

108TH CONGRESS
1ST SESSION

H. CON. RES. 250

Recognizing community organization of public access defibrillation programs.

IN THE HOUSE OF REPRESENTATIVES

JULY 23, 2003

Mr. BROWN of Ohio submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

CONCURRENT RESOLUTION

Recognizing community organization of public access defibrillation programs.

Whereas coronary heart disease is the single leading cause of death in the United States;

Whereas every two minutes, an individual suffers from cardiac arrest in the United States, and 250,000 Americans die each year from cardiac arrest out of hospital;

Whereas the chance of survival for a victim of cardiac arrest diminishes by ten percent each minute following sudden cardiac arrest;

Whereas 80 percent of cardiac arrests are caused by ventricular fibrillation, for which defibrillation is the only effective treatment;

Whereas 60 percent of all cardiac arrests occur outside the hospital, and the average national survival rate for an

out-of-hospital victim of cardiac arrest is only five percent;

Whereas automated external defibrillators (AEDs) make it possible for trained non-medical rescuers to deliver potentially life-saving defibrillation to victims of cardiac arrest;

Whereas public access defibrillation (PAD) programs train non-medical individuals to use AEDs;

Whereas communities that have established and implemented PAD programs that make use of AEDs have achieved average survival rates as high as 50 percent for those individuals who have suffered an out-of-hospital cardiac arrest;

Whereas successful PAD programs ensure that cardiac arrest victims have access to early 911 notification, early cardiopulmonary resuscitation, early defibrillation, and advanced care;

Whereas schools, sports arenas, large hotels, concert halls, high-rise buildings, gated communities, buildings subject to high-security, and similar facilities can benefit greatly from the use of AEDs as part of a PAD program, since it often takes additional and therefore critical time for emergency medical personnel to respond to victims of cardiac arrest in these areas;

Whereas according to the American Heart Association, widespread use of defibrillators could save as many as 50,000 lives nationally each year;

Whereas the Aviation Medical Assistance Act of 1998 (Public Law 105–170; 49 U.S.C. 44701 note) authorized AEDs to be carried and used aboard commercial airliners;

Whereas the Cardiac Arrest Survival Act of 2000 (Public Law 106–505; 42 U.S.C. 238p–238q) and the Rural Ac-

cess to Emergency Devices Act (Public Law 106–505, 42 U.S.C. 254e note) provided for the placement of AEDs in Federal office buildings and increased access to AEDs in rural communities;

Whereas the Community Access to Emergency Defibrillation Act of 2001 (Public Law 107–188; 42 U.S.C. 244–245) authorized the development and implementation of PAD projects;

Whereas the Automatic Defibrillation in Adam’s Memory Act (presented to the President for his signature on June 20, 2003) authorizes the use of grant funds to establish an information clearinghouse to provide information to increase public access to defibrillation in schools; and

Whereas Summit County, Ohio serves as an inspiring model for communities across the United States by providing access to AEDs in all of the county’s 59 middle and high schools, in 47 city buildings and community centers, in 17 police departments, and in seven buildings at the University of Akron: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring), That Congress—*

3 (1) recognizes the growing number of commu-
4 nity activists, organizations, and municipal govern-
5 ments leading the national effort to establish public
6 access defibrillation (PAD) programs; and

7 (2) encourages the continued development and
8 implementation of PAD programs in schools, sports
9 arenas, large hotels, concert halls, high-rise build-
10 ings, gated communities, buildings subject to high-

- 1 security, and similar facilities to increase the sur-
- 2 vival rate for victims of cardiac arrest.

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