

**SUBJECT:** Requiring automated external defibrillators at schools

**COMMITTEE:** Public Education — committee substitute recommended

**VOTE:** 6 ayes — Eissler, Branch, Dutton, Hochberg, Olivo, Patrick  
0 nays  
3 absent — Zedler, Delisi, Mowery

**SENATE VOTE:** On final passage, March 19 — 29-0

**WITNESSES:** For — Ramiro Canales, Texas Association of School Administrators/Texas Association of School Boards; Susan Fiorelli, Laura Friend, Parent Health Watch; Ken McCraw, Texas Association of Community Schools; Keven Rooker, The Heart to Play; (*Registered, but did not testify*: Julie Acevedo, Texas Fire Chiefs; David D. Anderson, Texas State Athletic Trainers Association; Douglas, Dunsavage, Henry Lucid, American Heart Association; Holly Eaton, Texas Classroom Texas Association; Dwight Harris, Texas Federation of Teachers; Elena Lincoln, Association of Texas Professional Educators)  
  
Against — None  
  
On — Jeff Kloster, Texas Education Agency

**BACKGROUND:** Sudden cardiac arrest (SCA) occurs when the arteries that supply blood to the heart become blocked, the flow of blood which carries oxygen to the heart is slowed or stopped, and the muscle fibers contract chaotically rather than in synch with each other as they normally do. Manual defibrillators work by giving the heart a controlled electric shock, forcing all the heart muscles to contract at once and jolting it back into a regular rhythm.  
  
Automated external defibrillators (AEDs) are devices that monitor the heart and shock a patient to restart the heart when electrical activity has stopped. These devices differ from the defibrillators that doctors and paramedics use in that they are semi-automated. They can assess a

patient's heartbeat and give instructions if an electric shock is needed. An automated external defibrillator does not require the user to interpret the patient's cardiac rhythm and will not discharge electricity unless the device detects ventricular fibrillation, a specific type of heartbeat irregularity.

**DIGEST:**

**AED availability.** CSSB 7 would require each school district to make at least one AED available at each campus in the district. An AED also would have to be readily available at every University Interscholastic League (UIL) athletic competition held on campus. Each school district, in cooperation with UIL, would have to make a reasonable effort to make an AED available at every UIL athletic practice on a campus, to the extent practical. Each school district, in cooperation with UIL, would have to determine the extent to which an AED would have to be available at an athletic competition away from campus.

Each district would have to ensure that at least one employee trained in AED use was present any time a substantial number of students was present at a location regulated under the bill. Each district would have to use and maintain an AED in accordance with existing state law.

The bill would not waive school district, employee, or officer liability or immunity. The bill also would not create liability or a cause for action against a school district, employee, or officer.

AED availability requirements would only apply to a private school that received an AED or received funding for an AED from TEA. In this case, a private school would have to make an AED available at the school and, in coordination with the Texas Association of Private and Parochial Schools, adopt a policy concerning the availability of AEDs at athletic competitions and practices.

**Cardiac arrest procedures.** Each school district would have to develop safety procedures for a district or school employee or student to follow in response to a cardiac arrest medical emergency. A private school would have to develop safety procedures if it received an AED or received funding for an AED from TEA.

**CPR and AED instruction.** CSSB 7 would require each school district to make available instruction in cardiopulmonary resuscitation (CPR) and AED use every year. Each school nurse, assistant school nurse, athletic coach, athletic sponsor, physical education instructor, marching band

director, cheerleading coach, and any other school employee specified by the education commissioner would have to participate in AED instruction, as would each student serving as an athletic trainer. Each of these individuals would have to be certified in AED use by the American Heart Association, American Red Cross, or similar organization. This requirement would apply only to a private school that had received an AED or received funding for an AED from TEA.

The bill would direct the State Board of Education to include CPR and AED use in its essential knowledge and skills of the health curriculum. This requirement would apply only to a private school that had received an AED or received funding for an AED from TEA. These rules would have to be adopted by March 1, 2008, and would apply beginning with the 2008-09 school year. Textbooks for the health curriculum would not have to be updated to comply with these requirements until those textbooks were scheduled for review and adoption under the normal cycle.

**Cardiovascular screening pilot program.** CSSB 7 also would establish a pilot program wherein sixth grade students at participating campuses would receive a cardiovascular screening, including an electrocardiogram and an echocardiogram. The education commissioner would select campuses to participate and ensure that the screenings were administered to an ethnically diverse range of students. A participating campus would have to provide results from a screening to the student's parent or guardian. A confidential summary of the results of the screenings would be delivered to the education commissioner by each campus. The commissioner would prepare a report or legislators summarizing the results of the screenings by June 1, 2009.

**Effective date.** The 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, 2007.

**SUPPORTERS  
SAY:**

By requiring AEDs at every public school campus in Texas, CSSB 7 would ensure that these important life-saving devices were readily available whenever a SCA emergency occurred at a school. SCA causes half of all heart-related deaths, the number one cause of death in the United States. Research has shown that there is a 74 percent chance of survival of an SCA-incident if a shock can be delivered to a victim within 3 minutes of collapse. Without an AED, only about 5 percent of SCA victims survive.

While AED technology would benefit adult teachers, principals, and school staff, students also are at threat from sudden heart failure. In Texas at least 15 students have died from SCA in the last 10 years. CSSB 7 would require access to AEDs at UIL-sanctioned athletic competitions where physical exertion by student-athletes with undiagnosed heart conditions has led to fatalities in the past. The lives of some of these students might have been saved had AEDs been available on campus at the time of each emergency. The bill would address this issue by mandating that schools collaborate with UIL in order to make AEDs available at athletic competitions and practices, when reasonable.

CSSB 7 would take a comprehensive approach to training educational employees and students about AEDs to educate a generation of Texans about the effective use of the important technology. School nurses, coaches, sponsors, P.E. instructors, and certain other employees would have to have AED training to gain certification in this technology. Schools also would have to make available this training for other employees interested in certification. The bill would incorporate AED education into the official health curriculum. These standards would ensure that school employees and many students would have the training to respond to an SCA incident effectively.

The cardiovascular screening pilot program would provide TEA and the Legislature with the opportunity to gain important information regarding the potential benefit of implementing a more comprehensive screening program for young people. Many heart conditions that can lead to heart failure among adolescents are undetectable without an electrocardiogram or an echocardiogram. A cardiovascular screening of adolescents could yield life-saving information that parents and teachers otherwise might not have available.

**OPPONENTS  
SAY:**

While defibrillators are an important life-saving device, the substantial cost of equipping all public schools in Texas with the devices makes the policy questionable. Even if a device is present on a school campus, the size of the campus or confusion about the location of the device might undermine the utility of this requirement. In a state where financial resources for education and public health are limited, the Legislature must examine the expenditure of funds very closely to ensure that maximum benefit is obtained from every cost. It is not certain that the cost associated with AED technology would meet this test.

NOTES:

The committee substitute deleted a reference to “athletic trainer” in the list of employees who would have to participate in AED instruction.

According to the fiscal note, CSSB 7 would cost \$1 million in general revenue related funds for the cardiovascular screening pilot program. The LBB estimates that the certification training program would annually cost \$600,000. The LBB estimates that the AED availability requirement would require one-time costs to school districts of approximately \$20.6 million in fiscal 2008 for equipment purchase.

The Senate-passed version of HB 1 by Chisum, the general appropriations act, included an Article 11 proposal which, if funded, would provide \$12 million to TEA for AEDs.