

- SUBJECT:** Requiring automated external defibrillators in nursing homes
- COMMITTEE:** Human Services — committee substitute recommended
- VOTE:** 6 ayes — Rose, Herrero, Hernandez, Legler, Naishtat, Walle
0 nays
3 absent — Darby, Elkins, Hughes
- WITNESSES:** For — Martha Coleman; Judy Moore; (*Registered, but did not testify:* Douglas Dunsavage, American Heart Association; Greg Herzog, Texas Medical Association; Denise Rose, Texas Hospital Association)
Against — None
- BACKGROUND:** Health and Safety Code, ch. 779 provides for training and use of automated external defibrillators.

Health and Safety Code, sec. 779.001 defines an “automated external defibrillator” (AED) as a heart monitor and defibrillator, approved by the federal Food and Drug Administration (FDA), that is capable of recognizing the presence of abnormal, irregular or rapid heart rhythms, determining without input by the operator whether defibrillation should be performed, and on determining that defibrillation should be performed, automatically charging and delivering an electrical impulse to an individual’s heart.

Health and Safety Code, ch. 242 regulates services provided within nursing homes, including medical, nursing, and dental services.

Health and Safety Code, ch. 166 provides the requirements for advanced directives including out-of-hospital do-not-resuscitate (DNR) orders.
- DIGEST:** HB 392 would amend Health and Safety Code, ch. 242 to require nursing homes and related institutions to have automated external defibrillators available and to comply with the training, use, and notification requirements of Health and Safety Code, ch. 779.

The bill would prohibit the use of an automated external defibrillator to treat a resident who issued or executed an out-of-hospital do-not-resuscitate order.

The bill would take effect September 1, 2009.

**SUPPORTERS
SAY:**

By requiring nursing homes to have automated external defibrillators (AEDs) on site with trained staff to use them, HB 392 would save lives and reduce the cost of heart attacks.

In 2008, Texas nursing homes served more than 56,000 Texans, some of whom are among the most vulnerable and medically fragile citizens of the state. However, as of 2002, only 4 percent of nursing homes had an AED in their facility. On average among this population, the survival rate of cardiac arrest outside of a hospital without the use of an AED or CPR is about 6 percent.

All high schools in Texas are required to have an AED available for athletic events due to an increase in heart failure among the state's youth. The elderly in nursing homes deserve the same protection. Heart failure can be fatal within minutes if not treated, and the cost of treatment is significantly higher when treatment is delayed. This fact alone justifies the cost of an AED. The one-time \$1,500 to \$2,000 expenditure would be far less than the resulting hospital care for treatment of heart attack survivors who did not have the benefit of an AED.

HB 392 would seek to ensure the health and safety of Texans in nursing homes and related institutions by requiring the availability and use of this vital life saving equipment.

The issue of advance directives is complicated, often placing caregivers in difficult situations when the advance directive is not clear. The presence and use of AEDs, as would be required by the bill, would in no way change the current situation involving this delicate and sometimes difficult area of decision-making.

**OPPONENTS
SAY:**

HB 392 would place another unfunded mandate upon an industry that already is financially strapped. Texas currently has 1,100 licensed nursing facilities. AEDs cost from \$2,000 to \$7,000, which would result in a \$2-\$7 million burden on the industry providing care to the state's elderly. If the state is going to require this, the state should fund it.

OTHER
OPPONENTS
SAY:

HB 392 would create confusion concerning advanced directives. The bill would prohibit the use of an AED to treat a resident with an out-of-hospital do-not-resuscitate order (DNR). This seems reasonable at first glance, but in actual practice could be more complicated. For example, an individual could have a DNR in place regarding the cancer from which the individual is suffering, but would not want the DNR to apply if the individual went into cardiac arrest due to choking during a meal. The bill would place caregivers in difficult situations regarding these life and death decisions.

NOTES:

The committee substitute differs from the bill as filed by adding the prohibition of the use of an AED to treat a resident with a DNR order.