

HB 1537 HD 1

**Measure
Title:**

**RELATING TO AUTOMATED EXTERNAL
DEFIBRILLATORS.**

**Report
Title:**

**Automated External Defibrillator
Training; Immunity from Civil
Liability**

Description:

**Specifies that any person who
provides for an automated external
defibrillator training program is
generally immune from vicarious civil
liability resulting from any act or
omission of a Good Samaritan
attempting to use the device to
resuscitate a person. (HB1537 HD1)**

LINDA LINGLE
GOVERNOR OF HAWAII



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In reply, please refer to:
File:

Senate Committee on Health

HB 1537, HD1, RELATING TO AUTOMATED EXTERNAL DEFIBRILLATORS

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

Monday, March 16, 2009; 3:00 pm

1 **Department's Position:** The Department strongly supports this measure which will encourage more
2 widespread use of automated external defibrillators.

3 **Fiscal Implications: None**

4 **Purpose and Justification:** The ideal response to sudden cardiac arrest has been described as the
5 "chain of survival" where every minute counts. The initial links in the chain of survival include early
6 recognition of cardiac arrest and activation of the 911 system, citizen CPR, and early defibrillation. The
7 shorter the time between the onset of ventricular fibrillation (cardiac arrest) and the administration of a
8 defibrillating electrical impulse, the better the outcome will be for the patient involved.

9 The development of the automated external defibrillator (AED) provided an opportunity to
10 shorten the time to defibrillation by allowing first responders and the public to use them. A study
11 published in the New England Journal of Medicine in 2004 found that training and equipping volunteers
12 to attempt early defibrillation within a structured response system can increase the number of survivors
13 to hospital discharge after out-of-hospital cardiac arrest in public locations and that trained laypersons
14 can use AEDs safely and effectively.

1 In January of 2006 the American Heart Association (AHA) published in the journal Circulation,
2 policy recommendations for community lay rescuer AED programs directed at key state legislative
3 components and implementation strategies. Their expert committees reviewed the decade of experience
4 with community AED program regulations in various states. Their review made recommendations for
5 essential components of successful programs as follows:

- 6 1. Good Samaritan limited immunity for rescuers and program facilitators
- 7 2. Training of anticipated rescuers in CPR and use of the AED
- 8 3. Planned and practiced response
- 9 4. Link to the local emergency medical services system
- 10 5. A process of quality improvement, including a plan for on-site AED maintenance

11 The purpose of this measure is to amend language in the existing law related to the use of
12 automated external defibrillators, extending limited immunity to include AED Programs.

13 The Department urges you to pass this measure that will increase implementation of automated
14 external defibrillators and lead to greater survival from cardiac arrest in Hawaii.

15 Thank you for the opportunity to testify.



American Heart Association | American Stroke Association

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Testimony for HB 1537, HD 1 "Relating To Automated External Defibrillators"

The American Heart Association Supports HB 1537, HD 1. It's interpretation of the current "Good Samaritan" law is that providers of automated external defibrillation (AED) programs in Hawaii are granted limited liability. The law currently reads,

"Any person, including an employer, who provides for an automated external defibrillator shall not be vicariously liable for any civil damages resulting from any act or omission of the persons or employees who, in good faith and without remuneration or the expectation of remuneration, attempt to resuscitate a person in immediate danger of loss of life by administering an automated external defibrillator, except as may result from a person's or employer's gross negligence or wanton acts or omissions."

HB 1537, HD 1 proposes to clarify that "providers" of AED programs are generally immune from vicarious civil liability resulting from any act or omission of a "Good Samaritan" attempting to use an AED to resuscitate a person. Such protection is key to eliminating the threat of legal action for implementing an AED program. The American Heart Association strongly supports the implementation of public access defibrillation programs where appropriate. Those programs have proven to be lifesavers. For example, since the Hawaii airports implemented a public access AED program, more than a half-dozen lives have been saved and a survival rate of greater than 60 percent has been achieved at airport locations. Prior to the establishment of that program, cardiac arrest survival rates, like in most public locations, were below five percent.

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*"Building healthier lives,
free of cardiovascular
diseases and stroke."*

- According to NCHS Data Warehouse mortality data, 310,000 CHD deaths occur out-of-hospital or in hospital emergency departments annually (2004) (ICD-10 codes I20-I25). (*Vital Statistics of the U.S., Data Warehouse, NCHS; <http://www.cdcgov/nchs/datawh.htm>.*)
- On average, 27.4 percent of out-of-hospital cardiac arrests receive bystander cardiopulmonary resuscitation (CPR). (*Ann Emerg Med. 1999;34:517-525.*)
- The incidence of lay responder defibrillation is low, 2.05 percent in 2002, but increasing over time. (*Circulation. 2004;109:1859-1863.*)

As has been demonstrated at the Hawaii airports, many more lives can be saved if more members of the public can be trained in CPR and more public access defibrillation programs can be established in appropriate locations. The Hawaii legislature can encourage public access AED programs by eliminating perceived legal threats and barriers. HB 1537, HD 1 helps move in that direction.

Respectfully submitted,

Don Weisman
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