

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 369 Automated External Defibrillators  
**SPONSOR(S):** Henriquez  
**TIED BILLS:** None. **IDEN./SIM. BILLS:** SB 1100

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REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Standards (Sub)		Garner	Collins
2) Health Care			
3)			
4)			
5)			

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### SUMMARY ANALYSIS

Cardiovascular disease is the number one cause of death in the United States for persons over the age of 45 years old. Cardiovascular disease presents in many different forms, but one of the most dangerous ways is cardiac arrest. Approximately 340,000 people a year die of coronary heart disease (CHD) in an emergency department or before reaching a hospital. This equates to two-thirds of all deaths from CHD-more than 930 Americans each day. Most of these deaths are from sudden cardiac arrest (SCA).

The risk of death due to a SCA drops significantly if there are individuals close to the victim that are properly trained in the chain of survival, including the use of an automated external defibrillator (AED). An AED is an electronic device that delivers an electric shock to the heart to reestablish a normal heartbeat. If the first shock is delivered within 3 to 5 minutes of the SCA, the reported survival rates are as high as 48% to 74%. A victim's chances of survival are reduced by 7 to 10 percent with every minute of delay until defibrillation.

HB 369 amends s. 401.2915, F.S., to clarify the legislative intent regarding the use of automated external defibrillators to encourage the training of the general public in lifesaving first aid, set standards for the use of automated external defibrillator, and encourage their use. The bill also provides definitions for the terms "automated external defibrillators" and "defibrillation."

The bill takes effect upon becoming a law.

The Department of Health identified no fiscal impacts related to this bill.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. DOES THE BILL:

- |                                      |   |                             |   |
|--------------------------------------|---|-----------------------------|---|
| 1. Reduce government?                | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 2. Lower taxes?                      | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom?        | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| 5. Empower families?                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |

For any principle that received a “no” above, please explain:

#### B. EFFECT OF PROPOSED CHANGES:

This bill amends s. 401.2915, F.S., to establish the Legislature’s intent to encourage training in lifesaving first aid, set standards for the use of automated external defibrillators, and encourage their use.

The term *automated external defibrillator* is defined as a lifesaving device that:

- Is commercially distributed as a defibrillation device in accordance with the Federal Food, Drug, and Cosmetic Act;
- Is capable of recognizing the presence or absence of ventricular fibrillation and is capable of determining, without intervention by the user of the device, if defibrillation should be performed; and
- Is capable of delivering an electrical shock to an individual, upon determining that defibrillation should be performed.

The bill defines *defibrillation* as “the administration of a controlled electrical charge to the heart to restore a viable cardiac rhythm.”

The bill takes effect upon becoming a law.

The Department of Health identified no fiscal impacts related to this bill.

#### PRESENT SITUATION

Cardiovascular disease is the number one cause of death in the United States for persons over the age of 45 years old. Cardiovascular disease presents in many different forms, but one of the most dangerous ways is cardiac arrest. Approximately 340,000 people a year die of coronary heart disease (CHD) in an emergency department or before reaching a hospital. This equates to two-thirds of all deaths from CHD—more than 930 Americans each day. Most of these deaths are from sudden cardiac arrest.

Cardiac arrest is the stopping of the heartbeat. When a person’s heartbeat stops abruptly and unexpectedly, it is called sudden cardiac arrest (SCA). Brain damage can start to occur in just 4 to 6 minutes and death can occur within minutes after the victim collapses.

Time is the most critical factor when a person is struck with a SCA. More people can survive a SCA when a particular sequence of events occurs as rapidly as possible. This sequence, known as the "chain of survival," includes:

- ✓ Recognition of early warning signs;
- ✓ Activation of the emergency medical system;
- ✓ Basic cardiopulmonary resuscitation;
- ✓ Defibrillation;
- ✓ Intubation; and
- ✓ Intravenous administration of medications.

The risk of death due to a SCA drops significantly if there are individuals close to the victim that are properly trained in the chain of survival, including the use of an automated external defibrillator (AED). An AED is an electronic device that delivers an electric shock to the heart to reestablish a normal heartbeat. If the first shock is delivered within 3 to 5 minutes of the SCA, the reported survival rates are as high as 48% to 74%. A victim's chances of survival are reduced by 7 to 10 percent with every minute of delay until defibrillation.

#### FLORIDA LAW REGARDING AUTOMATED EXTERNAL DEFIBRILATOR (AEDs)

Section 401.2915, F.S., provides the minimum training requirements for an individual who intends to use an AED in cases of cardiac arrest, as follows:

- A person must obtain appropriate training, to include completion of a course in cardiopulmonary resuscitation or successful completion of a basic first aid course that includes cardiopulmonary resuscitation training, and demonstrated proficiency in the use of an automated external defibrillator;
- A person or entity in possession of an automated external defibrillator is encouraged to register with the local emergency medical services medical director the existence and location of the automated external defibrillator; and
- A person who uses an automated external defibrillator is required to activate the emergency medical services system as soon as possible upon use of the automated external defibrillator.

The section does not provide statutory definitions or minimum capabilities for such a device to be deemed an automated external defibrillator. HB 369 amends this section to include definitions, similar to those contained in s. 768.1325, F.S.

Section 768.1325, F.S., the Cardiac Arrest Survival Act, provides immunity from liability for a person who uses or attempts to use an automated external defibrillator (AED) device in a perceived medical emergency. The bill includes the definitions of AED and defibrillation from s. 768.1325, F.S., in the amendment to s. 401.2915, F.S.

#### C. SECTION DIRECTORY:

**Section 1.** Amends s. 401.2915, F.S., to establish the Legislature's intent to encourage training in lifesaving first aid, set standards for the use of automated external defibrillators, and encourage their use. This section provides definitions for automated external defibrillators and defibrillation.

**Section 2.** Provides that the act shall take effect upon becoming law.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Not applicable.

### D. FISCAL COMMENTS:

The Department of Health identified no fiscal impacts related to this bill.

## III. COMMENTS

### A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

### B. RULE-MAKING AUTHORITY:

Not applicable.

### C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

## IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES