



Ohio Legislative Service Commission

Bill Analysis

Matthew Magner

Am. Sub. H.B. 247

130th General Assembly

(As Reported by S. Medicaid, Health and Human Services)

Reps. Stebelton, Huffman, Butler, Sears, Becker, Lynch, Antonio, Barnes, Bishoff, Brown, Carney, Schuring, R. Adams, Amstutz, Anielski, Beck, Blair, Boose, Buchy, Burkley, Celebrezze, DeVitis, Dovilla, Duffey, Green, Grossman, Hackett, C. Hagan, Hall, Hayes, Heard, Hill, Hottinger, Johnson, Landis, Maag, Mallory, McClain, Milkovich, O'Brien, Roegner, Rogers, Ruhl, Slaby, Smith, Sprague, Stinziano, Winburn, Batchelder

Sens. Brown, Tavares

BILL SUMMARY

- Provides that any person may perform automated external defibrillation (AED) and that training in AED and cardiopulmonary resuscitation is recommended but not required.
- Extends qualified immunity from civil liability to premises owners and other persons involved with automated external defibrillator placement and use.
- Modifies the standards that must be met by a person possessing a defibrillator by (1) providing that the person must encourage (rather than require) expected users to successfully complete a course in AED and (2) eliminating a requirement that the person consult with a physician.

CONTENT AND OPERATION

Performance of automated external defibrillation

The bill provides that any person may perform automated external defibrillation (AED) and that training in AED and cardiopulmonary resuscitation (CPR) is recommended but not required. Under current law, AED may be performed only by a person who has obtained appropriate training on how to perform AED and has

successfully completed a course in CPR.¹ Under an immunity from liability provision unchanged by the bill, a person is not liable in a civil or criminal action, except in the case of willful or wanton misconduct, for performing AED in good faith, regardless of whether the person has obtained the AED training or completed the CPR course.²

Actions following defibrillation

The bill requires a person performing AED to make a good faith effort to activate or have another person activate an emergency medical services system as soon as possible unless the person is performing AED as part of an emergency medical services system or at a hospital. This good faith effort provision replaces a current provision that expressly requires the emergency medical services system to be activated.³

Qualified immunity from civil liability

The bill expands the qualified immunity from civil liability granted to a person regarding automated external defibrillators. Under current law, a person is not liable in damages in a civil action for providing training in AED and CPR, except in the case of willful or wanton misconduct.⁴ In addition to this immunity, the bill provides that a person is not liable in damages in a civil action for (1) authorizing, directing, or supervising the installation or placement of a defibrillator, (2) designing, managing, or operating a CPR or AED program, (3) acquiring a defibrillator, or (4) owning, managing, or having responsibility for a premises or location where a defibrillator has been placed (as long as reasonable efforts are undertaken to maintain the defibrillator according to the manufacturer's guidelines).⁵

Possessing an automated external defibrillator

Courses for expected users

The bill modifies current requirements applicable to a person who possesses an automated external defibrillator by providing that the person must encourage (rather than require) expected users to successfully complete a course in AED and CPR offered

¹ R.C. 3701.85(D).

² R.C. 2305.235(D).

³ R.C. 3701.85(D).

⁴ R.C. 2305.235(C)(1).

⁵ R.C. 2305.235(C)(2) to (5).

or approved by a nationally recognized organization. The bill eliminates a requirement that the person consult with a physician regarding compliance.⁶

The bill specifies that the AED and CPR course is to include instruction on psychomotor skills and national evidence-based emergency cardiovascular guidelines that are current. The bill removes a reference to the American Heart Association as an example of a nationally recognized organization that offers or approves AED and CPR courses.⁷

Maintenance and testing of defibrillator

The bill retains the requirement that a person who possesses a defibrillator maintain and test it according to the manufacturer's guidelines; however, it eliminates the requirement that the person consult with a physician regarding compliance.⁸

Notice of defibrillator location

The bill specifies that it is recommended, but not required, that a person possessing a defibrillator notify an emergency medical service organization of the defibrillator's location. This recommendation provision replaces a current provision that expressly authorizes a person possessing a defibrillator to notify an emergency medical service organization of the defibrillator's location.⁹ An "emergency medical service organization" is a public or private organization using first responders, any of the three types of emergency medical technicians (EMTs-basic, EMTs-intermediate, or paramedics), or a combination of them to provide emergency medical services.¹⁰

HISTORY

ACTION	DATE
Introduced	08-15-13
Reported, H. Health & Aging	10-17-13
Passed House (97-0)	11-13-13
Reported, S. Medicaid, Health & Human Services	05-21-14

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⁶ R.C. 3701.85(B)(1) and (3).

⁷ R.C. 3701.85(B)(1).

⁸ R.C. 3701.85(B)(2) and (3).

⁹ R.C. 3701.85(C).

¹⁰ R.C. 4765.01(H), not in the bill.

