GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2015

H.B. 502 Apr 1, 2015 HOUSE PRINCIPAL CLERK

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HOUSE DRH20090-MG-86 (03/11)

Short Title: Create Chain of Survival Task Force. (Public)

Sponsors: Representatives Carney, Stam, Adcock, and Hager (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

2 AN ACT CREATING A CHAIN OF SURVIVAL PUBLIC-PRIVATE TASK FORCE.

The General Assembly of North Carolina enacts:

SECTION 1. The General Assembly finds the following:

- (1) According to the American Heart Association, an individual goes into cardiac arrest in the United States every two minutes. In North Carolina, twenty-three percent (23%) of all deaths are attributed to heart disease, 11,765 of which are as a result of cardiac arrest. Ventricular Fibrillation (VF) is a common rhythm for which cardiopulmonary resuscitation (CPR) and defibrillation are the only effective treatments. For victims with VF, survival rates are highest when immediate bystander CPR is provided and defibrillation occurs within three to five minutes of collapse. With every minute that passes, a victim's survival rate is reduced by seven percent (7%) to ten percent (10%) if no intervention measures are taken. An estimated ninety-five percent (95%) of cardiac arrest victims die before reaching the hospital. If intervention measures are taken, survival rates are much higher; when CPR and defibrillation are immediately performed, survival rates can double.
- (2) Eighty percent (80%) of all cardiac arrests occur in private or residential settings, and almost sixty percent (60%) are witnessed. Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as forty-one percent (41%) to seventy-four percent (74%).
- (3) Wider use of defibrillators could save as many as 40,000 lives nationally each year. Successful public access defibrillation programs ensure that cardiac arrest victims will have an immediate recognition of cardiac arrest and activation of 911 followed by early CPR with an emphasis on compressions, rapid Automatic External Defibrillator (AED) use, effective advanced care, and coordinated care afterward.

SECTION 2.(a) There is created a Chain of Survival Public-Private Task Force (Task Force) with members appointed as follows:

- (1) Two Senators appointed by the President Pro Tempore of the Senate.
- (2) Two members of the House of Representatives appointed by the Speaker of the House of Representatives.
- One representative of the Office of Emergency Medical Services designated by the Secretary of Health and Human Services.



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SECTION 2.(d) The Task Force shall expire on June 30, 2017.

20 **SECTION 3.** This act is effective when it becomes law.