

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 13, 2003 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Mr. Norm Furse, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Dr. John Hayworth, Director of Operation for
American Medical Response, Kansas Division
Dr. Chris Davlantes, Emergency Room Physician at
Olathe Medical Center, representing
American Heart Association
Ms. Chris Collins, Director of Government Affairs,
Kansas Medical Society
Ms. Donna Whiteman, Attorney & Assistant Executive
Director of KS Association of School Boards
Ms. Carolyn Middendorf, KS State Nurses Association
Mr. Joe Fritton, Director of Facilities Management
Department of Administration

Others attending: See attached guest list

Hearing on SB132 - An act concerning automated external defibriliators

Upon calling the meeting to order, the Chair announced that there would be a hearing on SB132, an act concerning automated external defibriliators and asked Mr. Norm Furse, Revisor of Statutes, to give a brief overview. Highlights included: amending a section in the current law, limited liability for various kinds of actions, who authorizes the use and protection from civil damages, guidelines, and proper training when using the device.

The Chair then asked for questions and comments of Mr. Furse. Senators Salmans and Barnett ranging from changing batteries or make sure it's plugged in or who is involved in, are their other statutes where this is stated, who is responsible at the Capitol (reference to lines 28-29 and lines 38-39,) to the language of the bill.

The Chair then called upon the first of five proponent conferees, Mr. John Hayworth, Director of Operation, for American Medical Response, Kansas Division who stated that, although it requires nothing of EMS administrators, the bill allows administrators to know who in the community have AED; opening the door for his group to offer long term professional support to help purchasers of AED better prepare for an emergency. A copy of his testimony is (Attachment 1) attached hereto and incorporated into the Minutes by reference.

The next proponent was Dr. Chris Dalvantes, an emergency room physician at Olathe Medical Center and representing the American Hear Association, offered statistics including the number of Americans who die of sudden out-of-hospital cardiac arrest, many demonstrating ventricular fibrillation. Dr. Davlantes also offered three components of the bill. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes by reference.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at on February 13, 2003 in Room 231-N of the Capitol.

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The third proponent conferee to appear was Ms. Chris Collins, Director of Government Affairs, Kansas Medical Society, who stated the proposed amendment set forth in Section 1(b)(3), creates a reasonable protection from liability for those physicians, who in good faith, participate in the program and does not propose a blanket immunity from civil liability. A copy of her testimony is (Attachment 3) attached hereto and incorporated into the Minutes by reference.

The fourth proponent conferee was Ms. Donna L. Whiteman, Attorney and Assistant Executive Director, Kansas Association of School Boards, who stated that the proposed Section (2) provides protection from liability to school districts that own or control defibrillators conditioned upon the school district meeting and adhering requirements she listed in her testimony, a copy of which is (Attachment 4) attached hereto and incorporated into the Minutes by reference.

The last proponent conferee was Ms. Carolyn Middendorf, representing the Kansas State Nurses Association, who stated that the bill eliminates liability exposure for physicians, trainers, and acquirers of AED equipment and if passed, legislation should foster increased acquisition and placement throughout the state. A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes by reference.

The only neutral conferee was Mr. Joe Fritton, Director of Facilities Management in the Department of Administration who stated his Division operates the buildings in the Capitol Complex, Complex West and Forbes and negotiates more than 650 leases for state utilized properties throughout the state, stating there currently are not any building code requirements for defibrillators. A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes by reference.

Three written testimonies were provided from:

- 1.) Ms. Barb Conant, Director of Public Affairs, Kansas Trial Lawyers Association;
- 2.) Mr. R.E. "Tuck" Duncan, General Counsel, American Medical Response; and
- 3.) Mr. David Lake, Administrator, Kansas Board of Emergency Medical Services.

A copy of their testimonies is (Attachment 7) attached hereto and incorporated into the Minutes by reference.

The Chair thanked all of the conferees and then asked the Committee for questions or comments. Questions from Senators Brownlee, Wagle, Barnett, Harrington for Mr. Walker, Mr. Duncan, and Mr. Fritton and Mr. Lake ranged from: does the bill require rules and regs, historical perspective, the physical note, editing of "as follows" (and is a policy if left in), need to have a process to follow, to developing, implementing and following guidelines. A copy of the Fiscal Note for **SB132** is (Attachment 8) attached hereto and incorporated into the Minutes by reference.

