardiac emergency response plans for public and nonpublic schools
3 and athletic events; ~~and to amend and reenact subsection 1 of section 15.1-06-06, subsection 1~~
4 ~~of section 15.1-06-06.1, and section 15.1-06-12 of the North Dakota Century Code, relating to~~
5 ~~public and nonpublic schools approval requirements and mandatory emergency and disaster~~
6 ~~drills.~~

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

8 **SECTION 1.** A new section to chapter 15.1-02 of the North Dakota Century Code is created
9 and enacted as follows:

10 **Superintendent of public instruction - Cardiac emergency response plan for public**
11 **and nonpublic schools and athletic events.**

12 **1. As used in this section:**

- 13 **a. "Automated external defibrillator" means a lightweight, portable device capable of**
14 **delivering an electric shock through an individual's chest to the individual's heart,**
15 **which is used in the event of cardiac arrest to attempt to stop an irregular**
16 **heartbeat and allow a normal rhythm to resume.**
- 17 **b. "Cardiac arrest" means a life-threatening event in which an individual's heart**
18 **unexpectedly stops beating.**
- 19 **c. "Cardiac emergency response plan" or "plan" means a written document**
20 **establishing the specific steps to reduce the chance of death from cardiac arrest.**

2. The department of health and human services in collaboration with the superintendent of public instruction shall create a customizable cardiac emergency response plan template for schools and nonpublic schools to use to develop a plan tailored to the school or nonpublic school.
3. The cardiac emergency response plan template must integrate core elements established by the American heart association or other nationally recognized organization. The plan template must require:
 - a. ~~Establishment of a school cardiac emergency response~~Review and adoption of the cardiac emergency response plan by the district crisis management team, which must be reviewed annually.
 - b. Activation of the team ~~when~~if an individual experiences sudden cardiac arrest.
 - c. Placement of automated external defibrillators on school grounds.
 - d. Routine maintenance of automated external defibrillators.
 - e. Distribution of the plan on school grounds.
 - f. Stipulation of appropriate school personnel, including licensed coaches, school nurses, and athletic trainers, to receive training.
 - g. ~~Periodic training of stipulated school personnel to perform cardiopulmonary resuscitation, use an automated external defibrillator, and administer first-aid.~~
 - ~~h. Annual practice by faculty and students of the plan using drills.~~
 - ~~i. Coordination with local emergency medical services providers.~~
 - j.h. Annual review and evaluation of the plan.
4. Each public and nonpublic school shall:
 - a. Using the template provided by the superintendent of public instruction, develop a cardiac emergency response plan for inclusion in the school district crisis management plan for use by school personnel ~~when~~if an individual experiences sudden cardiac arrest or a similar life-threatening emergency on school grounds, including an athletic venue, or at a school-sponsored athletic event.
 - b. Place each automated external defibrillator on school grounds according to the guidelines established by the American heart association or an organization focused on emergency cardiovascular care.

- 1 c. Place an automated external defibrillator in an easily accessible location at each
- 2 school athletic venue and event.
- 3 d. Identify each automated external defibrillator with appropriate signage.
- 4 e. Make each automated external defibrillator available in an unlocked location that
- 5 allows the automated external defibrillator to be retrieved and placed on an
- 6 individual experiencing cardiac arrest in fewer than three minutes.

7 5. A school, board of a school district and each individual member of the board,
8 governing board and each individual governing board member of a nonpublic school,
9 administrator, principal, teacher, school employee, and any member of the school
10 district crisis management team, whether a student or an adult, are immune from any
11 liability that might otherwise be incurred as a result of an injury caused by any act or
12 omission while carrying out any elements of the cardiac emergency response plan as
13 developed or implemented in accordance with this section.

14 ~~— **SECTION 2. AMENDMENT.** Subsection 1 of section 15.1-06-06 of the North Dakota~~
15 ~~Gentury Code is amended and reenacted as follows: —~~

- 16 ~~— 1. To obtain certification that a public school is approved, the superintendent of the~~
17 ~~district in which the school is located shall submit to the superintendent of public~~
18 ~~instruction a compliance report verifying that:~~
- 19 ~~— a. Each classroom teacher is licensed to teach by the education standards and~~
20 ~~practices board or approved to teach by the education standards and practices~~
21 ~~board;~~
 - 22 ~~— b. Each classroom teacher is teaching only in those course areas or fields for which~~
23 ~~the teacher is licensed or for which the teacher has received an exception under~~
24 ~~section 15.1-09-57;~~
 - 25 ~~— c. The school meets all curricular requirements set forth in chapter 15.1-21;~~
 - 26 ~~— d. The school participates in and meets the requirements of a review process that~~
27 ~~is:~~
- 28 ~~— (1) Designed to improve student achievement through a continuous cycle of~~
29 ~~improvement; and~~
 - 30 ~~— (2) Approved by the superintendent of public instruction;~~

4005

- 1 ~~e. The physical school plant has been inspected by the state fire marshal or the~~
- 2 ~~state fire marshal's designee in accordance with section 15.1-06-09 and:~~
- 3 ~~(1) Has no unremedied deficiency; or~~
- 4 ~~(2) Has deficiencies that have been addressed in a plan of correction which~~
- 5 ~~was submitted to and approved by the state fire marshal or the state fire~~
- 6 ~~marshal's designee;~~
- 7 ~~f. All individuals hired after June 30, 2011, and having unsupervised contact with~~
- 8 ~~students at the school, have:~~
- 9 ~~(1) Undergone a criminal history background check requested by the employing~~
- 10 ~~school district; or~~
- 11 ~~(2) Undergone a criminal history background check in order to be licensed by~~
- 12 ~~the education standards and practices board or by any other state licensing~~
- 13 ~~board; and~~
- 14 ~~g. The school uses North Dakota eTranscripts, or an alternative information system~~
- 15 ~~designated by the information technology department in collaboration with the~~
- 16 ~~superintendent of public instruction, to generate official transcripts; and~~
- 17 ~~h. The school has a cardiac emergency response plan under section 1 of this Act.~~
- 18 ~~**SECTION 3. AMENDMENT.** Subsection 1 of section 15.1-06-06.1 of the North Dakota~~
- 19 ~~Century Code is amended and reenacted as follows:~~
- 20 ~~1. In order to obtain certification that a nonpublic school is approved, the administrator of~~
- 21 ~~a nonpublic school shall submit to the superintendent of public instruction a~~
- 22 ~~compliance report verifying that:~~
- 23 ~~a. Each classroom teacher is licensed to teach by the education standards and~~
- 24 ~~practices board or approved to teach by the education standards and practices~~
- 25 ~~board;~~
- 26 ~~b. Each classroom teacher is teaching only in those course areas or fields for which~~
- 27 ~~the teacher is licensed or for which the teacher has received an exception under~~
- 28 ~~section 15.1-09-57;~~
- 29 ~~c. The school meets all curricular requirements set forth in chapter 15.1-21;~~
- 30 ~~d. The school has been inspected by the state fire marshal or the state fire~~
- 31 ~~marshal's designee in accordance with section 15.1-06-10 and:~~

5 of 5

1 ~~_____ (1) Has no unremedied deficiency; or~~

2 ~~_____ (2) Has deficiencies that have been addressed in a plan of correction which~~
3 ~~was submitted to and approved by the state fire marshal or the state fire~~
4 ~~marshal's designee; and~~

5 ~~_____ e. All individuals hired after June 30, 2011, and having unsupervised contact with~~
6 ~~students at the school, have:~~

7 ~~_____ (1) Undergone a criminal history background check requested on behalf of the~~
8 ~~employing school; or~~

9 ~~_____ (2) Undergone a criminal history background check in order to be licensed by~~
10 ~~the education standards and practices board or by any other state licensing~~
11 ~~board; and~~

12 ~~_____ f. The school has a cardiac emergency response plan under section 1 of this Act.~~

13 ~~_____ **SECTION 4. AMENDMENT.** Section 15.1-06-12 of the North Dakota Century Code is~~
14 ~~amended and reenacted as follows:~~

15 ~~_____ **15.1-06-12. Emergency and disaster drills -- Implementation.**~~

16 ~~_____ Each public and nonpublic school shall conduct fire, tornado, and other emergency or~~
17 ~~disaster drills, including lockdown and cardiac emergency response plan drills.~~

**REPORT OF STANDING COMMITTEE
HB 1363**

Education Committee (Rep. Heinert, Chairman) recommends **AMENDMENTS** ([25.0316.02003](#)) and when so amended, recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (10 YEAS, 0 NAYS, 4 ABSENT OR EXCUSED AND NOT VOTING). HB 1363 was placed on the Sixth order on the calendar.

