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GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

### House Committee on Judiciary

## HB 1537, RELATING TO AUTOMATED EXTERNAL DEFIBRILLATORS

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

Tuesday, February 24, 2009, 2:05 p.m.

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.



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## Testimony for HB 1537 “Relating To Automated External Defibrillators”

The American Heart Association Supports HB 1537. 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 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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For information on the AHA’s educational or research programs, contact your nearest AHA office, or visit our web site at [www.americanheart.org](http://www.americanheart.org) or e-mail us at [hawaii@heart.org](mailto:hawaii@heart.org)

**Oahu:**  
677 Ala Moana Blvd., Ste. 600  
Honolulu, HI 96813-5485  
Phone: 808-538-7021  
Fax: 808-538-3443

**Maui County:**  
J. Walter Cameron Center  
95 Mahalani Street, No. 13  
Wailuku, HI 96793-2598  
Phone: 808-224-7185  
Fax: 808-224-7220

**Hawaii:**  
400 Hualani Street, Ste. 11  
Hilo, HI 96720-4333  
Phone: 808-961-2825  
Fax: 808-961-2827

**Kauai:**  
(Serviced by Oahu office)  
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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.cdc.gov/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 helps move in that direction.

Respectfully submitted,

Don Weisman  
Hawaii Communications and Marketing/Government Affairs Director



P.O. Box 30584  
Honolulu, HI 96820  
808-388-5911  
info@AEDInstitute.com

Testimony on behalf of **HB 1537**:

Committee: Judiciary (Chair is Jon Riki Karamatsu/ Vice-Chair is Ken Ito)

Date/Time: Tuesday, February 24 at 2:05pm

Place: Conference room 325, Hawaii State Capitol

Heart disease is the number one killer of citizens in the United States. Every single day nearly 1000 individuals die from sudden cardiac arrest in the United States. Every year, year after year, sudden cardiac arrest claims the lives of at least 325,000 people in the United States. Cardiac arrest can happen to anyone, anywhere and at anytime. Sudden cardiac arrest is a public health crisis.

With the implementation of Automated External Defibrillator (AED) Programs in public areas and teaching citizens how to perform CPR and use the AEDs without fear of harm or liability will save lives.

The national average for surviving a Sudden Cardiac Arrest (SCA) outside the hospital is about 1-5%. With the implementation of AED Programs and training citizens on how easy the devices are to use, we will greatly increase our local survival rate.

In the first 2 years, our Hawaii State Airport AED Program has successfully taken the average survival rate of 1-3% to an 80% survival rate. It has been due to the installation of over 100 AEDs located in public areas and bystanders taking the action needed to save a strangers life.

By increasing the strength of our Good Samaritan law and coverage, companies, organizations, and others will be encouraged to implement their own life saving programs.

*Operation Stay'N Alive* has proven that when a cardiac arrest occurs in a public place, if a bystander witnesses the event, notifies 911, performs good high-quality CPR, and uses an AED within minutes, the victim has a great chance of survival and returning to their life, family, and friends.

I am in full support of **HB 1537**.

Sincerely,

**Pamela Foster, RN**

Pamela Foster, RN  
President and CEO for AED Institute of America, Inc  
PAD Program Director for the Airports of Hawaii  
1-808-388-5911

## **karamatsu3-Leanne**

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**From:** Pamela [pfostern@sbcglobal.net]  
**Sent:** Tuesday, February 24, 2009 6:44 AM  
**To:** JUDtestimony  
**Subject:** Fwd: AED TESTIMONY

Please accept the testimony below regarding HB 1537

Thank you,

*Pamela Foster, RN*

*President of AED Institute of America, Inc.*

*Program Director for Hawaii Airport's AED Program*

*808-388-5911*

*[info@aedinstitute.com](mailto:info@aedinstitute.com)*

*Sharing knowledge, saving lives*

Begin forwarded message:

**From:** "Lewis Stokes" <srsman@verizon.net>  
**Date:** February 23, 2009 7:35:09 PM HST  
**To:** <pfostern@sbcglobal.net>  
**Subject:** AED TESTIMONY

**February 23, 2009**

**Pam Foster, RN  
President of AED Institute of America, Inc.**

**Dear Pam:**

**I received your e-mails RE H.B. No. 1537**

**Please forward my response to the legislative committee.**

**I am a "Survivor" because of your AED program in the Airports. On December 5, 2007, I suffered a Cardiac Arrest in the Honolulu Airport.**

**I am one of 8 "Survivors" that have been saved as a result of the placement AED's in the airports.**

**I had an EMS technician come to my rescue and bystanders who performed CPR on me, the AED was applied, it shocked me twice and brought me back to life.**

**Words cannot express my gratitude and my families gratitude that I am now**

**living a "Second Life". This coverage is necessary to save lives.**

**I wish I could be there in person to testify.**

**Thank you from the bottom of my heart for your program and for my life!**

**Sincerely,**

**Lewis F. Stokes (Annette)**

**5842 Ludlow Avenue  
Garden Grove, CA 92845**

**(714) 901-5356**

**srsman@verizon.net**

No virus found in this outgoing message.

