

[Roll No. 219]
YEAS—416

Abercrombie	DeLay	Jackson-Lee
Aderholt	DeMint	(TX)
Allen	Deutsch	Jefferson
Andrews	Diaz-Balart	Jenkins
Archer	Dickey	John
Armey	Dicks	Johnson (CT)
Baca	Dingell	Johnson, E. B.
Bachus	Dixon	Johnson, Sam
Baird	Doggett	Jones (NC)
Baker	Dooley	Jones (OH)
Baldacci	Doolittle	Kanjorski
Baldwin	Doyle	Kaptur
Ballenger	Dreier	Kasich
Barcia	Duncan	Kelly
Barr	Dunn	Kennedy
Barrett (NE)	Edwards	Kildee
Barrett (WI)	Ehlers	Kilpatrick
Bartlett	Ehrlich	Kind (WI)
Barton	Emerson	King (NY)
Bass	Engel	Kingston
Bateman	English	Kleczka
Becerra	Eshoo	Klink
Bentsen	Etheridge	Knollenberg
Bereuter	Evans	Kolbe
Berkley	Everett	Kucinich
Berman	Ewing	Kuykendall
Berry	Farr	LaFalce
Biggert	Fattah	LaHood
Bilbray	Filner	Lampson
Bilirakis	Fletcher	Lantos
Bishop	Foley	Largent
Blagojevich	Ford	Latham
Bliley	Fossella	LaTourette
Blumenauer	Fowler	Lazio
Blunt	Frank (MA)	Leach
Boehlert	Franks (NJ)	Lee
Boehner	Frelinghuysen	Levin
Bonilla	Frost	Lewis (CA)
Bonior	Gallely	Lewis (GA)
Bono	Ganske	Lewis (KY)
Borski	Gejdenson	Linder
Boswell	Gekas	Lipinski
Boucher	Gephardt	LoBiondo
Boyd	Gibbons	Lofgren
Brady (PA)	Gilchrest	Lowey
Brady (TX)	Gillmor	Lucas (KY)
Brown (FL)	Gilman	Lucas (OK)
Bryant	Gonzalez	Luther
Burr	Goode	Maloney (CT)
Burton	Goodlatte	Maloney (NY)
Buyer	Goodling	Manzullo
Callahan	Gordon	Markey
Calvert	Goss	Mascara
Camp	Graham	Matsui
Campbell	Granger	McCarthy (MO)
Canady	Green (WI)	McCrery
Cannon	Greenwood	McDermott
Capps	Gutierrez	McGovern
Cardin	Gutknecht	McHugh
Carson	Hall (OH)	McInnis
Castle	Hall (TX)	McIntyre
Chabot	Hansen	McKeon
Chambless	Hastings (FL)	McKinney
Chenoweth-Hage	Hastings (WA)	McNulty
Clay	Hayes	Meehan
Clayton	Hayworth	MEEK (FL)
Clement	Hefley	Meeks (NY)
Clyburn	Herger	Menendez
Coble	Hill (IN)	Metcalf
Coburn	Hill (MT)	Mica
Collins	Hillery	Millender-
Combest	Hilliard	McDonald
Condit	Hinches	Miller (FL)
Conyers	Hinojosa	Miller, Gary
Cook	Hobson	Miller, George
Cooksey	Hoefel	Minge
Costello	Hoekstra	Mink
Cox	Holden	Moakley
Coyne	Holt	Mollohan
Cramer	Hooley	Moore
Crane	Horn	Moran (KS)
Crowley	Hostettler	Moran (VA)
Cummings	Houghton	Morella
Cunningham	Hoyer	Murtha
Danner	Hulshof	Myrick
Davis (FL)	Hunter	Nadler
Davis (IL)	Hutchinson	Napolitano
Davis (VA)	Hyde	Neal
Deal	Inslee	Nethercutt
DeFazio	Isakson	Ney
DeGette	Istook	Northup
Delahunt	Jackson (IL)	Norwood
DeLauro		Nussle