Action on SB132

As there was no further discussion, a motion was made by Senator Barnett requesting the Committee to pass SB132 as amended. Senator Harrington seconded the motion and the motion carried. A motion to move the bill out favorably was introduced by Senator Brungardt and seconded by Senator Brownlee. The motion carried.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at on February 13, 2003 in Room 231-N of the Capitol.

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Adjournment

As it was time for the Senate session and there was no further business, the meeting was adjourned. The time was 2:30 p.m. The next meeting is scheduled for February 17, 2003.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

59

DATE: Thursday, February 12, 2003

NAME	REPRESENTING
Ron C Hoffmann	KS 9-1-1 Providers Assoc.
Chris C. Davlantes, M.D.	American Heart Association
John Hayworth	American Medical Response / AHA
Vicrie Burgess	Burgess & Assoc.
KEVIN M. WALKER	American Nurses Ass'n.
Christina Collins	Kansas Medical Society
Rich Guttman	Health Midwest
James Conway	American Dental Association
LaDonna Holmes	student (Fort Scott Community College)
Sheryl E. Shepleers	Student (Fort Scott Comm. Coll.)
Shirley Wood	Kid Screen L.C.
Jacqueline Witt	Baker University School of Nursing
Ranee Purris	Baker University School of Nursing
Wanda Whittema	Kansas Assn. of School Boards
JOE FRITTON	DEPT OF ADMINISTRATION
Neyssa Thomas	Dept of Admin
Thelma Bowhay	SRS / HCP
Jennifer Miller	student nurse - Emporia State
Jack Dutton	American Medical Response



Att 1

AMERICAN MEDICAL RESPONSE®

To: Senator Wagle, Chair and members of the Public Health and Welfare Committee

From: John Hayworth, Kansas Director of Operations, American Medical Response

Date: February 13, 2003

RE: Proponent testimony for SB 132

Chairperson Wagle, members of the committee, thank you for allowing me this opportunity to provide this testimony in support of SB 132.

First I would like to introduce myself. I am the Director of Operations for American Medical Response – Kansas. We are privileged to be the sole provider of paramedic Emergency Medical Services in Shawnee, Wabaunsee, and Osage Counties and one of several providers in Johnson County.

I submit testimony today wearing several hats. As an EMS provider, it has been frustrating to be called to the scene of an emergency to find well-intentioned people that, because of a lack of professional support, were uncertain in applying the device, doing CPR, and activating the EMS system. This bill, although it requires nothing of EMS administrators, allows the administrators to know who in the community have AED's. By doing that it opens the door for us to offer long term professional support to help purchasers of AED's better prepare for an emergency.

The second hat is that of the Regional Chairman of the American Heart Association's Public Access Defibrillation Committee. To determine community needs you first determine current placement. It was frustrating to find that, in this state, there is no entity that has knowledge of where defibrillators are located. Today that question remains unanswered.

To put on a final hat I speak as a member, and on the behalf, of the Kansas EMS Administrator's Society. This organization completely supports any help that they can receive in understanding where the AED's are located in the communities that we serve.

I respectfully request you act favorably on this bill.

*Senate Public Health + Welfare Committee
Date: February 13, 2003
Attachment 1-1*

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Fighting Heart Disease and Stroke

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**American Heart Association
Testimony in Support of SB 132
Senate Public Health and Welfare Committee
Thursday, February 13, 2003 – 1:30 pm**

Thank you for the opportunity to appear before you today in support of SB 132. I am Dr. Chris Davlantes. I am an emergency room physician at Olathe Medical Center and a volunteer for the American Heart Association.

Each year, more than 250,000 Americans die of sudden out-of-hospital cardiac arrest and many of these victims demonstrate ventricular fibrillation. Survival from sudden cardiac arrest in adults depends directly on the speed of defibrillation; every minute of delay in defibrillation reduces the chances of survival by 7 to 10%.

Public Access to Defibrillation (PAD) is an important public health initiative and the major goal of PAD programs is to increase the survival from out-of-hospital sudden cardiac arrest by shortening the time to defibrillation.

Automated external defibrillators (AEDs) are extremely accurate computerized defibrillators. When properly attached to an adult victim through adhesive electrodes, AEDs analyze the victim's cardiac rhythm, charge to an appropriate energy level, and, when directed by the operator, deliver a defibrillation shock through the electrodes.

The recent development of AEDs that are highly sophisticated, accurate, inexpensive and virtually maintenance-free enables AEDs to be used in the home, workplace, public buildings and even on airplanes.

We support SB 132 for several reasons. First, it provides basic immunity protections to acquirers, physicians and trainers involved in the placement of AEDs. While the AEDs are becoming more popular and less expensive, the devices are still relatively new to the general public.

Overall, the fear of liability is the greatest hindrance to placing AEDs. The basic immunity protections offered by this bill will assist in more placements of AEDs while ensuring that training and proper protocols for the use of the device are being followed.

The second component of this bill that the American Heart Association believes to be important is the issue of notification upon purchase of an AED. The devices are safe and have saved many lives. Unfortunately, there is little information available regarding the placement of the devices so a notification system will help advise local authorities of the availability of AEDs in their communities and assist in having an AED available when needed.

*Senate Public Health & Welfare Committee
Date: February 13, 2003
attachment 2-1*

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Chris Hyers
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A simple registration or notification system such as is proposed by SB 132 can aid in the use of the AED should the need arise. When an AED is purchased, the acquirer must notify local authorities of the location of the device. The authorities can then code this information into their 911 databases and dispatchers can then assist callers in locating the device. With the chance of survival decreasing 7 to 10% per minute, the first few minutes while waiting for medical response teams to arrive can mean the difference between life and death.

Finally, the bill requires the Secretary of Administration to develop guidelines for the placement of AEDs at state facilities. This is important for several reasons. The Heart Association believes the state should take a strong lead in setting an example with the placement of AEDs. Additionally, the Heart Association believes that several state buildings – including the Docking and Curtis buildings are strong candidates for AED placements because of building size and number of employees.

The Heart Association encourages the State to develop the guidelines to ensure that prompt medical attention is available and that the guidelines established are coordinated with existing emergency response plans. We are more than happy to assist the Secretary of Administration with the development of guidelines.

AEDs are safe and extremely effective. Within the past month, AEDs were used at a high school basketball game in Kansas City and at a Johnson County restaurant to successfully revive someone overcome by sudden cardiac arrest. By passing this bill, you can help pave the way for additional AED placements that may soon save the life of someone else.

I urge you to support SB 132, and will be happy to answer any questions you might have.



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kmsonline.org

TO: Senate Committee on Public Health and Welfare
FROM: Christina Collins *Christina Collins*
Director of Government Affairs
DATE: February 13, 2003
RE: SB 132: Automated External Defibrillators

Madame Chairman and Members of the Committee:

Thank you for the opportunity to present testimony today in support of SB 132. We applaud the efforts of the American Heart Association's Kansas affiliate in its efforts to educate Kansas businesses on the value of installing automated external defibrillators and maintaining them in a responsible manner. You have already no doubt heard from several conferees on the design safety of AED's, their ease of use and about the many lives of Kansans that have been saved by these devices.

Once installed, a key element of the responsible use and maintenance of AED's includes physician input – either as a trainer of those using the AED or as the physician responsible for protocols associated with their use. To be candid, physicians – like others associated with these programs – are wary of the potential liability that can be created. And that concern has had a chilling effect on physicians who want to help but must think twice about a potential lawsuit.

The proposed amendment before you today, set forth in Section 1(b)(3), creates a reasonable protection from liability for those physicians who in good faith participate in the program. It is important to note that this does not create a blanket immunity from civil liability. The bill requires that those participating exercise good medical judgment when doing so.

It is, indeed, regrettable that we live in a litigious society where such exemptions are necessary and that fear of lawsuits prevents safety programs from being implemented. We would respectfully urge this committee to pass SB 132 to ensure that AED's can be properly utilized and maintained to save the lives of Kansans.

*Senate Public Health & Welfare Committee
Date: February 13, 2003
Attachment 3/1*



Testimony on
SB 132

before the

Senate Committee on Public Health and Welfare

by

Donna L. Whiteman
Assistant Executive Director/Legal Services
Kansas Association of School Boards

February 13, 2003

Madam Chair, Members of the Committee:

Thank you for the opportunity to testify in support of SB 132.

KASB's Legal Department receives many calls from school board members, superintendents and principals regarding the use of and liability issues associated with automated external defibrillators. School districts have had these defibrillators donated to them by various organizations.

Proposed Section (2) provides protection from liability to school districts that own or control defibrillators conditioned upon the school district meeting and adhering to the following requirements:

- "Developed and implemented and follows guidelines to ensure proper maintenance and operation of the device, *and*
- Follows guidelines to ensure proper maintenance and operation of the device, *and*
- Reasonably expects the automated external defibrillator to be used by a qualified person."

"Qualified Person" is defined in Section (e), lines 27-32 as a person who:

*Senate Public Health & Welfare Committee
Date: February 13, 2003
Attachment 4-1*

- (1) Has completed a course in cardiopulmonary resuscitation or a basic first aid course that includes cardiopulmonary resuscitation training, *and*
- (2) Has completed a course of training in the use of automated external defibrillators, *and*
- (3) Has demonstrated proficiency in the use of an automated external defibrillator.

To ensure this bill provides the full protection from civil liability for any civil damages, the Committee may want to amend line 28 to read, "**has developed and implemented guidelines to ensure proper maintenance** etc." This amendment would delete the words "**and follows.**"

Also in line 27, section (e) the Committee may want to examine if all three of the requirements are absolutely necessary before a person is qualified to use a defibrillator or whether the word "**or**" can be substituted for the word "**and**" before each of the qualifiers in lines 29 and 31.

Thank you for the opportunity to appear before you today.



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February 13, 2003*

S.B. 132 AED Placement -Liability Exposure Limitation

Chairperson Wagel and members of the Senate Public Health and Welfare Committee, my name is Carolyn Middendorf and I am representing the KANSAS STATE NURSES ASSOCIATION (KSNA) in support of SB 132.

AED's are used to send a electrical pulse (defibrillation) that is designed to "restart" the heart in "normal sinus rhythm" when the ventricular of the heart is in a rhythm referred to as ventricular tachycardia or ventricular fibrillation. "Shocking" the heart is the most common intervention in cases of V-Fib & V-Tach.

Legislation was passed several years ago which allowed for the placement of AED's for public access in Kansas. Since then, liability exposure has surfaced as a major barrier to getting AED's placed where the public has access to them. This bill eliminates liability exposure for physicians, trainers and acquirers of AED equipment . If passed, this legislation should foster increased acquisition and placement throughout the state.

The provision in the bill for notifying the local EMS of the placement of an AED will enhance access and promote community awareness.

Thank you for this opportunity to present testimony.

*Senate Public Health & Welfare Committee
Date: February 13, 2003
Attachment 5/1*

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

CONSTITUENT OF THE AMERICAN NURSES ASSOCIATION

**TESTIMONY TO SENATE COMMITTEE ON
PUBLIC HEALTH AND WELFARE
BY JOE FRITTON, P.E.
DIVISION OF FACILITIES MANAGEMENT
February 13, 2003**

**Senate Bill 132
An act concerning automated external defibrillators.**

Madam Chairperson and members of the committee:

Thank you for the opportunity to provide informational testimony for clarification of Senate Bill 132 concerning the placement of automated external defibrillators on state property.

My name is Joe Fritton and I am with the Division of Facilities Management in the Department of Administration. The Division operates the buildings in the Capitol Complex, Complex West and Forbes. In addition, we negotiate over 650 leases for state utilized property throughout the state.

There are currently not any building code requirements for defibrillators. However, some defibrillators have been donated to the state and are located in the Statehouse, Docking State Office Building, Landon State Office Building and the Kansas Judiciary Center. Several agencies in other state owned and leased buildings have also inquired about defibrillators.

In addition to state owned buildings, there are more than 6,700 state employees that work in approximately 650 leased facilities statewide. Several of these buildings have large numbers of state employees such as the Wichita State Office Building, New England Building and Mills Building. If the intent of this legislation is to protect lives, any standards developed should be applicable for all state employees and visitors regardless of the ownership of the building. Therefore, I would like to offer a friendly amendment to expand the scope of buildings covered under this bill from state owned facilities to state owned or occupied facilities.

Under the requirements of this legislation, the Secretary of Administration will need to develop reasonable guidelines for where defibrillators should be placed, maintaining and testing the defibrillators and providing oversight for training employees in the use of the equipment.

