



To: Judiciary Committee
From: Joni Czajkowski, Senior Director of Government Relations / Advocacy
American Heart Association
Re: Senate Bill 687, An Act Concerning Automatic External Defibrillators
Date: March 14, 2008

Good morning, Senator McDonald, Representative Lawlor and members of the Judiciary Committee. On behalf of the American Heart Association I would like to thank you for addressing the issue of Automated External Defibrillators. The American Heart Association supports components of this bill and appreciates the Committee for addressing the issue of Good Samaritan Immunity protections for those who use, own and/or house an automated external defibrillator.

As written, SB 687 would revise Section 21a-223 of the general statutes to provide and maintain in a central location on the premise of a health club at least one automatic external defibrillator, make location known and available to employees of such health club, make reasonable efforts to ensure that at least one employee is on the premises of such health club during staffed business hours who is trained in CPR and the use of an AED in accordance with the standards set forth by the American Heart Association, maintain and test the automatic external defibrillator in accordance with the manufacturer's guidelines, and promptly notify a local emergency medical services provider after each use of such automatic external defibrillator. We are pleased to see that AEDs would be mandated in Connecticut health clubs as health clubs have been identified as a top ten location of sudden cardiac arrest.

Additionally, SB 687 would require each athletic department of an institution of higher education to provide and maintain at least one automatic external defibrillator, make location known and available to employees and student-athletes of such athletic department, ensure that at least one certified or licensed athletic trainer is on the premises of such athletic department during hours of operation who is trained in CPR and the use of an AED in accordance with the standards set forth by the American Heart Association, maintain and test the AED in accordance with the manufacturer's guidelines and promptly notify a local emergency medical services provider after each use of such

automatic external defibrillator. The AHA and volunteers advocate AEDs on school campuses and though this bill speaks only to athletic departments of an institution of high education it is encouraging to see progress on this front. The AHA respectfully suggests that the Committee expand this section to include all Connecticut schools.

In conclusion, the AHA has made it a nationwide, legislative priority to have Good Samaritan Immunity protections for both the user and entity by 2010. Connecticut currently only protects the user. True public access to AEDs can not happen until those who own and operate the device are covered under state statute. Connecticut businesses, organizations and individuals who are involved in the placement and usage of an AED must be provided with Good Samaritan Immunity protection in order to properly expand public access to AEDS. At first glance, SB 687 appears to address this issue but the AHA seeks clarification on the following language *"the limit of liability provided by this subsection shall not apply to acts or omissions unrelated to the rendering of emergency care"*. Attached to my testimony is substitute language from HB 5503 that passed out of the General Law Committee earlier this week. This is the preferred Good Samaritan language and the AHA urges the Judiciary Committee to consider replacing SB 687 immunity protection language with the substitute language from SB 687.

The AHA supports the placement of AEDs in health clubs and institutions of higher education but can not support these mandates if the entity that owns/houses the AED is not covered under the Good Samaritan statute. It is our opinion that removing liability barriers for public access to defibrillation for both the user and entity is a crucial component to expanding and mandating placement of AEDs.

I respectfully thank the Committee for allowing the American Heart Association to testify on behalf of SB 687.



General Assembly

**Proposed Substitute
Bill No. 5503**

February Session, 2008

LCO No. 3210

**AN ACT REQUIRING AUTOMATIC EXTERNAL DEFIBRILLATORS IN
HEALTH CLUBS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 21a-223 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2009*):

3 (a) Each individual place of business of each health club shall obtain
4 a license from the Department of Consumer Protection prior to the sale
5 of any health club contract. Application for such license shall be made
6 on forms provided by the Commissioner of Consumer Protection and
7 said commissioner shall require as a condition to the issuance and
8 renewal of any license obtained under this chapter (1) that the
9 applicant provide for and maintain on the premises of the health club
10 sanitary facilities; (2) that the applicant (A) provide and maintain in a
11 central location on the premises of the health club, which location shall
12 be made known and available to employees who are present at such
13 club, at least one automatic external defibrillator, as defined in section
14 19a-175, and (B) ensure that at least one employee is on-site during