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Version: 7.5.552 / Virus Database: 270.11.3/1967 - Release Date: 2/23/2009 7:17 AM

## **karamatsu3-Leanne**

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**From:** Inaba, Alson MD [AlsonSI@kapiolani.org]  
**Sent:** Saturday, February 21, 2009 2:45 PM  
**To:** JUDtestimony  
**Subject:** HB 1537

To Whom it may concern

As a board certified Pediatric Emergency Medicine physician and as a member of the American Heart Association National Emergency Cardiac Care subcommittee I am in full support of HB 1537. The national statistics on cardiac arrest survival are dismal. The overall national survival rate from cardiac arrest is only 2-5%. Considering that there are approximately 1,000 cases of cardiac arrest each day in the United States, a survival rate of 2-5% is clearly unacceptable.

As a board certified Pediatric Emergency Medicine specialist, I have been teaching CPR and Pediatric Advanced Life support for over 20 years. I was also involved with writing the 2005 American Heart Association CPR guidelines. These 2005 guidelines were based on the most extensive international literature review on resuscitation. Based on this extensive literature review what we found was that there are only two factors which seem to make a significant difference in saving lives. One factor is immediate high-quality by-stander CPR and the other factor is the immediate use of an automated external defibrillator (AED). Without both of these elements the chances of survival of a victim of sudden cardiac arrest decreases by 7-10% each minute. In other words, if someone were to collapse with sudden cardiac arrest and no one around the victim was able or willing to perform CPR and willing to use an AED, that victim would have a zero percent chance of survival by the time the paramedics arrived on the scene within 10 minutes after the collapse.

So what can we do to increase the survival rate from sudden cardiac arrest here in Hawaii? This is a very simple question to answer and you don't even need to look to big name major medical centers and experts on the mainland for the answer. The simple and obvious answer is right here in Hawaii! All one needs to do is to look at the success story of "Operation Stay'N Alive." Prior to 2005 we were the only international airport without an AED PAD program. Before Operation Stay'N Alive was established there were 6 to 9 cases of sudden cardiac arrest occurring each year at our State airports. Within the last 20-30 years there has only been one reported case of someone surviving from sudden cardiac arrest in our State airports. One survivor over a 20-30 year time period is clearly unacceptable. Back in 2005 our State listened to extensive testimonies of why we needed a public access defibrillation (PAD) program at our State airports. Thankfully due to a massive collaborative effort by numerous supporters and legislators "Operation Stay'N Alive" was established in the winter of 2006. This is the name of our State's PAD AED program within our State's airport systems. Since it was established in the winter of 2006, this program (which incorporated immediate by-stander CPR and AED use) has already 8 lives. Eight lives saved in just a little over a 2 year time period compared to only 1 life saved in 20-30 years is clearly amazing. What's even more amazing is that the overall cardiac arrest survival rate of Operation Stay'N Alive is 80%! Compare that survival rate to the national survival rate of only 2-5%. There is no doubt that Operation Stay'N Alive has made a tremendous impact at the State and national levels. Operation Stay'N Alive should serve as an inspiration and role model for more PAD programs throughout all businesses, communities and organizations within the State of Hawaii.

Please support HB 1537 and let's continue the awesome success of Operation Stay'N Alive. Through your support of HB 1537, more people would be willing to step-up and attempt to save lives by providing high quality CPR and using an AED if it is available. The American Heart Association published my Stayin Alive CPR teaching tip back in September of 2006 and that CPR teaching tip is now used all around the world to save lives. That CPR teaching tip has captured national attention over the past 2-3 years since the tip was released. I am hoping that more people in Hawaii learn how to perform the life saving skill of CPR so that we could all save more lives of family member, co-workers and friends. Saving someone's life and giving that victim of cardiac arrest and their family a second chance on life is absolutely priceless. Please help us to save more lives here in Hawaii by supporting HB 1537 and by helping us to promote the importance of high quality CPR. Through your support of HB 1537 and through your support of promoting high quality CPR and immediate by-stander CPR Hawaii could set the example for the rest of the nation. Let's do it!

If you should have any further questions regarding CPR and or AED use please feel free to contact me via my hospital email address; [alsonsi@kapiolani.org](mailto:alsonsi@kapiolani.org).

Respectfully yours,

Alson S. Inaba MD, FAAP  
American Heart Association Emergency Cardiac Care PROAD Subcommittee (2005-2008)  
American Heart Association Pediatric Advanced Life Support National Faculty (2002-2007)  
Pediatric Emergency Medicine Attending Physician,  
Kapiolani Medical Center for Women & Children  
Associate Professor of Pediatrics,  
University of Hawaii John A. Burns School of Medicine

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GlennCo HI Inc. dba McDonald's  
4618 Kilauea Avenue, Ste 1  
Honolulu, Hawaii 96816

Testimony on behalf of **HB 1537**:

Committee: Judiciary (Chair is Jon Riki Karamatsu/ Vice-Chair is Ken Ito)

Date/Time: Tuesday, February 24 at 2:05pm

Place: Conference room 325, Hawaii State Capitol

Heart disease is the number one killer of citizens in the United States. Every single day nearly 1000 individuals die from sudden cardiac arrest in the United States. Every year, year after year, sudden cardiac arrest claims the lives of at least 325,000 people in the United States. Cardiac arrest can happen to anyone, anywhere and at anytime. Sudden cardiac arrest is a public health crisis.

As a Franchise Owner / Operator I have 3 restaurants with an AED and plan to install in all my restaurants. At the Aina Haina location we have an AED called Ed, named after a survivor of cardiac arrest. Many businesses don't want to install this Automated External Defibrillator, because of the fear of lawsuit and have not been educated on the benefits of having these devices for the public. This bill will lessen the fear on installing these AED in businesses and public locations.

With the implementation of Automated External Defibrillator (AED) Programs in public areas and teaching citizens how to perform CPR and use the AEDs without fear of harm or liability will save lives.

The national average for surviving a Sudden Cardiac Arrest (SCA) outside the hospital is about 1-5%. With the implementation of AED Programs and training citizens on how easy the devices are to use, we will greatly increase our local survival rate.

By increasing the strength of our Good Samaritan law and coverage, companies, organizations, and others will be encouraged to implement their own life saving programs.

I am in full support of **HB 1537**.

Sincerely,

**Glenn Waki**

Glenn Wak  
Owner / Operator  
GlennCo. HI Inc. dba McDonald's  
808-733-1545

## karamatsu3-Leanne

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**From:** Koyanagi, Kimberly [Kimberly.Koyanagi@straub.net]  
**Sent:** Tuesday, February 24, 2009 9:25 AM  
**To:** JUDtestimony  
**Subject:** HB 1537

**Importance:** High

### Testimony for **HB 1537**

Committee: Judiciary (Jon Riki Karamatsu, Chair & Ken Ito, Co-chair)

Tuesday, February 24, 2009 at 2:00 p.m.

Location: Conference room 325, Hawaii State Capital

We all know at least one person who either has heart disease or whose life has been affected by it. Heart disease is the leading cause of death in the United States. Every day, 1,000 lives are lost as a result of sudden cardiac death (SCD). We always say, it won't happen to me, but cardiac arrest in a public place is an all too common event.

Allow me to introduce myself. I am Kim Koyanagi, an Advanced Practice Registered Nurse (APRN) at Straub Clinic and Hospital, Cardiology Department. On a regular basis, I become a part of the lives that have been affected by SCD. Every time I am asked to meet with patients (and their family members) that are alive because a bystander started CPR or because an Automatic External Defibrillator (AED) was available, I get "chicken skin". I emphasize just how lucky they are that they are here with us today and their loved ones spared having to say their final good-byes because a bystander, without a second thought (fear of harm or liability) took action and started CPR and/or used an AED.

A story that often reminds me of this is a young, strong gentleman who suddenly and without warning, suffered SCD at his work place. He is a husband and father to two young boys (under the age of 12 years old). Fortunately, a bystander witnessed this event, immediately started CPR, knew the location of the AED, and how to use it. Because of the quick action of the bystander and this company believing in having an AED, he survived and is doing well. Stop and think, if there wasn't anyone to step up to do CPR, or if there was even a second of hesitation of this bystander to do CPR, or an AED was not available. Where would this family be? A young wife without her husband and two young boys without a father and at his place of rest instead of at the baseball field.

By increasing the strength of our Good Samaritan Law, will encourage companies and organizations to implement life saving programs such as teaching employees CPR and having an AED available. I am reminded nearly daily of how important early bystander CPR and AEDs are.

I am in full support of **HB 1537**.

Sincerely,

Kim Koyanagi, APRN  
Straub Clinic and Hospital  
Cardiology Department.