SCHOOL CARDIAC EMERGENCY RESPONSE PLANS

House Bill 5527 (S-3) as passed by the Senate Sponsor: Rep. John Fitzgerald

House Bill 5528 (S-2) as passed by the Senate Sponsor: Rep. Tyrone Carter

House Committee: Regulatory Reform Senate Committee: Health Policy Complete to 4-23-24

SUMMARY:

House Bills 5527 and 5528 would amend the Fire Prevention Code and the Revised School Code to modify the requirements regarding school cardiac emergency plans.

<u>**House Bill 5527**</u> would amend the Fire Prevention Code to modify the requirements regarding the implementation of a cardiac emergency response plan for the governing body of a school.

Currently, the act requires the governing body of a school that operates any of grades kindergarten to 12 to adopt a cardiac emergency plan that addresses and provides for at least all of the following:

- Use and regular maintenance of automated external defibrillators, if available.
- Activation of a cardiac emergency response team during an identified cardiac emergency.
- A plan for effective and efficient communication throughout the school campus.
- If the school includes grades 9 to 12, a training plan for the use of an automated external defibrillator and in cardiopulmonary resuscitation techniques.
- Incorporation and integration of the local emergency response system and emergency response agencies with the school's plan.
- An annual review and evaluation of the cardiac emergency response plan.

The bill would replace the existing requirements at the beginning of the 2025-26 school year, and instead require the governing body of a *public school* or *nonpublic school* to do both of the following:

- Develop a *cardiac emergency response plan* that includes the use of school personnel to respond to a *sudden cardiac arrest*, or another similar life-threatening emergency, on the school's campus during school hours or during a school-sponsored event.
- If it has an athletic department or organized athletic program, include implementation at school-sponsored athletic events in its cardiac emergency response plan.

Public school would mean a public elementary or secondary educational entity or agency that is established under the Revised School Code or under other Michigan law, that has as its primary mission the teaching and learning of academic and vocational-technical skills and knowledge, and that is operated by a school district, intermediate school district (ISD), school of excellence corporation, public school academy (PSA)

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(Enacted as Public Acts 36 and 37 of 2024)



corporation, strict discipline academy corporation, urban high school academy corporation, or by the Department of Education, the State Board of Education, or another public body. It would also include a laboratory school or other elementary or secondary school that is controlled and operated by a state public university described in section 4, 5, or 6 of Article VIII of the state constitution.

Nonpublic school would mean a private, denominational, or parochial school.

Cardiac emergency response plan would mean a written document that establishes specific steps to reduce the chance of death from sudden cardiac arrest or another similar life-threatening emergency.

Sudden cardiac arrest would mean a life-threatening emergency in which an individual's heart suddenly stops beating.

Cardiac emergency response plans required by the bill would need to be based on American Heart Association guidelines or other nationally recognized and evidence-based guidelines, and would be required to provide, at a minimum, for all of the following:

- The establishment of a cardiac emergency response team.
- The activation of the cardiac emergency response team during a sudden cardiac arrest or another similar life-threatening emergency.
- The placement of *automated external defibrillators* (AEDs) in accessible locations throughout the school's campus and athletic facilities that are not locked or otherwise secured against public access and from which the AEDs are easily retrievable. The AEDs would be required to be clearly marked with appropriate identifying signage. In addition, the bill would include the recommendation that, to the extent possible and as funding allows, the school make the best possible effort to ensure that the AEDs are accessible within one to three minutes of a cardiac emergency.
- The routine maintenance of the school's AEDs.
- The dissemination of the cardiac emergency response plan throughout the school's campus.
- The ongoing training of school personnel as described below
- The use of annual exercise simulations to practice the steps established in the cardiac emergency response plan. The simulations would be required to mandate the participation of the members of the cardiac emergency response team.
- The integration of the cardiac emergency response plan with the local emergency response system and emergency response agencies.
- The ongoing and triennial review of the cardiac emergency response plan.

Automated external defibrillator would mean a lightweight, portable device that analyzes and individual's heart through the individual's chest, such as an irregular or abnormal rhythm, and can deliver an electric shock to the individual's heart that may restore its normal rhythm.