25.0316.02003
Title.

Prepared by the Legislative Council
staff for Representative Meier
February 4, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1363

Introduced by

Representatives Meier, Dockter, Hagert, Heinert, J. Olson, Hauck, Jonas, Novak, Rohr

Senators Cleary, Dever, Boschee

1 A BILL for an Act to create and enact a new section to chapter 15.1-02 of the North Dakota
2 Century Code, relating to cardiac emergency response plans for public and nonpublic schools
3 and athletic events; ~~and to amend and reenact subsection 1 of section 15.1-06-06, subsection 1~~
4 ~~of section 15.1-06-06.1, and section 15.1-06-12 of the North Dakota Century Code, relating to~~
5 ~~public and nonpublic schools approval requirements and mandatory emergency and disaster~~
6 ~~drills.~~

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

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9 and enacted as follows:

10 **Superintendent of public instruction - Cardiac emergency response plan for public**
11 **and nonpublic schools and athletic events.**

12 1. As used in this section:

- 13 a. "Automated external defibrillator" means a lightweight, portable device capable of
14 delivering an electric shock through an individual's chest to the individual's heart,
15 which is used in the event of cardiac arrest to attempt to stop an irregular
16 heartbeat and allow a normal rhythm to resume.
- 17 b. "Cardiac arrest" means a life-threatening event in which an individual's heart
18 unexpectedly stops beating.
- 19 c. "Cardiac emergency response plan" or "plan" means a written document
20 establishing the specific steps to reduce the chance of death from cardiac arrest.

2. The ~~department of health and human services in collaboration with the~~ superintendent of public instruction shall create a customizable cardiac emergency response plan template for schools and nonpublic schools to use to develop a plan tailored to the school or nonpublic school.
3. The cardiac emergency response plan template must integrate core elements established by the American heart association or other nationally recognized organization. The plan ~~template~~ must require:
 - a. ~~Establishment of a school cardiac emergency response~~Review and adoption of the cardiac emergency response plan by the district crisis management team, which must be reviewed annually.
 - b. Activation of the team ~~when~~if an individual experiences sudden cardiac arrest.
 - c. Placement of automated external defibrillators on school grounds.
 - d. Routine maintenance of automated external defibrillators.
 - e. Distribution of the plan on school grounds.
 - f. Stipulation of appropriate school personnel, including licensed coaches, school nurses, and athletic trainers, to receive training.
 - g. ~~Periodic training of stipulated school personnel to perform cardiopulmonary resuscitation, use an automated external defibrillator, and administer first aid.~~
 - ~~h. Annual practice by faculty and students of the plan using drills.~~
 - ~~i. Coordination with local emergency medical services providers.~~
 - ~~j.~~h. Annual review and evaluation of the plan.
4. Each public and nonpublic school shall:
 - a. Using the template provided by the superintendent of public instruction, develop a cardiac emergency response plan ~~for inclusion in the school district crisis management plan~~ for use by school personnel ~~when~~if an individual experiences sudden cardiac arrest or a similar life-threatening emergency on school grounds, including an athletic venue, or at a school-sponsored athletic event.
 - b. Place each automated external defibrillator on school grounds according to the guidelines established by the American heart association or an organization focused on emergency cardiovascular care.

- c. Place an automated external defibrillator in an easily accessible location at each school athletic venue and event.
- d. Identify each automated external defibrillator with appropriate signage.
- e. Make each automated external defibrillator available in an unlocked location that allows the automated external defibrillator to be retrieved and placed on an individual experiencing cardiac arrest in fewer than three minutes.

5. A school, board of a school district and each individual member of the board, governing board and each individual governing board member of a nonpublic school, administrator, principal, teacher, school employee, and any member of the school district crisis management team, whether a student or an adult, are immune from any liability that might otherwise be incurred as a result of an injury caused by any act or omission while carrying out any elements of the cardiac emergency response plan as developed or implemented in accordance with this section.

~~SECTION 2. AMENDMENT. Subsection 1 of section 15.1-06-06 of the North Dakota Century Code is amended and reenacted as follows:~~

- ~~1. To obtain certification that a public school is approved, the superintendent of the district in which the school is located shall submit to the superintendent of public instruction a compliance report verifying that:~~
 - ~~a. Each classroom teacher is licensed to teach by the education standards and practices board or approved to teach by the education standards and practices board;~~
 - ~~b. Each classroom teacher is teaching only in those course areas or fields for which the teacher is licensed or for which the teacher has received an exception under section 15.1-09-57;~~
 - ~~c. The school meets all curricular requirements set forth in chapter 15.1-21;~~
 - ~~d. The school participates in and meets the requirements of a review process that is:~~
 - ~~(1) Designed to improve student achievement through a continuous cycle of improvement; and~~
 - ~~(2) Approved by the superintendent of public instruction;~~

~~e. The physical school plant has been inspected by the state fire marshal or the state fire marshal's designee in accordance with section 15.1-06-09 and:~~

~~(1) Has no unremedied deficiency; or~~

~~(2) Has deficiencies that have been addressed in a plan of correction which was submitted to and approved by the state fire marshal or the state fire marshal's designee;~~

~~f. All individuals hired after June 30, 2011, and having unsupervised contact with students at the school, have:~~

~~(1) Undergone a criminal history background check requested by the employing school district; or~~

~~(2) Undergone a criminal history background check in order to be licensed by the education standards and practices board or by any other state licensing board; and~~

~~g. The school uses North Dakota eTranscripts, or an alternative information system designated by the information technology department in collaboration with the superintendent of public instruction, to generate official transcripts; and~~

~~h. The school has a cardiac emergency response plan under section 1 of this Act.~~

~~**SECTION 3. AMENDMENT.** Subsection 1 of section 15.1-06-06.1 of the North Dakota Century Code is amended and reenacted as follows:_____~~

~~1. In order to obtain certification that a nonpublic school is approved, the administrator of a nonpublic school shall submit to the superintendent of public instruction a compliance report verifying that:~~

~~a. Each classroom teacher is licensed to teach by the education standards and practices board or approved to teach by the education standards and practices board;~~

~~b. Each classroom teacher is teaching only in those course areas or fields for which the teacher is licensed or for which the teacher has received an exception under section 15.1-09-57;~~

~~c. The school meets all curricular requirements set forth in chapter 15.1-21;~~

~~d. The school has been inspected by the state fire marshal or the state fire marshal's designee in accordance with section 15.1-06-10 and:~~

1 ~~_____ (1) Has no unremedied deficiency; or~~

2 ~~_____ (2) Has deficiencies that have been addressed in a plan of correction which~~
3 ~~was submitted to and approved by the state fire marshal or the state fire~~
4 ~~marshal's designee; and~~

5 ~~_____ e. All individuals hired after June 30, 2011, and having unsupervised contact with~~
6 ~~students at the school, have:~~

7 ~~_____ (1) Undergone a criminal history background check requested on behalf of the~~
8 ~~employing school; or~~

9 ~~_____ (2) Undergone a criminal history background check in order to be licensed by~~
10 ~~the education standards and practices board or by any other state licensing~~
11 ~~board; and~~

12 ~~_____ f. The school has a cardiac emergency response plan under section 1 of this Act.~~

13 ~~_____ **SECTION 4. AMENDMENT.** Section 15.1-06-12 of the North Dakota Century Code is~~
14 ~~amended and reenacted as follows:~~

15 ~~_____ **15.1-06-12. Emergency and disaster drills -- Implementation.**~~

16 ~~_____ Each public and nonpublic school shall conduct fire, tornado, and other emergency or~~
17 ~~disaster drills, including lockdown and cardiac emergency response plan drills.~~

2025 SENATE EDUCATION

HB 1363

2025 SENATE STANDING COMMITTEE MINUTES

Education Committee Room JW216, State Capitol

HB 1363
3/17/2025

Relating to cardiac emergency response plans for public and nonpublic schools and athletic events.

10:03 a.m. Chairman Beard called the hearing to order.

Members Present: Chairman Beard; Vice-Chairman Lemm; Senators: Axtman, Boschee, Gerhardt, and Wobbema.

Discussion Topics:

- Current response plan in place
- Education and plan drills
- Reduce death and disability from heart disease

10:04 a.m. Representative Meier, District #32, introduced the bill and submitted testimony #42299.

10:07 a.m. Amy Heuer, Co-Executive Director, ND Shape, testified in favor and submitted testimony #42040.

10:18 a.m. Mike Krumwiede, Lobbyist American Heart Association, testified in favor and submitted testimony #42312.

10:26 a.m. Aimee Copas, Executive Director ND Council of Educational Leaders, testified in favor and submitted testimony #42125.

10:27 a.m. Courtney Koebele, Executive Director ND Medical Association, testified in favor and submitted testimony #41672.

10:28 a.m. Amy Heuer, ND Shape, provided additional information.

10:32 a.m. Michelle Tipton, Beulah ND, testified in favor and submitted testimony #41757.

Additional written testimony:

Mevan Wijetunga, Cardiologist/Chapter Governor and ACC North Dakota-Great Plains Chapter, submitted testimony in favor #41803.

Greg Gallagher, Member of Mandan Health Coalition, submitted testimony in favor #41826.

Tony Burke, Government Relations Director American Heart Association, submitted testimony #41976.

Tabitha Muncy, Athletic trainer at Valley City High School, submitted testimony in favor #42105.

Jacob Willes, Volunteer at Simon's Heart, submitted testimony in favor #42122.

10:42 a.m. Chairman Beard closed the hearing.

Susan Helbling, Committee Clerk

**Senate Education Committee****HB 1363****March 17, 2025**

Chairman Beard and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA supports HB 1363.

The Cardiac Emergency Response Plan (CERP) is a written document that establishes specific steps to reduce death from cardiac arrest in any setting—be it a school, community organization, workplace, or sports facility. It is necessary to ensure schools are prepared to respond to a time-sensitive emergency. Survival from Sudden Cardiac Arrest (SCA) is higher at schools that have developed CERPs compared to schools that have not.

Policies that provide evidence-based guidelines and standards for schools to implement CERPs have the potential to benefit any student, staff member, or school visitor. Training school staff and students allows the knowledge to be applied anywhere needed. A carefully orchestrated plan will reduce deaths in school settings and ensure that chaos does not lead to an improper or no response. Preparation is the key to saving lives.

A well-developed plan is essential for the best outcomes during a cardiac emergency. Nearly 47% of sports-related SCAs are caused by pulseless ventricular tachycardia or ventricular fibrillation, and an AED ‘shock’ can restore normal heart rhythm.

When CPR and defibrillation are performed within 3 minutes of a Sudden Cardiac Arrest (SCA), the survival rate can increase to around 74%, significantly higher than if these interventions are administered after the 3-minute window. As part of the plan, this significantly improves outcomes.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

Hello, my name is Michelle Tipton

I am speaking to you today as a mom, but my background for 36 years was in emergency response, as a ND Emergency Medical Services Instruction and an American Heart Association Instructor. I personally experienced a cardiac arrest tragedy with my oldest son at 17 in March 1999. We did not find out a cause for almost a year. My remaining son and I were genetically and clinically diagnosed with Long QT Syndrome.

At the time of our tragedy (in 1999,) AEDs were not in the public setting. AEDs became public access in the year 2000, with airlines being the first.

If you are from ND, you may have heard of these other tragic stories:

April 2005 – 15 years old Bishop Ryan HS Minot ND on the track

September 2006 – 17 years old Drake ND on the football field during practice

November 2006 - Fargo North Fargo ND in PE doing sit-ups (he did have a diagnosed heart problem and treatment accordingly)

After hearing of those 3 cardiac arrest deaths of students on ND school properties between 2005-2006, I encouraged my local senator to present a Bill to get AEDs in all ND schools. I had already compiled information on which schools had AEDs and a partial list of where more AEDs were needed in ND. I requested that we allocate dollars to provide AEDs to ND Schools and help schools implement effective AED programs.

An effective AED Program includes:

Cardiac Emergency Response Plan as part of the Emergency Action Plan

Annual Drills (to include EMS arrival and involvement)

AED placement (highly visible and easily accessible)

CPR/AED training for all

The bill passed the 2007 legislative session unanimously and 436 or 365 (I have seen both amounts listed) AEDs were placed in ND Schools (public and private). But, without AED programs. I connect with a few schools a few years after distribution of the AEDs and the following comments were made: “you mean we have to replace parts?” “When do the batteries need to be changed?” “We placed the cabinet out of sight and up high so a child can’t mess with it.” There are many more comments that I could share.

I have since assisted in maintaining AEDs to whomever becomes aware of my free services. I assist 23 ND Schools and 4 ND Universities with AED maintenance, recommendation and support.

In 2009, there were 2 more young cardiac arrest deaths in ND:

Fargo Shanley sophomore September 2009 (not on school property)

Divide County High School 17-year-old August 2009

I spoke with the mother from Divide County High School 5 months after the incident, she was still questioning the timeframe of response as the event was not recognized immediately, it was thought to be just a simple faint. The mother's question for ND legislators was "How can we put a price on this?" (Meaning training and AED program implementation.)

In 2011, another legislative bill was presented to address the need for effective AED programs in our schools. I do not know the exact outcome of that bill. I do know that the schools that I assist do not have the solid AED programs needed to be fully prepared for cardiac arrest responses.

Responding to emergencies properly and timely requires an effective plan, training (which gives us muscle memory), review, and changes to the Emergency Action Plan as you learn from practice drills. The National Athletic Trainers Association came out with recommended guidelines on how to prepare for and manage sudden cardiac arrest (SCA) during high school and college athletic practices and competitions June 14, 2006. We still are trying to adhere to the recommendation presented then.

ND schools have AEDs, there may not be enough, they may not be up to date, they may not be in appropriate locations and/or visible, and they may not be practiced with. 17 years later, I am hoping we can finally finish the process that was started in 2008 to be fully prepared to act during sudden cardiac arrest emergencies in all ND schools and athletic facilities.

Thank you for your time.

Michelle Tipton
109 4th Ave SW
Beulah, ND 58523
michelle@aedeverywhere.com
701-870-4586



GREAT PLAINS
CHAPTER

AMERICAN COLLEGE of CARDIOLOGY®

March 13, 2025

Chair Beard and Members of the Senate Education Committee,

Good morning, my name is Mevan Wijetunga. I am a practicing cardiologist at the Altru Health System-Grand Forks, as well as the current Governor of the North Dakota-Great Plains Chapter of the American College of Cardiology (ACC). Today, I am testifying on behalf of the North Dakota-Great Plains Chapter to lend our full support to House Bill 1363.

House Bill 1363 will require public and nonpublic schools to develop cardiac emergency response plans (CERP) to respond to incidents involving an individual who is experiencing sudden cardiac arrest while on school grounds or participating in an athletic practice or event. House Bill 1363 is critical to ensure student and community safety.

Cardiac arrest can happen anywhere, at any time. More than 23,000 children under 18 experience cardiac arrest outside of a hospital each year. Having a comprehensive plan, like a CERP, with a trained team in place to respond to sudden cardiac arrest can make the difference between life and death.

A CERP can be a stand-alone guideline or merged with a school's existing medical emergency response plans. It can also be used by school personnel, healthcare providers, boards of education, and school safety advocates. Additionally, a CERP requires all schools to have and maintain an AED on-site. There have been too many cases across our state where individuals fall victim to sudden cardiac arrest due to delayed intervention, resulting in profound incapacity or death. Many of these lives could have been saved by immediate action and the use of an AED. House Bill 1363 ensures the AED is ready for use in an emergency, securing the safety of students, school staff, and visitors.

I urge the committee to pass House Bill 1363. Equipping our schools with AEDs and school responders who are trained in sudden cardiac arrest response will save lives and strengthen our communities.

Thank you.

Mevan Wijetunga, MD, FACC

North Dakota-Great Plains ACC Chapter Governor

mevanwijetunga@yahoo.com

Testimony for HB 1363
Senate Education Committee
Greg Gallagher
March 17, 2025

Mr. Chairman and members of the Senate Education Committee,

I am Greg Gallagher, a Mandan resident, a member of the Mandan Health Coalition, and Vice-Chair of the Statewide Advocacy and Engagement Committee of the American Health Association in North Dakota. I submit this testimony as a private citizen and not as a lobbyist or representative for any other party. I testify in support of HB 1363 based on my understanding of this matter gained through my involvement with these and other organizations.

Quite simply, HB 1363 is a consequential bill that will save lives.

This legislation ensures that all schools in North Dakota will develop and deploy meaningful cardiac arrest response plans and supportive training measures to enable school staff to intervene immediately during a cardiac emergency. During such an event, it is critical for attending staff to know what to do, how to communicate and coordinate activities, how to administer CPR, where to locate and how to operate an AED, and how to attend to the needs of the affected individual until qualified EMTs can arrive and transport the individual. These orchestrated activities require forethought, planning, and training to improve the prospects of a successful outcome. During an emergency, every second matters and the first ten minutes can oftentimes determine the prospects of an outcome. With such time constraints, the rapid and informed actions of onsite responders will improve the probability of saving an individual's life well before any EMTs might arrive, especially in more remote locations.

Schools across North Dakota serve as centers for education, recreation, athletics, music, theater, speech, organizations, and community events of all kinds, bringing together students, teachers, staff, coaches, parents, grandparents, and citizens from far and wide to

participate in the life of the community. It is what schools were meant to be: centers for the community. And wherever people of all ages and health conditions meet, there exists the prospect for a cardiac emergency to occur. We know this. We can plan for this. We can improve the prospects of saving lives. HB 1363 sets in place a means for us to carry this out—and we should. Given what we know about cardiac emergencies and how we can save lives, we have an obligation to do exactly that: save lives.

North Dakota schools are approved and accredited by the state on the principle of advancing improvements. HB 1363 defines a straightforward way to improve the safety and welfare of the many individuals touched by schools everywhere, every day. This legislature holds in its hands a means to improve emergency intervention measures that will save lives. I respectfully implore you to do so.

Thank you.



February 16, 2025

Chairman Beard and Senate Education Committee Members,

On behalf of the American Heart Association's North Dakota Statewide Advocacy and Engagement Committee, Smart Heart Sports Coalition, and the organizations and individuals who have signed the attached letter of support, we urge you to support **HB 1363** and vote **YES** for a **DO PASS** recommendation.

With over a century of advancements and collaborative community engagement, the American Heart Association is dedicated to creating a Nation of Lifesavers, and this bill is a crucial step in that direction. Throughout the legislative process in the House, we collaborated with the **North Dakota Department of Public Instruction, North Dakota Health & Human Services – EMS Unit, North Dakota Council of Educational Leaders, and North Dakota School Boards Association** to refine and strengthen the bill's language, ensuring it meets the needs of all interested parties committed to the well-being of our children.

The passage of **HB 1363** will enable the American Heart Association, in partnership with the Smart Hearts Sports Coalition, to assist North Dakotans in implementing Cardiac Emergency Response Plans (CERPs) in schools and athletic facilities. With ready-to-use tools like a CERP Implementation Guide and Checklist for Schools, Sports, and Communities, we are prepared to help North Dakotans become a Nation of Lifesavers.

Nationwide, 10 states have enacted policies for CERPs in schools, and 18 states have policies for CERPs in athletics. Currently, we are monitoring over 25 active bills on this issue.

American Heart Association Community Impact staff and volunteers have already collaborated with schools such as Killdeer, Rugby, South Heart High School, and Billings, among others.

We ask you to vote **YES** on **HB 1363** and help transform our nation of bystanders into a Nation of Lifesavers!

With respect & sincerity,



American Heart Association
North Dakota Statewide Advocacy & Engagement Committee (ND SAEC)

Chair Joan Enderle – Jamestown, ND 58401

Vice-Chair Greg Gallagher – Mandan, ND 58554

Member Amy Heuer – Bismarck, ND 58504

Member Melanie Smith – Watford City, ND 58854

Member Janet Maxson – Minot, ND 58701

Member Jared Eagle – New Town, ND 58763

Member Sandra Tibke – Bismarck, ND 58501

Member Dr. Mevan Wijetunga – Grand Forks, ND 58201

Member Sandy Rhode – Manning, ND 58642

Member Patricia Schmitz – Watford City, ND 58854

A handwritten signature in black ink, appearing to read "Tony Burke".

Tony Burke, BA, CCMP
Government Relations Director
Regional Team Lead – ND/NE/SD
American Heart Association
605.351.5939



American
Heart
Association.

Cardiac Emergency Response Plan

HB 1363

We Support **Cardiac Emergency Response Plans (CERP)** in Schools & Athletic Facilities/Events.

Each year 356,000 cardiac arrests occur outside of a hospital.

About 9 in 10 cardiac arrest victims who receive a shock from an AED in the first minute live.

During cardiac arrest, CPR can double or triple a person's chance of survival.

What is a Cardiac Emergency Response Plan (CERP)?

CERP is a written document that establishes specific steps to reduce death from cardiac arrest in school settings. It can be stand-alone guidelines or merged with a school's existing medical emergency response plans. It should be posted at key locations throughout the school and practiced regularly. It is also important to work directly with local emergency service providers to integrate the CERP into the community's EMS responder protocols. It also ensures every school has a plan in place, which is integrated into local EMS protocols.

23,000 children experience cardiac arrest outside of a hospital each year in the U.S. And in schools with AEDs, 70% of children survive cardiac arrest. That's 7x the overall survival rate for children



Share



Practice



Activate



American
Heart
Association.

Cardiac Emergency Response Plan



Dickinson, ND

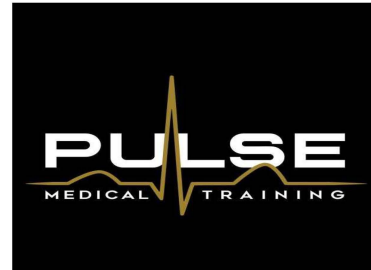


TRINITY HEALTH
SPORTS MEDICINE

Minot, ND



North Dakota Medical Association



Beulah, ND

Smart Heart Sports Coalition

American College of Cardiology
 American College of Sports Medicine
 American Heart Association
 American Medical Society for Sports Medicine
 American Orthopedic Society for Sport Medicine
 American Red Cross
 Association of Black Cardiologists
 Chasing M's Foundation – Damar Hamlin
 Citizen CPR Foundation
 Heart Rhythm Society
 John Taylor Babbitt Foundation
 Korey Stringer Institute
 Major League Baseball
 Major League Soccer
 Make Them Know Your Name
 National Academy of Sport Medicine
 National Association of Emergency Medical Technicians
 National Athletic Trainers' Association
 National Basketball Association
 National Collegiate Athletic Association
 National Council of Youth Sports
 National Federation of State High School Associations
 National Football League
 National Football League Physicians Society
 National Hockey League
 National Woman's Soccer League
 Pediatric & Congenital Electrophysiology Society
 Parent Heart Watch
 Project Adam Saves Lives



American
Heart
Association.

Cardiac Emergency Response Plan

Simon's Heart
Sports Safety International
Starting Hearts
Sudden Cardiac Arrest Foundation
T.J. Carrie Foundation
Unites States Tennis Association
Weil Institute
Who We Play For
Women's National Basketball Association
Women's Tennis Association

Individual Sign Ons

Rep. Eric J. Murphy District 43, Grand Forks
Beverly Tong, MD, FACOG, Williston
Alana McClellan RN, CHI Mercy Health, Valley City
Tabitha Muncy, MS, LAT, ATC Valley City High School Athletic Trainer
Trinity Sports Medicine Dr. Dawn Mattern
Amy Heuer, Co-Executive Director, ND Shape
Darren Armstrong, MSM-ATC-PTA, Trinity Health, Minot
Sandy Covey, Bismark
Mike Heidel, Beulah
Sandra Kopp, Beulah
Jeff Kopp, Beulah
Lacye Knudsen, Bismark
William Tipton, Beulah
Russell S., Beulah
Robert Fifer, Beulah
Rik Cutting, Beulah
Victoria Siemieniewski, Williston
Phillip Siemieniewski, Williston
Danny O'Quinn, Beulah
Shawn Filibeck, Beulah
Troy Christian, Bismark
Mark Koble, Bismark
Renee Nelson, Bismark
Kylee Thormahlen, Killdeer
Christina Gross, Halliday
Janet Wanek, Halliday
Sarah Duttenhefner, Dodge
Melody Kucera, Halliday
Coven Dahlen, Halliday
Michaela Rice, Bismark
Erin McMahan, Dickinson
Emily Dolinar, Dickinson
Linda Carlson, South Heart
Marlease Rambousek, Dickinson
Samantha Buzulsky, Dickinson
Dean Rodacker, Mandan



American
Heart
Association.

Cardiac Emergency Response Plan

Chantelle Kuntz, Dickinson
Nicole Pinner, Medora
Jewelie McGrane, Mandan
Barbara Shockey, Dickinson
Trudie Neurohr, Dickinson
Kierra Mathern, Dickinson
Rachel Stockert, Dickinson
Cassie Perkins, Bismark
Ivy Mavis, Medora
Jana Griffin, Hazelton
Carmen Samson, Minot
Brian Zilibeck, Beulah
Clarice Sandstrom, Minot
Dulce Sanchez, Dickinson
Adriana Heredia, Dickinson
Cassia Hibl, Dickinson
Jessica Walz, Beach
Dallis Mitchell, Dickinson
Paula Williams, Dickinson
Lonni Fleck, Williston
Jacklyn Kinto, Dickinson
Tiffany Long, Minot
Sandra Bertelsen, Dickinson
Beverly Kadrmas, Dickinson
Hannah Pepich, Dickinson
Patty Riely, Dickinson
Shelley Jacobson, Bowbells
Heidi Kirkpatrick, Dickinson
Penny Theusch, Minot
Leah Hoenke, Dickinson
Susan Karpyak, Dickinson
Kim Lee, Wimbledon
Rebecca Howe, Dickinson
Kelly Doll, Beulah
Carole Bjerke, Beulah
Nina Phillips, Minot
Michelle Tipton, Beulah

Testimony in Support of HB 1363
CERP
3/17/25
10:00 am Senate Education Committee Hearing
Rm 216

Chairman Beard and members of the Education Committee. My name is Amy Heuer, I am Co-Executive Director for the North Dakota Society of Health and Physical Educators (ND SHAPE), a volunteer with the American Heart Association, and a recently retired Middle School Health and Physical Education Teacher. I am here to provide testimony and support of HB 1363.

In my 25+ years of teaching, I have experienced over 100 emergency response drills, including fire, tornado, lock down, and active shooter drills. For all of them, my job was to ensure the students in my care followed the drill protocols. Thankfully, I have not had to experience a fire, tornado, or active shooter while teaching.

I have however, experienced several possible life-threatening situations while in school ranging from asthma, anaphylaxis, broken bones, and seizures. We did not have an established plan for any of those situations. Typically, the teacher present would send a student to find me, as I was a certified CPR/First Aid instructor. My schedule usually had me in 2-3 different places in the building, usually on different floors, sometimes taking 5 minutes before I would arrive. While not having a set plan resulted in a delay arriving to the emergency, my delay thankfully did not result in any harm for the students, but that wouldn't be the case if it had been a cardiac emergency.

While most cardiac arrests happen in the home, the second highest amount happen in public settings. As schools are often the hub of a community, the risk of a cardiac event happening on property increases.

Having a Cardiac Emergency Response Plan (CERP) in place in schools will help prevent a delay in care during a cardiac emergency, helping to protect our students and the community. Creating a plan is not difficult, and there is plenty of guidance to assist.

It starts with education about sudden cardiac arrest and the importance of CPR and AED use, as well as exploring the steps of a CERP plan.

Next is to explore the local resources and organizations that can assist. This could include EMS services, community organizations, local health departments as a start.

You are then ready to identify members of the Cardiac Emergency Response Team. This is a group of staff members that have current CPR/AED training and are designated responders (if present) during a cardiac emergency. A school may involve different people depending on the time of day, and thought should be given to include administrators, a staff member from each area of the building, health and pe teachers, coaches, parents and other afterschool activity advisors when planning.

Once your core team is identified, which most schools already have established as their school safety team, it is time to draft the plan. The plan should be evidence based and have clear action steps, including who is responsible for each step. Samples are available to assist with this step.

Like other emergency plans, it is important that it is integrated into local emergency responders actions. It should be clearly shared with staff, including anyone that uses the building outside of the school day. This can be done by preparing a document that is given to any supervisor of activities. Additionally, it should be posted throughout the building, being sure to clearly mark the location of any AEDs on property.

Practicing the Cardiac Emergency Response Plan will allow the school to improve its efficiency and be ready to act in a case of cardiac arrest, but it is not required to be done annually. Like any skill, the more it is practiced, the easier and faster the response will be.

As a CPR/1st Aid instructor for over 15 years, I fully support schools having a Cardiac Emergency Response Plan, and I hope you will as well. Please vote yes on House Bill 1363.

Amy Heuer
Bismarck, ND 58504

Tabitha Muncy, MS, LAT, ATC
Regarding HB 1363
1/26/2025

My name is Tabitha Muncy and I am an athletic trainer at Valley City High School and an emergency medical responder for the Dazey Fire Department. Ever since perusing this career, I have been an advocate for increasing the safety of our student-athletes. I am testifying about lack of policies and procedures in place regarding emergency action planning specifically for cardiac arrests in schools and athletic events. I am in full support of HB 1363 Cardiac Emergency Response Plans for public, nonpublic schools, and athletic events in North Dakota.

My job as an athletic trainer is to prevent injury and illness in athletes, recognize and evaluate injuries, develop and implement emergency action plans, create rehabilitation programs, provide therapeutic interventions, and perhaps most importantly, provide immediate care in emergency situations. As this bill greatly pertains to my career, I have also had a personal experience that has impacted the way I prepare for cardiac emergencies.

On June 12, 2023, I was working at a high school boys basketball camp at the University of Jamestown. While at this camp, an assistant coach of one of the teams suddenly collapsed. After I determined that the coach went into cardiac arrest, I initiated the emergency action plan and started cardiopulmonary resuscitation. A bystander called 911 and I directed someone to get the AED while the assistant coach performed rescue breaths. The AED was applied, and a shock was given. I then continued chest compressions until EMTs later relieved me and were able to stabilize the patient so that he could be transferred by ambulance and later life flighted to Fargo. I would later find out that the coach had suffered from a stroke, but after performing CPR on him that day, I did not know what his condition would be, whether he would survive or not, I had no idea. As professionals in the healthcare field, we often replay situations like these in our heads of what or how we could have done better. After replaying this situation many, many times in my head, I still had comfort knowing that myself, the bystanders who assisted me, EMTs and paramedics that day had done everything in our power to give that patient the best possible outcome.

We gave that patient the best possible outcome because bystanders immediately activated the emergency response system by calling 911, someone who was CPR certified recognized that the patient was in cardiac arrest and started CPR immediately, someone knew where the AED was located and the AED was applied quickly, and the EMTs responded in a short amount of time. If we want to give every person the fighting chance of survival like this coach had, we need to be prepared. Every school and athletic facility needs to have a cardiac emergency response plan that is practiced annually and AEDs that are easily accessible. We also need to have more people who are certified in CPR and to practice these protocols with their local EMS. Being in the state that we are in, there are a lot of rural schools that may take an ambulance 20-30 minutes to arrive at, which is why it is so important to have these plans in place, because during a cardiac emergency, every second counts.

The odds for a full recovery were not in the patient's favor. However, he made a full recovery, and I had the honor of meeting him and his family who are thankful that he is still here, living his full life as a husband, father, and grandfather.

This unfortunate experience reiterates the importance of a cardiac emergency response plan. Each public and nonpublic school conducts fire, tornado, and other emergency or disaster drills, so why not a cardiac emergency response plan when statistically about 23,000 children experience a cardiac arrest outside of a hospital each year with 40 % of these events being sport

related. Being an athletic trainer and emergency medical responder, my job mostly involves preparing and executing emergency action plans. While I have been included in many emergency response drills for spine injuries, stroke, and cardiac arrest, I often say one can never be too prepared. After any type of emergency I have been a part of, I have never heard anyone say: “We were way too prepared for that.”

I hope my story gives more insight as to why passing this bill so is beneficial to not only our students, but teachers, coaches, officials, spectators, or anyone else who may suffer from cardiac arrest inside a school or athletic facility. Thank you for reading my testimony, your consideration of these matters is much appreciated.

Mr. Chairman and Members of the Board,

Thank you for the opportunity to provide my brief testimony today. As a volunteer for Simon's Heart, I am expressing strong support for HB 1363.

Sudden cardiac arrest is the leading cause of death on school campuses across the United States. These cardiac events occur quickly and often without warning. With survival rates for out-of-hospital cardiac events remaining alarmingly low nationwide, it is critical that people are prepared to respond effectively, giving our youth the best chance at survival.

In my opinion, having an emergency cardiac response plan in place is just as essential as having a fire extinguisher. The knowledge that would be given to staff and students through these implementations can be the difference between life and death. This bill has the sure potential to provide a safer environment for students at North Dakota schools.

Thank you for your time and consideration.



Testimony on HB 1363 – Cardiac Emergency Response Plans

Chair and Members of the Committee,

Thank you for the opportunity to testify today in support of **HB 1363**, which focuses on the implementation of **Cardiac Emergency Response Plans** in schools. This legislation has been carefully crafted to ensure that schools are equipped to respond effectively to cardiac emergencies while maintaining a process that aligns with their existing crisis response frameworks.