Oberstar	Sabo	Tauscher
Obey	Salmon	Tauzin
Oliver	Sanchez	Taylor (MS)
Ortiz	Sanders	Taylor (NC)
Ose	Sandin	Terry
Owens	Sanford	Thomas
Oxley	Sawyer	Thompson (CA)
Packard	Saxton	Thompson (MS)
Pallone	Scarborough	Thornberry
Pascarell	Schaffer	Thune
Pastor	Schakowsky	Thurman
Payne	Scott	Tiahrt
Pelosi	Sensenbrenner	Tierney
Peterson (MN)	Serrano	Toomey
Peterson (PA)	Sessions	Towns
Petri	Shadegg	Trafficant
Phelps	Shaw	Turner
Pickering	Shays	Udall (CO)
Pickett	Sherman	Udall (NM)
Pitts	Sherwood	Upton
Pombo	Shimkus	Velazquez
Pomeroy	Shows	Vento
Porter	Shuster	Visclosky
Portman	Simpson	Vitter
Price (NC)	Sisisky	Walden
Quinn	Skeen	Walsh
Radanovich	Skelton	Wamp
Rahall	Slaughter	Waters
Ramstad	Smith (MI)	Watkins
Rangel	Smith (NJ)	Watt (NC)
Regula	Smith (TX)	Watts (OK)
Reyes	Smith (WA)	Weldon (FL)
Reynolds	Snyder	Weldon (PA)
Riley	Souder	Weller
Rivers	Spence	Wexler
Roemer	Spratt	Weygand
Rogan	Stabenow	Whitfield
Rogers	Stark	Wicker
Rohrabacher	Stearns	Wilson
Ros-Lehtinen	Stenholm	Wise
Rothman	Strickland	Wolf
Roukema	Stump	Woolsey
Roybal-Allard	Sununu	Wu
Royce	Sweeney	Wynn
Rush	Talent	Young (AK)
Ryan (WI)	Tancredo	Young (FL)
Ryun (KS)	Tanner	

NAYS—1

Paul
NOT VOTING—17

Ackerman	Larson	Pryce (OH)
Brown (OH)	Martinez	Rodriguez
Capuano	McCarthy (NY)	Stupak
Cubin	McCollum	Waxman
Forbes	McIntosh	Weiner
Green (TX)	Pease	

□ 1440

So (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: To authorize a gold medal to be presented on behalf of the Congress to Pope John Paul II in recognition of his many and enduring contributions to peace and religious understanding, and for other purposes.

A motion to reconsider was laid on the table.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN EN-GROSSMENT OF H.R. 297, LEWIS AND CLARK RURAL WATER SYSTEM ACT OF 2000

Mr. DOOLITTLE. Mr. Speaker, I ask unanimous consent that in the engrossment of the bill, H.R. 297, the Clerk be authorized to make technical corrections and conforming changes to the bill, specifically on page 10, line 17, the

contract number should read, "14-06-200-949IR3."

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

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 8 of rule 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.

“(c) **RULES OF CONSTRUCTION.**—

“(1) **IN GENERAL.**—The following applies with respect to this section:

“(A) This section does not establish any cause of action, or require that an automated external defibrillator device be placed at any building or other location.

“(B) With respect to a class of persons for which this section provides immunity from civil liability, this section supersedes the law of a State only to the extent that the State has no statute or regulations that provide persons in such class with immunity for civil liability arising from the use by such persons of automated external defibrillator devices in emergency situations (within the meaning of the State law or regulation involved).

“(C) This section does not waive any protection from liability for Federal officers or employees under—

“(i) section 224; or

“(ii) sections 1346(b), 2672, and 2679 of title 28, United States Code, or under alternative benefits provided by the United States where the availability of such benefits precludes a remedy under section 1346(b) of title 28.

“(2) **CIVIL ACTIONS UNDER FEDERAL LAW.**—

“(A) **IN GENERAL.**—The applicability of subsections (a) and (b) includes applicability to any action for civil liability described in subsection (a) that arises under Federal law.

“(B) **FEDERAL AREAS ADOPTING STATE LAW.**—If a geographic area is under Federal jurisdiction and is located within a State but out of the jurisdiction of the State, and if, pursuant to Federal law, the law of the State applies in such area regarding matters for which there is no applicable Federal law, then an action for civil liability described in subsection (a) that in such area arises under the law of the State is subject to subsections (a) through (c) in lieu of any related State law that would apply in such area in the absence of this subparagraph.