15 staffed business hours who is trained in cardiopulmonary resuscitation
16 and the use of automatic external defibrillators, in accordance with
17 standards set forth by the American Red Cross or American Heart
18 Association; (3) that the application be accompanied by (A) a license or
19 renewal fee of two hundred dollars, (B) a list of the equipment and
20 each service [which] that the applicant intends to have available for
21 use by buyers during the year of operations following licensure or
22 renewal, and (C) two copies of each health club contract [which] that
23 the applicant is currently using or intends to use; and [(3)] (4)
24 compliance with the requirements of [section] sections 19a-197 and
25 21a-226. Such licenses shall be renewed annually. The commissioner
26 may impose a civil penalty of not more than three hundred dollars
27 against any health club that continues to sell or offer for sale health
28 club contracts for any location but fails to submit a license renewal and
29 license renewal fee for such location not later than thirty days after
30 such license's expiration date.

31 (b) No health club shall (1) engage in any act or practice [which] that
32 is in violation of or contrary to the provisions of this chapter or any
33 regulation adopted to carry out the provisions of this chapter,
34 including the use of contracts [which] that do not conform to the
35 requirements of this chapter, or (2) engage in conduct of a character
36 likely to mislead, deceive or defraud the buyer, the public or the
37 commissioner. The Commissioner of Consumer Protection may refuse
38 to grant or renew a license to, or may suspend or revoke the license of,
39 any health club [which] that engages in any conduct prohibited by this
40 chapter.

41 (c) If the commissioner refuses to grant or renew a license of any
42 health club, the commissioner shall notify the applicant or licensee of
43 the refusal, and of [his] the right to request a hearing [within] not later
44 than ten days [from] after the date of receipt of the notice of refusal. If
45 the applicant or licensee requests a hearing within [ten days] such ten-
46 day period, the commissioner shall give notice of the grounds for [his]
47 the commissioner's refusal to grant or renew such license and shall

48 conduct a hearing concerning such refusal in accordance with the
49 provisions of chapter 54 concerning contested matters.

50 (d) The Attorney General at the request of the Commissioner of
51 Consumer Protection [is authorized to] may apply in the name of the
52 state of Connecticut to the Superior Court for an order temporarily or
53 permanently restraining and enjoining any health club from operating
54 in violation of any provision of this chapter.

55 Sec. 2. (NEW) (Effective January 1, 2009) (a) A person or entity
56 providing or maintaining an automatic external defibrillator pursuant
57 to section 21a-223 of the general statutes, as amended by this act, shall
58 not be liable for civil damages for any personal injuries which result
59 from acts or omissions by a person who uses or fails to use the
60 automatic external defibrillator to render emergency care to a person
61 in need thereof. For the purposes of this subsection, "automatic
62 external defibrillator" means a device that: (1) Is used to administer an
63 electric shock through the chest wall to the heart; (2) contains internal
64 decision-making electronics, microcomputers or special software that
65 allows it to interpret physiologic signals, make medical diagnosis and,
66 if necessary, apply therapy; (3) guides the user through the process of
67 using the device by audible or visual prompts; and (4) does not require
68 the user to employ any discretion or judgment in its use.

69 (b) The immunity provided in subsection (a) of this section applies
70 only if the person or entity providing or maintaining an automatic
71 external defibrillator pursuant to section 21a-223 of the general
72 statutes, as amended by this act, has: (1) Maintained the automatic
73 external defibrillator in accordance with recommended manufacturer
74 guidelines; (2) stored the automatic external defibrillator in a location
75 from which it is readily available during staffed business hours; and
76 (3) clearly marked the location of the automatic external defibrillator.

77 (c) The immunity provided in subsection (a) of this section does not
78 apply to acts or omissions constituting gross, wilful or wanton
79 negligence.

This act shall take effect as follows and shall amend the following sections:

Section 1	January 1, 2009	21a-223
Sec. 2	January 1, 2009	New section