This bill has already undergone **extensive work and refinement on the House side** to make it **realistic, workable, and implementable** for schools within their current model of adoption, review, and application of crisis response plans. The goal has been to strike the right balance—**ensuring student safety while not overburdening districts with unnecessary mandates or impractical requirements.**

A Practical, School-Aligned Approach

- **HB 1363 fits within existing school safety protocols**, making it a **feasible and effective** addition to current emergency preparedness procedures.
- **It respects the operational capacity of schools**, ensuring that districts can implement meaningful cardiac emergency planning **without excessive financial or logistical strain.**
- **It supports and enhances student and staff safety**, reinforcing the importance of preparedness **without creating redundant or conflicting policies.**

Maintaining Workability in the Senate

Given the careful **collaboration, input, and adjustments** that have already been made to HB 1363, we strongly encourage this body to **adopt it in its current form with minimal modifications.** Any significant changes at this stage could disrupt the delicate balance that has been established, making it more difficult for schools to implement the plan effectively.

We appreciate your commitment to student safety and ask that **HB 1363 be advanced in a form that retains its practicality and effectiveness for schools.** Thank you for your time and consideration.

HB 1363

Mr. Chairman, and members of the Senate Education Committee. For the record I am Representative Lisa Meier of District 32 in Bismarck.

In the 2007 session with a unanimous vote of favor the ND House and Senate placed AEDs in ND schools. Now you have a bill before you that places a plan in place.

HB 1363 directs Public and Non-Public schools in ND and athletic events to have a cardiac response plan and incorporates cardiac emergency response plan drills for implementation in schools.

I've had the opportunity to work with the American Heart Association on this legislation and they will walk through the bill.

I know that some schools have a great plan in place to address this important issue. This legislation will ensure that all schools have a plan in place. Heart disease is the number 1 cause of death for North Dakotans. Schools are often a gathering place for community events. Approximately 70% of children survive cardiac arrests when an AED is used. This bill had great input on the House side and what small concerns there were on the bill they were worked out and addressed on the House side, and now you have a well thought out bill before you. The goal with this legislation is to save lives. Thank you for your consideration.



Testimony in Support of HB 1363

Senate Education Committee

Chairman Beard and Members of the Senate Education Committee, my name is Mike Krumwiede appearing on behalf of the American Heart Association in support of House Bill 1363. AHA is a nonpartisan, not for profit organization with more than 500 North Dakota AHA volunteers who advocate for longer and healthier lives. AHA's mission is to reduce death and disability from heart disease and stroke.

Approximately 23,000 children experience cardiac arrest outside of a hospital each year in the U.S. and in schools with AEDs, 70% of children survive cardiac arrest. That's 7x the overall survival rate for children.

A Cardiac Emergency Response Plan or CERP is a written document that establishes specific steps to reduce death from cardiac arrest in school settings. This document can be stand-alone guidelines or merged with a school's existing medical emergency response plans. The plan would be posted at key locations throughout the school and practiced regularly. HB 1363 will save lives by having CERP's adopted by the district crisis management team.

The passage of HB 1363 will enable the American Heart Association, in partnership with the Smart Hearts Sports Coalition, to assist North Dakotans in implementing Cardiac Emergency Response Plans (CERPs) in schools and athletic facilities. AHA will help assist where we can with ready-to-use tools like a CERP Implementation Guide and Checklist for Schools, Sports, and Communities.

American Heart Association Community Impact staff and volunteers have already collaborated with schools across North Dakota. Currently, 10 states have enacted policies for CERPs in schools, and 18 states have policies for CERPs in athletics and we are monitoring over 25 active bills on this issue.

Thank you for your time, we Support HB 1363 and encourage a DO PASS recommendation.

2025 SENATE STANDING COMMITTEE MINUTES

Education Committee Room JW216, State Capitol

HB 1363
3/17/2025

Relating to cardiac emergency response plans for public and nonpublic schools and athletic events.

11:31 a.m. Chairman Beard called the hearing to order.

Members Present: Chairman Beard; Vice-Chairman Lemm; Senators: Axtman, Boschee, Gerhardt, and Wobbema.

Discussion Topics:

- Committee Action

11:31 a.m. Senator Axtman moved Amendment page 2 line 28 add "when circumstances reasonably permit".

11:31 a.m. Senator Boschee seconded the motion.

Senators	Vote
Senator Todd Beard	Y
Senator Randy D. Lemm	Y
Senator Michelle Axtman	Y
Senator Josh Boschee	Y
Senator Justin Gerhardt	Y
Senator Mike Wobbema	Y

Motion Passed 6-0-0

11:34 a.m. Senator Axtman moved Do Pass as amended.

11:34 a.m. Senator Boschee seconded the motion.

11:41 a.m. Senator Axtman rescinded her motion Do Pass.

11:42 a.m. Senator Axtman moved Amendment page 2 line 23 Item C.

11:43 a.m. Senator Gerhardt seconded the motion.

11:50 a.m. Senator Axtman rescinded the motion for the second amendment.

11:51 a.m. Chairman Beard discussed that they will further amend at a later date.

11:53 a.m. Chairman Beard closed the hearing.

Susan Helbling, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Education Committee Room JW216, State Capitol

HB 1363
4/7/2025

Relating to cardiac emergency response plans for public and nonpublic schools and athletic events.

10:20 a.m. Chairman Beard called the hearing to order.

Members Present: Chairman Beard; Vice-Chairman Lemm; Senators: Axtman, Boschee, Gerhardt, and Wobbema.

Discussion Topics:

- Pertains to athletic event
- School owned events
- Change "shall" to "may"

10:20 a.m. Chairman Beard opened the hearing up for discussion.

10:30 a.m. Senator Gerhardt moved to further amend page 2 subsection 4 line 18.

10:30 a.m. Senator Axtman seconded the motion.

Senators	Vote
Senator Todd Beard	Y
Senator Randy D. Lemm	Y
Senator Michelle Axtman	Y
Senator Josh Boschee	Y
Senator Justin Gerhardt	Y
Senator Mike Wobbema	Y

Motion Passed 6-0-0

10:35 a.m. Senator Gerhardt moved to further amend line 14 page 2 change "shall" to "may".

10:35 a.m. Senator Lemm seconded the motion.

Senators	Vote
Senator Todd Beard	Y
Senator Randy D. Lemm	Y
Senator Michelle Axtman	N
Senator Josh Boschee	N
Senator Justin Gerhardt	Y
Senator Mike Wobbema	Y

Motion Passed 4-2-0

10:38 a.m. Senator Boschee moved Do Pass as amended.

10:38 a.m. Senator Axtman seconded the motion.

Senators	Vote
Senator Todd Beard	N
Senator Randy D. Lemm	Y
Senator Michelle Axtman	Y
Senator Josh Bosch	Y
Senator Justin Gerhardt	Y
Senator Mike Wobbema	Y

Motion Passed 5-1-0

Senator Gerhardt will carry the bill.

10:40 a.m. Chairman Beard closed the hearing.

Susan Helbling, Committee Clerk

April 7, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

**PROPOSED AMENDMENTS TO
FIRST ENGROSSMENT**

VC 4/7/25
1 of 3

ENGROSSED HOUSE BILL NO. 1363

Introduced by

Representatives Meier, Dockter, Hagert, Heinert, J. Olson, Hauck, Jonas, Novak, Rohr

Senators Cleary, Dever, Boschee

1 A BILL for an Act to create and enact a new section to chapter 15.1-02 of the North Dakota
2 Century Code, relating to cardiac emergency response plans for public and nonpublic schools
3 and athletic events.

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

5 **SECTION 1.** A new section to chapter 15.1-02 of the North Dakota Century Code is created
6 and enacted as follows:

7 **Superintendent of public instruction - Cardiac emergency response plan for public**
8 **and nonpublic schools and athletic events.**

9 1. As used in this section:

10 a. "Automated external defibrillator" means a lightweight, portable device capable of
11 delivering an electric shock through an individual's chest to the individual's heart,
12 which is used in the event of cardiac arrest to attempt to stop an irregular
13 heartbeat and allow a normal rhythm to resume.

14 b. "Cardiac arrest" means a life-threatening event in which an individual's heart
15 unexpectedly stops beating.

16 c. "Cardiac emergency response plan" or "plan" means a written document
17 establishing the specific steps to reduce the chance of death from cardiac arrest.

18 2. The department of health and human services in collaboration with the superintendent
19 of public instruction shall create a customizable cardiac emergency response plan

1 template for schools and nonpublic schools to use to develop a plan tailored to the
2 school or nonpublic school.

3 3. The cardiac emergency response plan template must integrate core elements
4 established by the American heart association or other nationally recognized
5 organization. The plan template must require:

6 a. Review and adoption of the cardiac emergency response plan by the district
7 crisis management team, which must be reviewed annually.

8 b. Activation of the team if an individual experiences sudden cardiac arrest.

9 c. Placement of automated external defibrillators on school grounds.

10 d. Routine maintenance of automated external defibrillators.