“(d) **FEDERAL JURISDICTION.**—In any civil action arising under State law, the courts of the State involved have jurisdiction to apply the provisions of this section exclusive of the jurisdiction of the courts of the United States.

“(e) **DEFINITIONS.**—

“(1) **PERCEIVED MEDICAL EMERGENCY.**—For purposes of this section, the term ‘perceived medical emergency’ means circumstances in which the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening

medical condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual.

“(2) OTHER DEFINITIONS.—For purposes of this section:

“(A) The term ‘automated external defibrillator device’ means a defibrillator device that—

“(i) is commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act;

“(ii) is capable of recognizing the presence or absence of ventricular fibrillation, and is capable of determining without intervention by the user of the device whether defibrillation should be performed;

“(iii) upon determining that defibrillation should be performed, is able to deliver an electrical shock to an individual; and

“(iv) in the case of a defibrillator device that may be operated in either an automated or a manual mode, is set to operate in the automated mode.

“(B)(i) The term ‘harm’ includes physical, nonphysical, economic, and noneconomic losses.

“(ii) The term ‘economic loss’ means any pecuniary loss resulting from harm (including the loss of earnings or other benefits related to employment, medical expense loss, replacement services loss, loss due to death, burial costs, and loss of business or employment opportunities) to the extent recovery for such loss is allowed under applicable State law.

“(iii) The term ‘noneconomic losses’ means losses for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation and all other nonpecuniary losses of any kind or nature.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. STEARNS) and the gentlewoman from California (Mrs. CAPPS) each will control 20 minutes.

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

GENERAL LEAVE

Mr. STEARNS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material on H.R. 2498.

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

There was no objection.

Mr. STEARNS. Mr. Speaker, I yield myself such time as I may consume.

□ 1445

Mr. Speaker, between 200,000 to 300,000 American lives are lost every year to sudden cardiac arrest in the United States. It is estimated that over 30 percent of these victims could be saved if they had access to immediate medical response, including defibrillation.

A large number of sudden cardiac arrests are due to an electrical malfunction of the heart called ventricular fibrillation, VF. Now, when VF occurs, the heart's electrical signals, which

normally induce a coordinated heart-beat, 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.

For the last several years, I have been working closely with the American Heart Association, the American Red Cross, and local emergency medical systems to develop bipartisan congressional legislation to encourage the widespread use of automated external defibrillator devices to help save our lives. We have been successful, and that is why we are here on the House floor today.

I want to thank the chairman of the Subcommittee on Health, the gentleman from Florida (Mr. BILIRAKIS), for his efforts, his coordination and his support and encouragement. I also want to thank the chairman of the subcommittee, the gentleman from Virginia (Mr. BLILEY), for his support in bringing this forward through the committee.

My colleagues, automated external defibrillators, or AEDs, are small, portable medical devices regulated by the Food and Drug Administration, that can measure a victim's heart rate, determine whether the victim is suffering from ventricular fibrillation and if an electric shock is necessary, and can even instruct the layperson whether and when to shock the victim and when to perform CPR.

I have a chart here called “The Chain of Survival.” Clearly, my colleagues can see from the chain of survival the four links are early access to emergency care, early cardiopulmonary resuscitation, early defibrillation, and early advanced life supports.

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 failure.

My colleagues, these devices are very safe, effective, and they do not allow a shock to be administered until after the device has measured the victim's heart and determined whether a shock is required.

Earlier this month, the Subcommittee on Health and Environment held a very moving hearing on H.R. 2498, and many of my colleagues said it was the best hearing they have ever seen. We heard from Dr. Richard Hardman, who helped design and implement an AED program in Las Vegas. Dr. Hardman helped train over 6,500 security officers to achieve an average internal emergency medical response time of less than 3 minutes.

With over 200 sudden cardiac arrests occurring in covered locations in this region of Las Vegas, this AED program was able to save an astounding 57 percent of the victims.

Dr. Hardman showed the subcommittee a videotape of an actual cardiac arrest victim, who was treated with an AED device from lay bystanders in the casino and was successfully shocked back to life within minutes. This could happen to any one of us.