The bill would also require the governing body of a public school or nonpublic school and the local emergency response system and emergency response agencies to integrate the school's cardiac emergency response plan or plans into the protocols of the local emergency response system and emergency response agencies.

Training of personnel

The bill would require that public school or nonpublic school personnel included in a cardiac emergency response plan be trained in all of the following:

- Cardiopulmonary resuscitation (CPR).
- First aid.
- The use of an AED, in accordance with American Heart Association guidelines.

The bill would also provide that public school or nonpublic school personnel who are included in a cardiac emergency response plan and perform cardiopulmonary resuscitation or use an AED as part of the plan are not liable in a civil action for damages resulting from an act or omission occurring in that performance, except for an act or omission constituting gross negligence or willful or wanton misconduct.

Appropriation

The bill would require the legislature to annually appropriate to the Department of Education an amount sufficient to administer and comply with the new requirements. If sufficient funds were not appropriated, public and nonpublic schools would not be required to comply with the bill.

[Note that the legislature cannot mandate a future appropriation. In addition, the bill does not specify who would make the determination of funding sufficiency, on what basis it would be made, or when it would have to be made in order to ensure that schools are given adequate notice of their responsibilities under the law in a given school year. Because the bill would remove the requirements that apply under current law, it would appear that, in the event of insufficient appropriations, no requirements for cardiac emergency plans would apply.]

MCL 29.19 and proposed MCL 29.19b

House Bill 5528 would amend the Revised School Code to require, beginning in the 2025-2026 school year, any individual that serves as an athletic coach at a high school operated by a school district, intermediate school district, public school academy, or the governing body of a nonpublic school to maintain a valid certification in cardiopulmonary resuscitation and use of an AED issued by the American Red Cross, American Heart Association, or a comparable organization or institution approved by the Department of Education.

Any individual covered by the bill that performed cardiopulmonary resuscitation or used an AED in the course of their employment as an athletic coach would not be liable in a civil action for damages resulting from an act or omission occurring in that performance except an act or omission constituting gross negligence or willful or wanton misconduct.

Proposed MCL 380.1319

BRIEF DISCUSSION:

According to supporters of the bill, the chance of survival from cardiac arrest decreases by 10% for every minute the heart is stopped. Supporters cited several examples of incidents at Michigan schools in which the lack of available AEDs contributed to the death of a student

during a cardiac emergency and argued that the bills will save lives by ensuring that the proper equipment is available.

FISCAL IMPACT:

House Bill 5527 would have no fiscal impact for the state or local units of government because the requirements of the bill are contingent on the appropriation of sufficient funds. The total appropriation needed to fund the requirements of the bill would depend on the extent to which local school districts, ISDs, and PSAs are already compliant with the requirements of the bill. Research suggests that at least 90% of public schools have at least one AED, but the extent to which they would need to install additional units to meet the recommendation that an AED be within one to three minutes is unknown. Similarly, the extent to which local entities are meeting other requirements in the bill, such as ongoing training for cardiac emergency response team members and annual exercise simulations, is not known.

House Bill 5528 would have no fiscal impact on the state and would have a minimal fiscal impact on certain local school districts, ISDs, and PSAs that employ athletic coaches who are not certified in CPR and the use of an AED.

The average CPR and AED certification costs between \$15 and \$100. Districts, ISDs, and PSAs would not be required to cover the cost of certification for an athletic coach under the bill, but they would be prohibited from allowing an individual to remain an athletic coach if the individual does not maintain the certification. The fiscal impact of finding a replacement coach would depend on local availability and eligibility.

POSITIONS:

Representatives of the following entities testified in support of the bills:

- Project ADAM (3-5-24)
- National Football League/ Smart Heart Sports Coalition (3-5-24)
- American Heart Association (3-5-24)

The following entities indicated support for the bills:

- Department of Education (3-12-24)
- Detroit Lions (3-5-24)
- Michigan State Medical Society (3-5-24)
- Michigan Chapter American College of Cardiology (3-5-24)
- Michigan Athletic Trainer's Society (3-5-24)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.