11 e. Distribution of the plan on school grounds.

12 f. Stipulation of appropriate school personnel, including licensed coaches, school
13 nurses, and athletic trainers, to receive training.

14 g. Coordination with local emergency medical services providers.

15 h. Annual review and evaluation of the plan.

16 4. Each public and nonpublic school shall may:

17 a. Using the template provided by the superintendent of public instruction, develop
18 a cardiac emergency response plan for inclusion in the school district crisis
19 management plan for use by school personnel if an individual experiences
20 sudden cardiac arrest or a similar life-threatening emergency on ~~school~~ school-
21 owned facilities, grounds, including an athletic venue, or at a school-sponsored
22 athletic event and athletic venues.

23 b. Place each automated external defibrillator on school grounds according to the
24 guidelines established by the American heart association or an organization
25 focused on emergency cardiovascular care.

26 c. ~~Place an automated external defibrillator in an easily accessible location at each~~
27 ~~school athletic venue and event~~ Develop a plan for school-based events that are
28 not held on school-owned facilities and grounds.

29 d. Identify each automated external defibrillator with appropriate signage.

30 e. Make each automated external defibrillator available in an unlocked location that
31 allows the automated external defibrillator to be retrieved and placed on an

1 individual experiencing cardiac arrest in fewer than three minutes **when the**
2 **circumstances permit.**

3 5. A school, board of a school district and each individual member of the board,
4 governing board and each individual governing board member of a nonpublic school,
5 administrator, principal, teacher, school employee, and any member of the school
6 district crisis management team, whether a student or an adult, are immune from any
7 liability that might otherwise be incurred as a result of an injury caused by any act or
8 omission while carrying out any elements of the cardiac emergency response plan as
9 developed or implemented in accordance with this section.

**REPORT OF STANDING COMMITTEE
ENGROSSED HB 1363**

Education Committee (Sen. Beard, Chairman) recommends **AMENDMENTS** **(25.0316.03001)** and when so amended, recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT OR EXCUSED AND NOT VOTING). Engrossed HB 1363 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

2025 CONFERENCE COMMITTEE

HB 1363

2025 HOUSE STANDING COMMITTEE MINUTES

Education Committee
Coteau AB Room, State Capitol

HB 1363
4/17/2025
Conference Committee

Relating to public and nonpublic schools approval requirements and mandatory emergency and disaster drills
--

8:03 a.m. Chairman Hauck called the meeting to order.

Members Present: Chairman Hauck, Representatives: Heinert, Novak, Senators: Beard, Gerhart, Wobbema

Discussion Topics:

- Clarification of language
- Changing response times

8:03 a.m. Senate explained their amendments regarding response times for emergencies during school activities and the possibility of changing from five to three minutes response.

8:27 a.m. Committee decided to do some additional research then reschedule another conference committee.

8:28 a.m. Chairman Hauck closed the meeting.

Leah Kuball, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Education Committee
Coteau AB Room, State Capitol

HB 1363
4/17/2025
Conference Committee

Relating to public and nonpublic schools approval requirements and mandatory emergency and disaster drills
--

3:31 p.m. Chairman Hauck called the meeting to order.

Members Present: Chairman Hauck, Representatives: Heinert, Novak, Senators: Beard, Gerhardt, Wobbema

Discussion Topics:

- Clarification of language

3:34 p.m. Representative Heinert moved Amendment 25.0316.03002 in place of amendment 25.0316.03001. #45070

3:34 p.m. Senator Wobbema seconded the motion.

Roll call vote: Motion Carried: 6-0-0

Bill Carriers: Chairman Hauck, Senator Gerhardt

3:41 p.m. Chairman Hauck adjourned the meeting.

Leah Kuball, Committee Clerk

25.0316.03002
Title.05000

Prepared by the Legislative Council
staff for Representative Hauck
April 17, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

**PROPOSED AMENDMENTS TO
FIRST ENGROSSMENT**

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ENGROSSED HOUSE BILL NO. 1363

Introduced by

Representatives Meier, Dockter, Hagert, Heinert, J. Olson, Hauck, Jonas, Novak, Rohr

Senators Cleary, Dever, Bosch

*In place of amendment (25.0316.03001) adopted by the Senate, Engrossed House Bill
No. 1363 is amended by amendment (25.0316.03002) as follows:*

- 1 A BILL for an Act to create and enact a new section to chapter 15.1-02 of the North Dakota
- 2 Century Code, relating to cardiac emergency response plans for public and nonpublic schools
- 3 and athletic events.

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

- 5 **SECTION 1.** A new section to chapter 15.1-02 of the North Dakota Century Code is created
- 6 and enacted as follows:

7 **Superintendent of public instruction - Cardiac emergency response plan for public**
8 **and nonpublic schools and athletic events.**

9 1. As used in this section:

10 a. "Automated external defibrillator" means a lightweight, portable device capable of
11 delivering an electric shock through an individual's chest to the individual's heart,
12 which is used in the event of cardiac arrest to attempt to stop an irregular
13 heartbeat and allow a normal rhythm to resume.

14 b. "Cardiac arrest" means a life-threatening event in which an individual's heart
15 unexpectedly stops beating.

16 c. "Cardiac emergency response plan" or "plan" means a written document
17 establishing the specific steps to reduce the chance of death from cardiac arrest.

18 2. The department of health and human services, in collaboration with the superintendent
19 of public instruction, shall create a customizable cardiac emergency response plan

1 template for schools and nonpublic schools to use to develop a plan tailored to the
2 school or nonpublic school.

3 3. The cardiac emergency response plan template must integrate core elements
4 established by the American heart association or other nationally recognized
5 organization. The plan template must require:

6 a. Review and adoption of the cardiac emergency response plan by the district
7 crisis management team, which must be reviewed annually.

8 b. Activation of the team if an individual experiences sudden cardiac arrest.

9 c. Placement of automated external defibrillators on school grounds.

10 d. Routine maintenance of automated external defibrillators.

11 e. Distribution of the plan on school grounds.

12 f. Stipulation of appropriate school personnel, including licensed coaches, school
13 nurses, and athletic trainers, to receive training.

14 g. Coordination with local emergency medical services providers.

15 h. Annual review and evaluation of the plan.

16 4. Each ~~Each~~ Beginning with the 2027-28 school year, each public and nonpublic school shall:

17 a. Using the template provided by the ~~superintendent of public~~
18 ~~instruction~~ department of health and human services, develop a cardiac
19 emergency response plan for inclusion in the school district crisis management
20 plan for use by school personnel if an individual experiences sudden cardiac
21 arrest or a similar life-threatening emergency on ~~schools~~ school-owned grounds,
22 ~~including an athletic venue, or at a school-sponsored athletic event~~ and school-
23 owned athletic venues.

24 b. Place each automated external defibrillator on school grounds according to the
25 guidelines established by the American heart association or an organization
26 focused on emergency cardiovascular care.

27 c. ~~Place an automated external defibrillator in an easily accessible location at each~~
28 ~~school athletic venue and event.~~

29 ~~d. Identify each automated external defibrillator with appropriate signage.~~

1 ~~e. Make each automated external defibrillator available in an unlocked location that~~
2 ~~allows the automated external defibrillator to be retrieved and placed on an~~
3 ~~individual experiencing cardiac arrest in fewer than three minutes.~~

4 5. A school, board of a school district and each individual member of the board,
5 governing board and each individual governing board member of a nonpublic school,
6 administrator, principal, teacher, school employee, and any member of the school
7 district crisis management team, whether a student or an adult, are immune from any
8 liability that might otherwise be incurred as a result of an injury caused by any act or
9 omission while carrying out any elements of the cardiac emergency response plan as
10 developed or implemented in accordance with this section.

HB 1363 041725 1543 PM Roll Call Vote

Final Recommendation

HB 1363

Date Submitted: April 17, 2025, 3:43 p.m.

Recommendation: In Place Of

Amendment LC #: 25.0316.03002

Engrossed LC #: N/A

Motioned By: Heinert, Pat D.

Seconded By: Wobbema, Mike

House Carrier: Hauck, Dori

Senate Carrier: Gerhardt, Justin

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: N/A

Rep. Hauck, Dori	Yea
Rep. Novak, Anna S.	Yea
Rep. Heinert, Pat D.	Yea
Sen. Gerhardt, Justin	Yea
Sen. Wobbema, Mike	Yea
Sen. Beard, Todd	Yea

**REPORT OF CONFERENCE COMMITTEE
ENGROSSED HB 1363**

Your conference committee (Sens. Gerhardt, Wobbema, Beard and Reps. Hauck, Novak, Heinert) recommends that in place of amendment [25.0316.03001](#) adopted by the Senate, Engrossed HB 1363 is amended by amendment [25.0316.03002](#).

Engrossed HB 1363 was placed on the Seventh order of business on the calendar.

25.0316.02005
Title.

Prepared by the Legislative Council
staff for Representative Hauck
April 17, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1363

Introduced by

Representatives Meier, Dockter, Hagert, Heinert, J. Olson, Hauck, Jonas, Novak, Rohr

Senators Cleary, Dever, Boschee

1 A BILL for an Act to create and enact a new section to chapter 15.1-02 of the North Dakota
2 Century Code, relating to cardiac emergency response plans for public and nonpublic schools
3 and athletic events; ~~and to amend and reenact subsection 1 of section 15.1-06-06, subsection 1~~
4 ~~of section 15.1-06-06.1, and section 15.1-06-12 of the North Dakota Century Code, relating to~~
5 ~~public and nonpublic schools approval requirements and mandatory emergency and disaster~~
6 ~~drills.~~

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

8 **SECTION 1.** A new section to chapter 15.1-02 of the North Dakota Century Code is created
9 and enacted as follows:

10 **Superintendent of public instruction - Cardiac emergency response plan for public**
11 **and nonpublic schools and athletic events.**

12 1. As used in this section:

- 13 a. "Automated external defibrillator" means a lightweight, portable device capable of
14 delivering an electric shock through an individual's chest to the individual's heart,
15 which is used in the event of cardiac arrest to attempt to stop an irregular
16 heartbeat and allow a normal rhythm to resume.
- 17 b. "Cardiac arrest" means a life-threatening event in which an individual's heart
18 unexpectedly stops beating.
- 19 c. "Cardiac emergency response plan" or "plan" means a written document
20 establishing the specific steps to reduce the chance of death from cardiac arrest.

2. The ~~department of health and human services~~, in collaboration with the superintendent of public instruction, shall create a customizable cardiac emergency response plan template for schools and nonpublic schools to use to develop a plan tailored to the school or nonpublic school.
3. The cardiac emergency response plan template must integrate core elements established by the American heart association or other nationally recognized organization. The plan ~~template~~ must require:
 - a. ~~Establishment of a school cardiac emergency response~~Review and adoption of the cardiac emergency response plan by the district crisis management team,
which must be reviewed annually.
 - b. Activation of the team ~~when~~if an individual experiences sudden cardiac arrest.
 - c. Placement of automated external defibrillators on school grounds.
 - d. Routine maintenance of automated external defibrillators.
 - e. Distribution of the plan on school grounds.
 - f. Stipulation of appropriate school personnel, including licensed coaches, school nurses, and athletic trainers, to receive training.
 - g. ~~Periodic training of stipulated school personnel to perform cardiopulmonary resuscitation, use an automated external defibrillator, and administer first aid.~~
 - ~~h. Annual practice by faculty and students of the plan using drills.~~
 - ~~i. Coordination with local emergency medical services providers.~~
 - ~~j.~~h. Annual review and evaluation of the plan.
4. ~~Each~~Beginning with the 2027-28 school year, each public and nonpublic school shall:
 - a. Using the template provided by the ~~superintendent of public instruction~~department of health and human services, develop a cardiac emergency response plan for inclusion in the school district crisis management plan for use by school personnel ~~when~~if an individual experiences sudden cardiac arrest or a similar life-threatening emergency on ~~school~~school-owned grounds, ~~including an and school-owned athletic venue, or at a school-sponsored athletic event~~venues.

b. Place each automated external defibrillator on school grounds according to the guidelines established by the American heart association or an organization focused on emergency cardiovascular care.

~~c. Place an automated external defibrillator in an easily accessible location at each school athletic venue and event.~~

~~d. Identify each automated external defibrillator with appropriate signage.~~

~~e. Make each automated external defibrillator available in an unlocked location that allows the automated external defibrillator to be retrieved and placed on an individual experiencing cardiac arrest in fewer than three minutes.~~

5. A school, board of a school district and each individual member of the board, governing board and each individual governing board member of a nonpublic school, administrator, principal, teacher, school employee, and any member of the school district crisis management team, whether a student or an adult, are immune from any liability that might otherwise be incurred as a result of an injury caused by any act or omission while carrying out any elements of the cardiac emergency response plan as developed or implemented in accordance with this section.

~~**SECTION 2. AMENDMENT.** Subsection 1 of section 15.1-06-06 of the North Dakota Century Code is amended and reenacted as follows:—~~

~~1. To obtain certification that a public school is approved, the superintendent of the district in which the school is located shall submit to the superintendent of public instruction a compliance report verifying that:~~

~~a. Each classroom teacher is licensed to teach by the education standards and practices board or approved to teach by the education standards and practices board;~~

~~b. Each classroom teacher is teaching only in those course areas or fields for which the teacher is licensed or for which the teacher has received an exception under section 15.1-09-57;~~

~~c. The school meets all curricular requirements set forth in chapter 15.1-21;~~

~~d. The school participates in and meets the requirements of a review process that is:~~

1 ~~_____ (1) Designed to improve student achievement through a continuous cycle of~~
2 ~~improvement; and~~

3 ~~_____ (2) Approved by the superintendent of public instruction;~~

4 ~~_____ e. The physical school plant has been inspected by the state fire marshal or the~~
5 ~~state fire marshal's designee in accordance with section 15.1-06-09 and:~~

6 ~~_____ (1) Has no unremedied deficiency; or~~

7 ~~_____ (2) Has deficiencies that have been addressed in a plan of correction which~~
8 ~~was submitted to and approved by the state fire marshal or the state fire~~
9 ~~marshal's designee;~~

10 ~~_____ f. All individuals hired after June 30, 2011, and having unsupervised contact with~~
11 ~~students at the school, have:~~

12 ~~_____ (1) Undergone a criminal history background check requested by the employing~~
13 ~~school district; or~~

14 ~~_____ (2) Undergone a criminal history background check in order to be licensed by~~
15 ~~the education standards and practices board or by any other state licensing~~
16 ~~board; and~~

17 ~~_____ g. The school uses North Dakota eTranscripts, or an alternative information system~~
18 ~~designated by the information technology department in collaboration with the~~
19 ~~superintendent of public instruction, to generate official transcripts; and~~

20 ~~_____ h. The school has a cardiac emergency response plan under section 1 of this Act.~~

21 ~~_____ **SECTION 3. AMENDMENT.** Subsection 1 of section 15.1-06-06.1 of the North Dakota~~
22 ~~Century Code is amended and reenacted as follows:_____~~

23 ~~_____ 1. In order to obtain certification that a nonpublic school is approved, the administrator of~~
24 ~~a nonpublic school shall submit to the superintendent of public instruction a~~
25 ~~compliance report verifying that:~~

26 ~~_____ a. Each classroom teacher is licensed to teach by the education standards and~~
27 ~~practices board or approved to teach by the education standards and practices~~
28 ~~board;~~

29 ~~_____ b. Each classroom teacher is teaching only in those course areas or fields for which~~
30 ~~the teacher is licensed or for which the teacher has received an exception under~~
31 ~~section 15.1-09-57;~~

1 ~~_____ c. The school meets all curricular requirements set forth in chapter 15.1-21;~~

2 ~~_____ d. The school has been inspected by the state fire marshal or the state fire~~
3 ~~marshal's designee in accordance with section 15.1-06-10 and:~~

4 ~~_____ (1) Has no unremedied deficiency; or~~

5 ~~_____ (2) Has deficiencies that have been addressed in a plan of correction which~~
6 ~~was submitted to and approved by the state fire marshal or the state fire~~
7 ~~marshal's designee; and~~

8 ~~_____ e. All individuals hired after June 30, 2011, and having unsupervised contact with~~
9 ~~students at the school, have:~~

10 ~~_____ (1) Undergone a criminal history background check requested on behalf of the~~
11 ~~employing school; or~~

12 ~~_____ (2) Undergone a criminal history background check in order to be licensed by~~
13 ~~the education standards and practices board or by any other state licensing~~
14 ~~board; and~~

15 ~~_____ f. The school has a cardiac emergency response plan under section 1 of this Act.~~

16 ~~_____ **SECTION 4. AMENDMENT.** Section 15.1-06-12 of the North Dakota Century Code is~~
17 ~~amended and reenacted as follows:~~

18 ~~_____ **15.1-06-12. Emergency and disaster drills -- Implementation.**~~

19 ~~_____ Each public and nonpublic school shall conduct fire, tornado, and other emergency or~~
20 ~~disaster drills, including lockdown and cardiac emergency response plan drills.~~