For example, we heard moving testimony from Robert Adams, a 42-year-old attorney, younger than many of us, an NCAA referee, an outstanding college athlete, captain of his basketball team, in the prime of health, who had recently passed several extensive physical exams with flying colors; and yet he, too, suffered a sudden cardiac arrest on the July 3rd weekend in Grand Central Station in New York City.

By the grace of God, fortunately, the station had just received delivery of an AED the day before. A couple of nearby construction workers saw Mr. Adams fall to the ground, they grabbed the AED which was still in its packaging, still in the box, and they hoped and prayed that batteries were part and parcel of that box. They hoped they were installed and charged and ready to go. Indeed, they were and they shocked Mr. Adams back to life.

Mr. Adams has three children, the youngest of whom was only 1 year old at the time. Those children would not have their father today had Grand Central Station not procured this AED and been willing to publicly install an AED device and, of course, that the unrelated bystanders been willing to use it to save his life.

Let me move to this other chart, “Every Minute Counts.” This is a very important chart. We can see that for every minute that goes by, we can see the effects that it will have on a person who suffers from ventricular fibrillation; and surely, surely, if we can save this many lives with just having this very small inconspicuous device, this bill will promote and save lives.

Do my colleagues know that for every minute of delay in returning the heart to its normal pattern of beating, it decreases the chances of that person's survival by 10 percent?

Unfortunately, according to the testimony of Dr. Hardman and AED legal expert Richard Lazar, AEDs are not being widely employed because of the perception, the simple perception among us that would-be purchasers and users of AED would get sued.

This is a lot like the debate with the fire extinguishers 100 years ago; but our bill, H.R. 2498 removes a barrier to adopting AED programs. If a Good Samaritan, like someone in the Bible, or a building owner or a renter of the building acts in good faith and he or she uses the AED to save someone's life, this bill will protect them from unfair lawsuits.

We may not want to force people to provide medical care to someone having a heart attack; but, my colleagues, if they are willing to do so, we should

not put them at risk of being sued for unlimited damages if something goes wrong.

This legislation directs the Secretary of Health and Human Services to develop guidelines for the placement of defibrillators in Federal buildings. It is inexcusable that we do not have these live-saving devices widely available in Federal buildings across the United States.

We need, Mr. Speaker, to be a role model for the private sector by demonstrating our commitment to protecting the lives of Federal employees, military personnel, and private citizens who are visiting our museums, our public buildings throughout the United States, including Social Security offices and, of course, parks and recreation areas.

H.R. 2498 does not impose any new regulation or obligations on the private sector. It does not preempt State law where the State has provided immunity for the person being sued.

Almost 150 bipartisan Members have now cosponsored this bill. This legislation passed in both the subcommittee and full committee by unanimous voice vote. We have received letters of support by the National Safe Kid Campaign, the National Fire Protection Association, the American Academy of Pediatrics, the American Association for Respiratory Care, the International Association of Fire Chiefs, and many, many more.

Even President Clinton talked about it last week in his radio address and promoted the use of defibrillators and talked about this bill. I commend the President for recognizing and bringing it to the public's attention through his presidency.

This helps save the lives of almost 250,000 Americans who annually are affected with sudden cardiac arrest. So I hope my colleagues will support and pass the Cardiac Arrest Survival Act of 2000.

Mr. Speaker, I reserve the balance of my time.

Mrs. CAPPs. Mr. Speaker, I yield myself such time as I may consume.

I rise today in strong support of a lifesaving piece of legislation, the Cardiac Arrest Survival Act. I would like to commend the gentleman from Florida (Mr. STEARNS) for introducing this legislation, for working hard to ensure that it would receive a full hearing in the committee level.

I want also to commend the gentleman from Michigan (Mr. DINGELL), the gentleman from Ohio (Mr. BROWN), the gentleman from Virginia (Chairman BLILEY), the gentleman from Florida (Mr. BILIRAKIS), my colleagues on the Committee on Commerce, for moving it through our committee structure.

The Cardiac Arrest Survival Act does two key things. First, it instructs the Secretary of Health and Human Serv-

ices to make recommendations to promote public access to defibrillation programs in Federal buildings and other public buildings across the country. These recommendations would ensure the health and safety of all Americans by encouraging ready access to the tools needed to improve cardiac arrest survival rates.

