

- SUBJECT:** Requiring CPR techniques as part of public school curriculum
- COMMITTEE:** Public Education — committee substitute recommended
- VOTE:** 8 ayes — Sadler, Dunnam, Grusendorf, Hardcastle, Hochberg, Oliveira, Olivo, Smith
- 0 nays
- 1 absent — Dutton
- WITNESSES:** For — Mary Meyers; John Griswell; Vinay Bachireddy; Martha Gallier, American Heart Association; Fred Waterman, American Red Cross
- Against — None
- BACKGROUND:** Education Code, sec. 28.002(a) defines the required curriculum for a school district that offers kindergarten through grade 12. This includes a foundation curriculum of English arts, mathematics, science, and social studies and an enrichment curriculum that includes foreign language, health, physical education, fine arts, economics, career and technology education, and technology applications.
- Cardiopulmonary resuscitation (CPR) combines mouth-to-mouth breathing and chest compression to allow oxygen-rich blood to circulate to the brain of a person in sudden cardiac arrest.
- DIGEST:** CSHB 821 would amend the Education Code by adding specific CPR instruction at least once in the ninth grade or above to the health portion of the enrichment curriculum for public school students, beginning with the 2001-02 school year. The Texas Education Agency (TEA), through its regional education service centers, would have to help school districts and other entities implement CPR instruction.
- This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

SUPPORTERS
SAY:

CSHB 821 would help save lives by increasing the percentage of Texans who have CPR training. The national average of cardiac cases in which a bystander initiated CPR is about 10 percent. Most people who know CPR learned it because they had to, either at school or work. Over time, requiring all high school students in Texas to learn CPR would increase significantly the percentage of Texans who know CPR. Seattle initiated a program in the 1970s to promote CPR, including mandatory instruction in schools. Today, 60 percent of Seattle's population knows CPR.

CPR instruction would save lives by teaching students what to do in an emergency. The principles taught include identifying signs and symptoms, calling 911, and administering CPR and other techniques such as the Heimlich maneuver for choking victims. Students also learn that chest compressions are an alternative to full CPR in situations where mouth-to-mouth resuscitation may not be appropriate. Because about half of cardiac events are witnessed by relatives, students would be most likely to perform CPR on relatives. Also, many students work as babysitters and should know what to do if children in their care are choking or drowning or receive an electric shock.

CSHB 821 would require students to learn CPR once but would provide a lifetime of information. Even though students might not remember the details of administering CPR years after learning it in school, they would retain enough of the basic instruction to help in an emergency.

CSHB 821 would not create an unfunded mandate. The American Heart Association has committed \$1.5 million through TEA for school districts that may need financial assistance in implementing CPR instruction.

CPR is an invaluable accompaniment to automated external defibrillators (AEDs). CPR keeps the brain alive until an AED can be located to shock the heart back into a regular rhythm. SB 531 by Nelson, approved by the Senate on April 5, would direct the Texas Department of Health and the General Services Commission to study the feasibility of placing an AED in each state building open to the public. While this would improve the outcome for many people in cardiac arrest each year, CPR is the foundation for emergency cardiac assistance. If the state is contemplating investing in AEDs, it should ensure that the population knows CPR.

OPPONENTS
SAY:

CSHB 821 would create an unfunded mandate for school districts. Even if a private organization provided up-front funding for this measure, the districts would incur ongoing costs to train teachers and purchase supplies, with no guarantee of continuing support from private organizations.

Rather than adding another required course of study, the bill at least should allow school districts discretion in whether or not they offer CPR instruction. Because the state already requires a health curriculum, the topics within that curriculum should be up to individual districts.

NOTES:

The committee substitute amended the filed version by changing the required instruction level from seventh grade and above to ninth grade and above and by adding the requirement for TEA to help school districts and other entities implement CPR instruction. The filed version proposed to change the current requirement that head coaches and chief sponsors of extracurricular athletic activities be certified to perform CPR to require only that these employees be trained in CPR.

A similar bill in the 76th Legislature, HB 578 by Giddings, was reported favorably as substituted by the House Public Education Committee but died in the Local and Consent Calendar Committee. A similar bill in the 75th Legislature, HB 108 by Giddings, died in the Public Education Committee.