

HOUSE OF REPRESENTATIVES—Tuesday, July 13, 1999

The House met at 9 a.m.

MORNING HOUR DEBATES

The SPEAKER. Pursuant to the order of the House of January 19, 1999, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 25 minutes, and each Member except the majority leader, the minority leader or the minority whip limited to not to exceed 5 minutes. But in no event shall the debate continue beyond 9:50 a.m.

The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

SUPPORT CARDIAC ARREST SURVIVAL ACT

Mr. STEARNS. Mr. Speaker, this morning I am here to talk about the Cardiac Arrest Survival Act, which I will be introducing today. If this bill becomes law, it has the potential of saving thousands of lives each year.

I am pleased to have this opportunity to work with the American Heart Association and the American Red Cross on this very important measure.

Passage of this Act would go a long way towards making the goal of saving the lives of people who suffer sudden cardiac arrests possible. It would ensure that what the American Heart Association refers to as the "cardiac chain of survival" could go into effect.

That first chain of survival is early access, call 911, early CPR, early defibrillation, which I will go into in a moment, and early access to advanced care.

While defibrillation is the most effective mechanism to revive a heart that has stopped, it is also the least accessed tool we have available to treat victims suffering from heart attack.

Perhaps it would be helpful for those of my colleagues listening who are not well versed in the subject if I just take a moment and walk them through what we mean when we use that term "defibrillation."

A large number of sudden cardiac arrests are due to an electrical malfunction of the heart called ventricular fibrillation, VF. So when VF occurs, the heart's electrical signals, which normally induce a coordinated heartbeat, suddenly become chaotic, and the heart's function as a pump abruptly

stops. Unless this state is reversed, then death will occur within a few minutes. The only effective treatment for this condition is defibrillation, the electrical shock to the heart.

My colleagues might be interested to know that more than 1,000 Americans each and every day suffer from cardiac arrest. Of those, more than 95 percent die. That is unacceptable in this country because we have the means, the very means at our disposal to change those statistics. That is why I have been committed to this cause.

Studies show that 250 lives can be saved each and every day from cardiac arrests by using the automatic external defibrillation, which we will call AED. Those are the kinds of statistics that nobody can argue with.

Let me show my colleagues on the next chart, did my colleagues know that for each minute of delay in returning the heart to its normal patterns of beating, it decreases the chance that that person will survive by 10 percent?

No one knows when sudden cardiac arrest might occur. According to a recent study, the top five sites where cardiac arrest occurs are at airports, county jails, shopping malls, sports stadiums, and golf courses. I believe we would all take great comfort in knowing that those who rush to our side to resuscitate us have the most up-to-date equipment available and are trained to use it.

The AEDs which are being produced today are easier to use and require minimal training to operate. They also are easier to maintain and cost less. This affords a wider range of emergency personnel to be trained and equipped.

Some of my colleagues might ask, if a majority of the States have laws authorizing nonemergency medical technician first responders to use AEDs, why do we need to pass this legislation? Good question.

This year's bill differs from previous versions I have offered, which primarily sought to encourage State action to promote public access to defibrillation. The States responded to this call, and many have passed regulation to promote training and access to AEDs.

However, this bill, Mr. Speaker, directs the Secretary of Health and Human Services to develop recommendations to public access of defibrillation programs in Federal buildings in order to improve survival rates of people who suffer cardiac ar-

rest in Federal facilities. Federal buildings throughout America will be encouraged to serve as examples of rapid response to cardiac arrest emergencies through the implementation of public access to defibrillation programs.

The programs will include training security personnel and other expected users in the use of AEDs, notifying local emergency medical services of the placement of AEDs, and ensuring proper medical oversight and proper maintenance of the device.

In addition, this year's bill seeks to fill in the gaps with respect to States that have not acted on AED legislation by extending good samaritan liability protection to people involved in the use of the AED.

So, Mr. Speaker, I look forward to the support of my colleagues. I hope that they will cosponsor this bill. It has been endorsed by the American Heart Association and the American Red Cross. I hope all of my colleagues will join me by cosponsoring the bill whose stated goal is to prevent thousands and thousands of people suffering from cardiac arrest from dying by making equipment and trained personnel available at the scene of the emergency.

TOBACCO SMUGGLING ERADICATION ACT OF 1999

The SPEAKER pro tempore (Mr. GUTKNECHT). Under the Speaker's announced policy of January 19, 1999, the gentleman from Texas (Mr. DOGGETT) is recognized during morning hour debates for 5 minutes.

Mr. DOGGETT. Mr. Speaker, the World Bank recently issued a report entitled, "Curbing the Epidemic: Governments and the Economics of Tobacco Control," which finds disturbing trends in tobacco use around the globe. This report concludes that, in another 2 decades, tobacco will become the single biggest cause of premature death worldwide, accounting for 10 million deaths each year. That is 10 million unique human beings choking to death with emphysema, withering away with lung cancer, or perhaps feeling the sharp pain of a heart attack as a result of nicotine addiction. Half of these deaths will occur to individuals in middle age, who will each lose 20 to 25 years of their life.

Effective and aggressive action against tobacco smuggling represents one key strategy necessary in what should be a comprehensive global effort to address this pandemic, according to

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.