Second, this act extends Good Samaritan protections to Automatic External Defibrillator users and the acquirers of the devices in those States who do not currently have AED Good Samaritan protections. This protection will help encourage lay persons to respond in a cardiac emergency by using the external defibrillation device.

These devices, AEDs, are small, easy to use and laptop size. They can analyze the heart rhythms of a person in cardiac arrest to determine if a shock is necessary; and when it is necessary, they will automatically deliver a life-saving shock to the heart.

Every minute that passes before a cardiac arrest victim's heart is defibrillated or shocked back into rhythm, every minute that passes, his or her chance of survival decreases by as much as 10 percent. As a result, less than 5 percent of out-of-hospital cardiac arrest victims will even survive.

Recently, I was very fortunate to hear the testimony of Mr. Robert Adams, describing how his life was saved in Grand Central Station in New York City by a publicly available AED. This moving story is a sure indication of the lifesaving capabilities that this bill will unleash.

Currently, I serve as the cochair of the Heart and Stroke Coalition in the House, so I have a special interest in the area of heart disease. Working closely with the American Heart Association, the American Red Cross, this coalition is a bipartisan and bicameral group which is concerned with heightening awareness of heart attack, stroke, and other cardiovascular diseases.

Additionally, the coalition works to promote research opportunities in the area of heart disease and stroke and acts as a greater resource on key issues, such as public access to automatic external defibrillators.

The American Heart Association estimates that, with increased access to AEDs, up to 50,000 lives could be saved each year. That is reason enough for us to pass this legislation.

So I urge my colleagues to support H.R. 2498, the Cardiac Arrest Survival Act.

Mr. Speaker, I reserve the balance of my time.

Mr. STEARNS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Mr. Speaker, I thank the gentleman for yielding the time to me, and I rise today to urge support for H.R. 2498, the Cardiac Arrest Survival Act.

I certainly want to commend him for his leadership and sponsorship of this resolution which is so important to all of us in this country. I also want to commend the gentlewoman from California (Mrs. CAPPs) for her constant attention to health issues, and this is indeed a situation of public health.

This legislation that the gentleman from Florida (Mr. STEARNS) has introduced places automatic external defibrillators, AEDs as they call them in the acronym, in Federal agencies. It would help with public access. What it does is it establishes the Federal Government as a role model. Guidelines will be established, in the hopes that the private sector will also follow and State governments will follow.

Public access to AEDs, in the words of Dr. Tom Aufderheide, an associate professor of emergency medicine at the Medical College of Wisconsin, Milwaukee, represents potentially the single greatest advance in the treatment of cardiac arrest since the development of CPR.

□ 1500

Approximately 350,000 Americans die annually from sudden cardiac death. If we can make the use of AEDs more widespread, that tremendously high loss of life will indeed diminish.

More and more people are taking courses to familiarize themselves with both CPR and the use of an AED. In addition, the machine is not difficult to use. It automatically analyzes heart rhythm and decides whether to shock. It also gives verbal prompts at each step, and it even has pictures on the pads to show where to attach them to the chest.

I want to share with my colleagues one story that appeared in the American Medical News that conveys the importance of this legislation. On August 20 of last year, a Ms. Sherry Caffrey was on the phone at Chicago's Midway Airport when a man nearby fell to the ground. Fortunately, an AED was mounted on the wall near her and she administered a single electrical shock to his heart which saved his life. And this is not an isolated episode. Since this incident last year, there has been at least one save almost weekly at Chicago's Midway Airport using one of the 42 defibrillators which are placed throughout the airport.

By increasing training and the availability of these life-saving devices, we can dramatically reduce the number of individuals who die each year from cardiac arrest. This legislation makes that goal more attainable. I strongly urge my colleagues to support H.R. 2498, Mr. Speaker.

Mrs. CAPPs. Mr. Speaker, I yield 3 minutes to the gentlewoman from Indiana (Ms. CARSON).

Ms. CARSON. Mr. Speaker, I thank the gentlewoman from California for yielding me this time, and I express my

appreciation for those responsible for bringing into fruition and to the House today the Cardiac Survival Act of 1999.

I would like to indicate in my remarks that heart disease, of course, is the leading cause of death among women in this country, and anything we can do as a body politic to allay future problems with health and heart attacks among women that take them out, we need to do that.

Each year more than 250,000 adults suffer cardiac arrest, and more than 95 percent of them die. The Cardiac Survival Act of 1999 increases access to defibrillators in public buildings, and certainly it will save lives. Every minute that passes before returning the heart to a normal rhythm after a cardiac arrest causes the chance of survival to fall by 10 percent. That is for every minute.

It is clear that in cases of cardiac arrest, time is of essence. For instance, in my hometown of Indianapolis, Indiana, I remember hearing about a very frightening incident of a middle-aged man who was in full cardiac arrest while jogging at the National Institute For Fitness and Sports, where I am also a member. Thanks to the quick and heroic efforts of the staff at NIFS, who had access to a defibrillator, were trained in its operation, the man's life was saved.

Mr. Speaker, we have seen to it that we have these devices here for our safety and for the safety of those who visit here. It is fitting that we act to extend this benefit to more Americans in every place that we possibly can. I am pleased to support this legislation, Mr. Speaker, because it increases access to vital lifesaving technologies.

Mrs. CAPPS. Mr. Speaker, I yield myself the balance of my time, and I want to remind and encourage all of our colleagues to support this lifesaving piece of legislation, the Cardiac Arrest Survival Act. By setting the example through authorizing the use of automatic defibrillators in public buildings, in Federal buildings, we will do our part in saving additional lives. We will also be setting a great example for this country in the way we want to move forward.

Again, I commend my colleague for bringing forward the bill and urge its passage.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. STEARNS. Mr. Speaker, I yield myself the balance of my time, and I want to thank the gentlewoman from California (Mrs. CAPPS) for her support and the support of my colleagues in the Committee on Commerce.

I would just conclude by telling a quick story of a good and close friend of mine. He and his wife are a member of our church, and they have four children. He was in his early 60s and he went to the golf course. As my col-

leagues know, in Florida there are lots of golf courses; and people are there all the time. It was in the morning, and he was playing golf when suddenly he had a cardiac arrest. Unfortunately, there was not an automated external defibrillator there. He died. And I felt it was very sad for he and his family, and that made the commitment on my part and the people who supported this bill even stronger to get this through the House.

Of course, after it is approved by the Senate it will then go to the President to be signed. So I think it is a great day for all the organizations that have supported us, been with us for these many, many years as we have garnered support and attempted to convince our colleagues that, one, the good Samaritan clause was innocuous, that there was nothing to worry about; that much like fire extinguishers the day has come for automated external defibrillators. We need to have these not only in the public Federal buildings but all the local buildings. And, of course, hopefully, some day they will be just as apparent and obvious as fire extinguishers, and they will save at least 50,000 lives every year.

And remember, 50,000 lives is an enormous amount of savings of health care costs. So just this small little device that automatically tells someone what to do, is very safe, and for which the cost is coming down, could save any one of our lives in this House today. So I urge my colleagues' support.

Mr. BENTSEN. Mr. Speaker, as a cosponsor of this bill, I rise in strong support of the Cardiac Arrest Survival Act, HR 2498. This legislation ensures that Automatic External Defibrillators will be placed in federal buildings to assist heart-attack victims within 90 days of enactment. This legislation also includes a critically important provision to ensure that any person who uses these devices is provided limited immunity from civil liability.

Automatic External Defibrillators (AEDs) have been found to save lives and reduce health care costs. According to the American Heart Association, in cities where Emergency Medical Systems (EMS) response is rapid, the survival rate increased from 9 percent to 30 when AEDs were available to first responders. Yet only 30 percent of EMS have AEDs to treat heart attack victims. This legislation would ensure that AEDs are more widely available.

Recently, many airlines have started to keep AEDs for their crews to assist passengers and they have been proven to save lives. This legislation would build upon this trend by providing AEDs in all federal buildings where many Americans work and visit. AEDs are easy to use and do not require advanced training to operate. In fact, they automatically calculate whether it would be appropriate to treat an individual or not and then determine

what is the appropriate level of treatment to use. They are also much less cumbersome than in the past. The latest models of AEDs weigh less than 10 pounds, an amount that most individuals can carry and maneuver without much effort.

This measure also provides immunity from civil liability for those who provide emergency medical assistance to heart attack victims through the use of an AED. These "Good Samaritans" would not be liable to any "personal injury or wrongful death" that might result from providing care for a heart attack victim. With this protection, I believe more Americans will be willing to help each other in their time of need. This bill also exempts any person who maintains, tests, or provides training in the use of these devices. In order to protect heart attack victims, the immunity granted in this bill does not apply to any person who engages in gross negligence, willful, or wanton misconduct.

This legislation is an important part of our effort to educate more Americans about the need to treat and help heart attack victims. In 1997, heart attacks are the single leading cause of death in America. Today, one in five deaths are related to heart attacks and more than 450,000 Americans died of heart attack in 1997. Clearly we must do more to prevent and treat these heart attack victims so that there will be better outcomes. This legislation is a good first step in meeting this challenge.

I urge my colleagues to support this legislation.

Mr. DINGELL. Mr. Speaker, I rise in support of H.R. 2498, the Cardiac Arrest Survival Act of 2000, which was reported by voice vote by the Committee on Commerce. I want to take this opportunity to commend the Chairman of the Subcommittee, Mr. BILIRAKIS, the Chairman of the full Committee, Mr. BLILEY, and the author of the bill, Mr. STEARNS, for their work in bringing this legislation to the floor. This legislation has 130 cosponsors, including 13 Democratic members of the Committee on Commerce. It is also supported by the American Red Cross, the American Heart Association, and the Administration.

Mr. Speaker, testimony before the Committee showed that returning the heart to its normal rhythm quickly is the single most important thing needed to improve the chance of survival from cardiac arrest. In Las Vegas, where automated electronic defibrillators have been placed in casinos and casino employees have been trained in their use, the out-of-hospital survival rate from cardiac arrest has increased dramatically. Prior to the widespread deployment of these devices, the cardiac arrest survival rate in Las Vegas was only 10 percent; it is now 57 percent.

Defibrillation clearly saves lives. The purpose of H.R. 2498, therefore, is to encourage Federal agencies to install automated external defibrillators in their buildings and to give so-called "Good Samaritan" protections from liability for people who use or acquire these devices. The bill's liability protections do not

apply if the harm was caused by a person's conscious, flagrant indifference to the rights or safety of the victim. Nor does it apply if it is being used by a doctor or nurse or other licensed professional in their scope of employment, or if it is being used by a hospital or other health care entity. Certain other limited exceptions apply.

As reported by the Committee on Commerce, H.R. 2498 is consistent with legislation which passed the Senate by unanimous consent last year. I might add that the Department of Justice, in a letter to Chairman BLILEY dated May 8, 2000, stated that it, too, supports this legislation with the changes adopted by the Committee on Commerce in the reported bill before us today.

Mr. Speaker, I urge my colleagues to vote for this legislation.

Mr. DAVIS of Virginia. Mr. Speaker, I rise today in support of H.R. 2498, the Cardiac Arrest Survival Act. This critical piece of legislation would improve survival rates for victims of cardiac arrest by expanding access to cardiac defibrillators in federal buildings.

Everyday 1,000 Americans suffer from sudden cardiac arrest, usually outside of a hospital setting. Unfortunately, more than 95 percent of these victims die because life-saving equipment is not readily available or arrives too late. When a defibrillator is used to deliver a shock to a heart with an abnormal rhythm, survival rates for cardiac arrest sufferers increases to as much as 20–30 percent. Every minute of delay in access to defibrillators leads to a ten percent decrease in life expectancy. Therefore, it is vital that Automated External Defibrillators (AEDs) be made available for use in public areas and the public should be educated on how to operate this user-friendly life saving equipment.

H.R. 2498 directs the Secretary of Health and Human Services to develop recommendations for public access to defibrillation programs in Federal buildings in order to improve survival rates of people who suffer cardiac arrest 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 proper personnel in the use of the AED, notifying local emergency medical services of the placement of AEDs, and ensuring proper medical oversight and proper maintenance of the device. Furthermore, this bill seeks to fill in this 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.

I commend Representative CLIFF STEARNS for introducing this life-saving piece of legislation. And I urge all my colleagues to vote in support of the Cardiac Arrest Survival Act, which could save up to 50,000 lives each year by increasing access to Automated External Defibrillators.

I also want to take the opportunity to recognize a very special group of high school students from my district who have been working feverishly in support of H.R. 2498. The 341 members of the Distributive Education Clubs of America (DECA) Chapter at Robinson Secondary School launched a dual campaign last

fall to not only work towards the successful passage of H.R. 2498, but to also educate the public about the benefits of AEDs.

Robinson's DECA Chapter recognized that a group of potential sudden cardiac arrest victims have been ignored by the public: teenagers. These energetic members sought to rectify this situation by initiating a public relations campaign to raise general awareness about the benefits of AEDs and to outfit high schools with these valuable devices. In a school as large as Robinson Secondary School, with 5,000 teachers, students, administrators, and community members, the need for an AED is particularly evident. In order to acquire the first student-purchased AED in the country, Robinson DECA held the Heart Start Shopping Night and raised the needed \$3,500.

In working with the American Heart Association and a professional adult advisor committee, Robinson DECA also realized that not every state currently has legislation to provide Good Samaritan protection for operators of the AED. This motivated DECA to work in support of the passage of H.R. 2495, the Cardiac Survival Act. Their lobbying efforts included developing a slogan and logo, researching H.R. 2495 in order to write a research paper, personally lobbying all 435 House of Representative members and staff, staging a rally on the steps of the United States Capitol, holding a press conference, and designating and operating an internet home page.

Mr. Speaker, I applaud Robinson DECA's enthusiasm and dedication in helping others understand the great need for AEDs. And I share their pride today in seeing this vital bill coming to a vote on the House floor.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 2498, the Cardiac Arrest Survival Act of 2000. This bipartisan bill was authorized by my Florida colleague, Congressman CLIFF STEARNS. It was unanimously approved by the Health and Environment Subcommittee on May 9, and it was reported favorably by the Commerce Committee on May 17.

Mr. Speaker, a quarter million Americans die each year due to cardiac arrest. Many of these victims could be saved if portable medical devices called automated external defibrillators or "AEDs" were used. AEDs can analyze heart rhythms for abnormalities, and if warranted, deliver a life-saving shock to the heart. Experts estimate that 20,000 to 100,000 lives could be saved annually by greater access to AEDs.

H.R. 2498 directs the Secretary of Health and Human Services to issue regulations to provide for the placement of AEDs in federal buildings. The bill also establishes protections from civil liability arising from the emergency use of the devices.

During committee consideration of the bill, it was amended to give the Secretary of Health and Human Services greater flexibility to update the guidelines over time and greater guidance as to what types of assistance and involvement Congress intends. The amendments also clarified the liability provisions and incorporated standards for AED use and training.

The bill before us enjoys the strong support of the American Red Cross and the American Heart Association, as well as many Members on both sides of the aisle. It is rare that a so-

lution to a problem so readily presents itself. We must seize this opportunity to reduce the number of lives tragically lost to cardiac arrest. I urge all Members to join me today in supporting this important legislation.

Mr. STEARNS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CALVERT). The question is on the motion offered by the gentleman from Florida (Mr. STEARNS) that the House suspend the rules and pass the bill, H.R. 2498, as amended.

The question was taken.

Mr. STEARNS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

HARRY S TRUMAN FEDERAL BUILDING

Mr. SHUSTER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3639) to designate the Federal building located at 2201 C Street, Northwest, in the District of Columbia, currently headquarters for the Department of State, as the "Harry S Truman Federal Building", as amended.

The Clerk read as follows:

H.R. 3639

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

SECTION 1. DESIGNATION.

The Federal building located at 2201 C Street, Northwest, in the District of Columbia, currently headquarters for the Department of State, shall be known and designated as the "Harry S Truman Federal Building".

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the Federal building referred to in section 1 shall be deemed to be a reference to the "Harry S Truman Federal Building".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. SHUSTER) and the gentleman from Minnesota (Mr. OBERSTAR) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. SHUSTER).

Mr. SHUSTER. Mr. Speaker, I yield myself such time as I may consume, and I am very pleased to move this measure directly to the floor today to honor a truly great American.

Harry Truman was an improbable president, who never sought this high office, but who rose to the occasion when asked by circumstance beyond his control.

If anyone has any doubt whatsoever about him being a great president, I would suggest that they read David McCullough's biography, Truman, which is an extraordinary biography,