The Division of Facilities Management estimates the requirements of this bill can be met with the addition of one FTE and an appropriation from the state general fund to cover associated operating expenses. The fiscal impact to the Division of Facilities Management for the first year is \$53,000. This includes total payroll cost for one Public

*Senate Public Health & Welfare Committee
Date: February 13, 2003
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Health Nurse I and associated operating expenses such as a desktop computer, printer, office space, furniture, telephone, supplies and travel expenses.

Though the bill does not require purchasing of the devices, it should be noted that the purchase price of the defibrillators is estimated at \$2,000 to \$2,500 per device. While guidelines have not been established to determine which buildings should be equipped with the devices and how many devices should be in a location, the initial cost of purchasing the devices could range from \$2.8 million to \$3.5 million. This is assuming that one device is placed in each of the approximately 1000 state owned facilities and one device placed in each of the approximately 400 state leased facilities in which state employees work.

Once again, the proposed bill does not require the state to purchase the automated external defibrillators. Therefore, the cost estimates are provided for your information.

I will be happy to answer any questions regarding this testimony.

SENATE BILL No. 132

By Committee on Public Health and Welfare

2-4

AN ACT concerning automated external defibrillators; amending K.S.A. 65-6149a and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 65-6149a is hereby amended to read as follows: 65-6149a. (a) An automated external defibrillator may be used by any qualified person.

(b) (1) Any qualified person who gratuitously and in good faith renders emergency care or treatment by the use of or provision of an automated external defibrillator shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

(2) *No person or entity which owns, leases, possesses or otherwise controls an automated external defibrillator and provides such automated external defibrillator to others for use shall be held liable for any civil damages as a result of such use where the person or entity which owns, leases, possesses or otherwise controls the automated external defibrillator has developed, implemented and follows guidelines to ensure proper maintenance and operation of the device and reasonably expects the automated external defibrillator to be used by a qualified person.*

(3) *No person licensed to practice medicine and surgery who authorizes the use of an automated external defibrillator in connection with the conduct of a public defibrillation education program shall be held liable for civil damages as the result of the use of an automated external defibrillator as part of such program if the person licensed to practice medicine and surgery in conjunction with any entity which owns, leases, possesses or otherwise controls the automated external defibrillator used as part of the program has developed, implemented and follows guidelines to ensure proper maintenance and operation of the device, proper training in the use of the device and integration of the training with the local emergency medical services system.*

(4) *No person or entity which teaches or provides a training program for cardiopulmonary resuscitation that includes training in the use of*

1 automated external defibrillators shall be held liable for any civil damages
2 as a result of such training or use if such person or entity has provided
3 such training in a manner consistent with the usual and customary stan-
4 dards for the providing of such training.

5 (c) Pursuant to the provisions of this subsection, persons or entities
6 which purchase or otherwise acquire an automated external defibrillator
7 shall notify the emergency medical service which operates in the geo-
8 graphic area of the location of the automated external defibrillator. Per-
9 sons or entities acquiring an automatic electronic defibrillator shall notify
10 the emergency medical service providing local service on forms developed
11 and provided by the emergency medical services board.

12 (d) The secretary of administration shall develop guidelines for the
13 placement of automated external defibrillators in ~~state owned~~ facilities.

[state owned or occupied]

14 The guidelines shall include, but not be limited to:

15 (1) Which ~~state owned~~ facilities should have automated external de-
16 fibrillators readily available for use;

[state owned or occupied]

17 (2) recommendations for appropriate training courses in cardiopul-
18 monary resuscitation and automated external defibrillators use;

19 (3) integration with existing emergency response plans;

20 (4) proper maintenance and testing of the devices;

21 (5) coordination with appropriate professionals in the oversight of
22 training; and

23 (6) coordination with local emergency medical services regarding
24 placement and conditions of use.

25 Nothing in this subsection shall be construed to require the state to
26 purchase automated external defibrillators.

27 (e) As used in this section, "qualified person" means a person who:

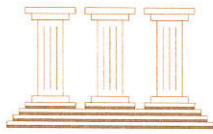
28 (1) Has completed a course in cardiopulmonary resuscitation or a basic
29 first aid course that includes cardiopulmonary resuscitation training and

30 (2) has completed a course of training in the use of automated external
31 defibrillators and (3) has demonstrated proficiency in the use of an au-
32 tomated external defibrillator.

33 Sec. 2. K.S.A. 65-6149a is hereby repealed.

34 Sec. 3. This act shall take effect and be in force from and after its
35 publication in the statute book.

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KANSAS TRIAL LAWYERS ASSOCIATION

Lawyers Representing Consumers

TO: Members of the Senate Committee on Public Health and Welfare

FROM: Barb Conant
Director of Public Affairs
Kansas Trial Lawyers Association

RE: 2003 SB 132/Automated External Defibrillators

DATE: Feb. 13, 2003

Chairman Wagle and members of the Senate Committee on Public Health and Welfare, I am Barb Conant, director of public affairs for the Kansas Trial Lawyers Association (KTLA). KTLA is a statewide, nonprofit organization of lawyers who represent consumers and advocate for the safety of families and the preservation of the civil justice system. We appreciate the opportunity to appear before you today in support of SB 132.

We were pleased to work with the Heartland Affiliate of the American Heart Association in drafting liability language for SB 132 relating to the use of automated external defibrillators. We have no opposition to the language that appears in the bill.

As advocates for the safety and protection of consumers and families, we commend the association to provide this service and for their concern for the safety of Kansans.

Thank you again for the opportunity to express our support of SB 132.

*Senate Public Health & Welfare Committee
Date: February 13, 2003
Attachment 7-1*

Terry Humphrey, Executive Director



American Medical Response

401 SW Jackson
Topeka, KS 66603
(785) 233-2400

To: Senate Public Health and Welfare Committee
From: John Hayworth Operations Manager
R.E. "Tuck" Duncan, General Counsel
RE: SB 132

SB 132 is an important advance in providing for the emergent medical needs of Kansans. We enthusiastically support this bill. The bill provides as follows:

(2) No person or entity which owns, leases, possesses or otherwise controls an automated external defibrillator and provides such automated external defibrillator to others for use shall be held liable for any civil damages as a result of such use where the person or entity which owns, leases, possesses or otherwise controls the automated external defibrillator has developed, implemented and follows guidelines to ensure proper maintenance and operation of the device and reasonably expects the automated external defibrillator to be used by a qualified person.

In order to encourage the expanded use of these devices this qualified immunity is vital. Provided there is proper maintenance and operation of a device by a person qualified to use same, there is no reason not to provide qualified immunity.

(3) No person licensed to practice medicine and surgery who authorizes the use of an automated external defibrillator in connection with the conduct of a public defibrillation education program shall be held liable for civil damages as the result of the use of an automated external defibrillator as part of such program if the person licensed to practice medicine and surgery in conjunction with any entity which owns, leases, possesses or otherwise controls the automated external defibrillator used as part of the program has developed, implemented and follows guidelines to ensure proper maintenance and operation of the device, proper training in the use of the device and integration of the training with the local emergency medical services system.

Again, in order to encourage the expanded use of these devices the qualified immunity set forth above is important.

over

(4) No person or entity which teaches or provides a training program for cardiopulmonary resuscitation that includes training in the use of automated external defibrillators shall be held liable for any civil damages as a result of such training or use if such person or entity has provided such training in a manner consistent with the usual and customary standards for the providing of such training.

Likewise, in order to encourage the expanded use of these devices and proper training of their use, the qualified immunity set forth above is imperative.

(c) Pursuant to the provisions of this subsection, persons or entities which purchase or otherwise acquire an automated external defibrillator shall notify the emergency medical service which operates in the geographic area of the location of the automated external defibrillator. Persons or entities acquiring an automatic electronic defibrillator shall notify the emergency medical service providing local service on forms developed and provided by the emergency medical services board.

From the perspective of an emergency medical service, knowing where these devices are located is important to an integrated EMS program. This will be a valuable tool in an EMS service's responding to medical emergencies.

(d) The secretary of administration shall develop guidelines for the placement of automated external defibrillators in state-owned facilities.

The guidelines shall include, but not be limited to:

- (1) Which state-owned facilities should have automated external defibrillators readily available for use;*
- (2) recommendations for appropriate training courses in cardiopulmonary resuscitation and automated external defibrillators use;*
- (3) integration with existing emergency response plans;*
- (4) proper maintenance and testing of the devices;*
- (5) coordination with appropriate professionals in the oversight of training; and*
- (6) coordination with local emergency medical services regarding placement and conditions of use.*

Nothing in this subsection shall be construed to require the state to purchase automated external defibrillators.

We believe it is important that there be a single policy governing the placement of these devices in public buildings. Local governments might also be encouraged to utilize similar guidelines.

Therefore, for the reasons set forth above we respectfully request that you recommend favorably for passage SB 132.



K A N S A S

DAVID LAKE, ADMINISTRATOR

KATHLEEN SEBELIUS, GOVERNOR
DENNIS ALLIN, M.D., CHAIR

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

February 14, 2003

TO: Senator Wagle, Chair and members of the Public Health and Welfare Committee

FROM: David Lake, Administrator, Kansas Board of Emergency Medical Services
David Lake

RE: Proponent testimony for SB 132

Chairperson Wagle and members of the committee, thank you for the opportunity to provide this testimony on behalf of the Kansas Board of Emergency Medical Services in support of SB 132.

This past fall we received a federal grant for the purpose of placing Automated Electronic Defibrillator's (AED's) in rural Kansas and training personnel in their use. The money we received will allow us to place at least one hundred AED's throughout all of Kansas. The 177 licensed ambulance services were the partners we chose in helping us determine the most appropriate locations for these devices.

The grant was made possible because of the research which showed the value of early recognition of heart attack and early defibrillation. The rural areas were our target locations because of the increased response times of emergency medical services to these locations.

To receive an AED through this grant the community has to agree to work with their ambulance service in placement, training, and upkeep. AED's are also available for placement without approval or notification of the local ambulance service. This bill will require those entities acquiring an AED to notify the local ambulance service of the acquisition and placement. That notification must occur on forms developed and provided by the Kansas Board of Emergency Medical Services. Only a slight modification of forms already used will be necessary. The value of emergency medical services knowing the placement of AED's in their response areas can not be overstated.

I respectfully request you act favorably on this bill.

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KANSAS

DIVISION OF THE BUDGET
DUANE A. GOOSSEN, DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

February 13, 2003

The Honorable Susan Wagle, Chairperson
Senate Committee on Public Health and Welfare
Statehouse, Room 128-S
Topeka, Kansas 66612

Dear Senator Wagle:

SUBJECT: Fiscal Note for SB 132 by Senate Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning SB 132 is respectfully submitted to your committee.

SB 132 would absolve from legal liability for civil damages any owners or lessors who provide defibrillators, medical doctors who conduct a public defibrillation program, and CPR trainers. The bill requires that individuals and organizations that purchase an automated defibrillator notify the local emergency medical service. The Secretary of Administration must develop guidelines for the placement of defibrillators in state-owned facilities.

The Board of Emergency Medical Services expects to provide the forms to local emergency medical services to satisfy the notification requirement in the bill. The Board already has a form that, with modifications, could be used for this purpose. Any cost for mailing or transmitting the form by e-mail to the local emergency medical services could be handled within current budget authority.

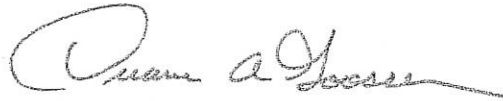
The Department of Administration estimates a cost of \$53,000 for the portion of the bill that would require the Secretary to establish guidelines for defibrillators in state-owned buildings. The Department estimates that 1.0 Public Health Nurse I, along with other operating expenses, would be needed to determine which buildings should have defibrillators, research and coordinate the correct use of the devices, ensure integration with existing emergency response

*Senate Public Health & Welfare Committee
Date: February 13, 2003
Attachment #1*

plans, and oversee maintenance and testing of the devices. The estimate does not include the cost of any defibrillators themselves.

The Department's estimate represents a broad interpretation of responsibilities under the bill. The fiscal effect could be less if the bill were interpreted more narrowly to require only the development of guidelines. None of these costs concerning the passage of SB 132 are included in the Governor's budget recommendations.

Sincerely,

A handwritten signature in cursive script, appearing to read "Duane A. Goossen".

Duane A. Goossen
Director of the Budget

cc: Pat Higgins, DOA
Mary Mulryan, EMS
Jerry Sloan/Amy Hyten, Judiciary