

XX, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or which the vote is objected to under clause 6 of rule XX.

Any record votes on all postponed questions will be taken after debate has concluded on the remaining two motions to suspend the rules.

PERSONAL EXPLANATION

Mr. WATKINS. Mr. Speaker, due to an airplane mechanical problem, I was delayed in my arrival back to Washington yesterday afternoon from my district and I was unable to record my votes on rollcall votes 211, 212 and 213. Had I been present on those votes I would have voted aye on those three votes.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

CARDIAC ARREST SURVIVAL ACT OF 2000

Mr. STEARNS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2498) to amend the Public Health Service Act to provide for recommendations of the Secretary of Health and Human Services regarding the placement of automatic external defibrillators in Federal buildings in order to improve survival rates of individuals who experience cardiac arrest in such buildings, and to establish protections from civil liability arising from the emergency use of the devices, as amended.

The Clerk read as follows:

H.R. 2498

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Cardiac Arrest Survival Act of 2000".

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Over 700 lives are lost every day to sudden cardiac arrest in the United States alone.

(2) Two out of every three sudden cardiac deaths occur before a victim can reach a hospital.

(3) More than 95 percent of these cardiac arrest victims will die, many because of lack of readily available life saving medical equipment.

(4) With current medical technology, up to 30 percent of cardiac arrest victims could be saved if victims had access to immediate medical response, including defibrillation and cardiopulmonary resuscitation.

(5) Once a victim has suffered a cardiac arrest, every minute that passes before returning the heart to a normal rhythm decreases the chance of survival by 10 percent.

(6) Most cardiac arrests are caused by abnormal heart rhythms called ventricular fibrillation. Ventricular fibrillation occurs when the heart's electrical system malfunctions, causing a chaotic rhythm that prevents the heart from pumping oxygen to the victim's brain and body.

(7) Communities that have implemented programs ensuring widespread public access

to defibrillators, combined with appropriate training, maintenance, and coordination with local emergency medical systems, have dramatically improved the survival rates from cardiac arrest.

(8) Automated external defibrillator devices have been demonstrated to be safe and effective, even when used by lay people, since the devices are designed not to allow a user to administer a shock until after the device has analyzed a victim's heart rhythm and determined that an electric shock is required.

(9) Increasing public awareness regarding automated external defibrillator devices and encouraging their use in Federal buildings will greatly facilitate their adoption.

(10) Limiting the liability of Good Samaritans and acquirers of automated external defibrillator devices in emergency situations may encourage the use of automated external defibrillator devices, and result in saved lives.

SEC. 3. RECOMMENDATIONS AND GUIDELINES OF SECRETARY OF HEALTH AND HUMAN SERVICES REGARDING AUTOMATED EXTERNAL DEFIBRILLATORS FOR FEDERAL BUILDINGS.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

"RECOMMENDATIONS AND GUIDELINES REGARDING AUTOMATED EXTERNAL DEFIBRILLATORS FOR FEDERAL BUILDINGS

"SEC. 247. (a) GUIDELINES ON PLACEMENT.—The Secretary shall establish guidelines with respect to placing automated external defibrillator devices in Federal buildings. Such guidelines shall take into account the extent to which such devices may be used by lay persons, the typical number of employees and visitors in the buildings, the extent of the need for security measures regarding the buildings, buildings or portions of buildings in which there are special circumstances such as high electrical voltage or extreme heat or cold, and such other factors as the Secretary determines to be appropriate.

"(b) RELATED RECOMMENDATIONS.—The Secretary shall publish in the Federal Register the recommendations of the Secretary on the appropriate implementation of the placement of automated external defibrillator devices under subsection (a), including procedures for the following:

"(1) Implementing appropriate training courses in the use of such devices, including the role of cardiopulmonary resuscitation.

"(2) Proper maintenance and testing of the devices.

"(3) Ensuring coordination with appropriate licensed professionals in the oversight of training of the devices.

"(4) Ensuring coordination with local emergency medical systems regarding the placement and incidents of use of the devices.

"(c) CONSULTATIONS; CONSIDERATION OF CERTAIN RECOMMENDATIONS.—In carrying out this section, the Secretary shall—

"(1) consult with appropriate public and private entities;

"(2) consider the recommendations of national and local public-health organizations for improving the survival rates of individuals who experience cardiac arrest in non-hospital settings by minimizing the time elapsing between the onset of cardiac arrest and the initial medical response, including defibrillation as necessary; and

"(3) consult with and counsel other Federal agencies where such devices are to be used.

"(d) DATE CERTAIN FOR ESTABLISHING GUIDELINES AND RECOMMENDATIONS.—The Secretary shall comply with this section not later than 180 days after the date of the enactment of the Cardiac Arrest Survival Act of 2000.

"(e) DEFINITIONS.—For purposes of this section:

"(1) The term 'automated external defibrillator device' has the meaning given such term in section 248.

"(2) The term 'Federal building' includes a building or portion of a building leased or rented by a Federal agency, and includes buildings on military installations of the United States."

SEC. 4. GOOD SAMARITAN PROTECTIONS REGARDING EMERGENCY USE OF AUTOMATED EXTERNAL DEFIBRILLATORS.

Part B of title II of the Public Health Service Act, as amended by section 3 of this Act, is amended by adding at the end the following section:

"LIABILITY REGARDING EMERGENCY USE OF AUTOMATED EXTERNAL DEFIBRILLATORS

"SEC. 248. (a) GOOD SAMARITAN PROTECTIONS REGARDING AEDS.—Except as provided in subsection (b), any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency is immune from civil liability for any harm resulting from the use or attempted use of such device; and in addition, any person who acquired the device is immune from such liability, if the harm was not due to the failure of such acquirer of the device—

"(1) to notify local emergency response personnel or other appropriate entities of the most recent placement of the device within a reasonable period of time after the device was placed;

"(2) to properly maintain and test the device; or

"(3) to provide appropriate training in the use of the device to an employee or agent of the acquirer when the employee or agent was the person who used the device on the victim, except that such requirement of training does not apply if—

"(A) the employee or agent was not an employee or agent who would have been reasonably expected to use the device; or

"(B) the period of time elapsing between the engagement of the person as an employee or agent and the occurrence of the harm (or between the acquisition of the device and the occurrence of the harm, in any case in which the device was acquired after such engagement of the person) was not a reasonably sufficient period in which to provide the training.

"(b) INAPPLICABILITY OF IMMUNITY.—Immunity under subsection (a) does not apply to a person if—

"(1) the harm involved was caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed; or

"(2) the person is a licensed or certified health professional who used the automated external defibrillator device while acting within the scope of the license or certification of the professional and within the scope of the employment or agency of the professional; or

"(3) the person is a hospital, clinic, or other entity whose purpose is providing health care directly to patients, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent; or

"(4) the person is an acquirer of the device who leased the device to a health care entity (or who otherwise provided the device to such entity for compensation without selling the device to the entity), and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent.