

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action: Do Pass
Vote: 6 - 2 - 0
Yeas: Boone, Esquivel, Komp, Matthews, Riley, Cowan
Nays: Freeman, Weidner
Exc.: 0
Prepared By: David Molina, Administrator
Meeting Dates: 5/21, 5/26

WHAT THE MEASURE DOES: Requires certain places of public assembly, defined as a facility of 50,000 square feet or more and at least 25 individuals congregated on a normal business day, to have automated external defibrillators. Exempts a facility owned by a school district, education service district, private school or public charter school. Limits liability of owner for use, attempted use or nonuse of defibrillator.

ISSUES DISCUSSED:

- The need to save lives
- Safety legislation trend
- Challenges to definition of facility
- Support from the Oregon Health & Science University

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: An automated external defibrillator (AED) is a portable electronic device that analyzes cardiac rhythm and prompts a user to deliver a shock when necessary. An AED, used under life-threatening situation, requires the user to attach pads to a patient's chest, turn the device on, and follow audio instructions. The AED first looks for a shockable heart rhythm. An AED cannot administer shock unless it has determined the victim's condition requires it; a rescuer cannot accidentally deliver shock. Situation-dependent, an AED may not find a shockable rhythm due to reasons such as a heart, medical conditions, drowning or possible poisoning. The intent of an AED is to specifically treat abnormal rhythm such as ventricular fibrillation back to normal sinus rhythm. The American Heart Association asserts that an individual's chance of survival decreases by 10 percent for every minute that passes by without such interventions.

On November 13, 2000, President Clinton signed into law the *Cardiac Arrest Survival Act (CASA)* designed to expand the availability of AEDs in public settings (H.R. 2498). The new legislation requires the Secretary of the Department of Health and Human Services to establish guidelines for the placement of AEDs in buildings owned or leased by the federal government. The American Red Cross asserts that AEDs should be available at public access sites such as office buildings, stadiums, arenas, and other sites where large numbers of people gather. The National Association of EMS Physicians asserts that sudden cardiac death is a major public health problem, claiming as many as 350,000 lives each year in the U.S. The association further asserts that many who suffer sudden cardiac arrest can be successfully resuscitated if certain critical actions such as 9-1-1 access, bystander cardiopulmonary resuscitation, rapid defibrillation and pre-hospital advanced life support, are accomplished in a timely and effective manner.

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This summary has not been adopted or officially endorsed by action of the committee.