To authorize the Secretary of Health and Human Services to award grants to eligible entities to develop and implement a comprehensive program to promote student access to defibrillation in public elementary schools and secondary schools.

IN THE HOUSE OF REPRESENTATIVES

March 29, 2023

Mrs. Cherrilus-McCormick (for herself, Mr. Posey, Ms. Wilson of Florida, Ms. Trair, Mr. Ruppersberger, Mr. Higgins of New York, Mr. Carter of Louisiana, Ms. Norton, Ms. McCollum, Ms. Castor of Florida, Ms. Matsui, Mr. Cardenas, Mr. Green of Texas, Ms. Wild, Mr. Carson, Ms. Pelosi, Mr. Fitzpatrick, Mrs. Beatty, Mr. Grijalva, Mr. Soto, Mr. Evans, Mr. Costa, Mr. Schiff, Mr. Landsman, Ms. Jackson Lee, Mr. Lynch, Mr. Allred, Ms. Kelly of Illinois, Mr. Bishop of Georgia, Mr. Jackson of Illinois, Mr. Mfume, Ms. Kamlager-Dove, Mr. Thompson of Mississippi, Ms. Pressley, Ms. Sewell, Mr. Lieu, Ms. Strickland, Ms. Chu, Ms. Tokuda, Ms. Lee of California, Ms. Salazar, Mr. McGovern, Mr. DeSaulnier, Ms. Brown, Mr. Thompson, Ms. Lee of Pennsylvania, Ms. Crockett, Mr. Espaillat, Ms. Clarke of New York, and Mr. Barr) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

A BILL

To authorize the Secretary of Health and Human Services to award grants to eligible entities to develop and implement a comprehensive program to promote student ac-
cess to defibrillation in public elementary schools and secondary schools.

Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Access to AEDs Act”.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) Heart disease is the leading cause of death in the United States.

(2) Sudden cardiac arrest (referred to in this section as “SCA”) is a life-threatening emergency that is caused by a malfunction in the heart’s electrical system or structure, which is caused by an abnormality from birth or one that develops over time.

(3) Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

(4) SCA is the leading cause of death for student athletes.

(5) Sports-related SCA account for 39 percent of SCAs among children 18 years old or younger.

(6) In 2018, there were nearly 394,000 sudden cardiac arrests that occurred in the United States, with 9 out of 10 being fatal. Only 1 in 10 victims survive a sudden cardiac arrest.
(7) An estimated 7,000 to 23,000 young people are stricken by SCA annually.

(8) The American Heart Association estimates that 5 in 10 victims of SCA could survive if bystanders gave CPR and used an AED immediately.

(9) The chain of survival includes prompt notification of emergency services and early CPR, defibrillation, and advanced cardiac life support.

(10) Health education should include basic emergency lifesaving skills. Incorporating these lifesaving training programs into the health curriculum of public elementary and secondary schools will give children and youth these skills.

SEC. 3. PROMOTING STUDENT ACCESS TO DEFIBRILLATION.

(a) IN GENERAL.—The Secretary shall award grants to eligible entities to develop and implement a comprehensive program to promote student access to defibrillation in public elementary schools and secondary schools.

(b) USE OF FUNDS.—An eligible entity receiving a grant under subsection (a) may use funds received through such grant to carry out any of the following activities:
(1) Developing and providing comprehensive materials to establish AED and CPR programs in public elementary schools and secondary schools.

(2) Providing support for CPR and AED training programs in such schools for students, staff, and related sports volunteers.

(3) Providing support for developing a cardiac emergency response plan within such schools.

(4) Purchasing AEDs that have been approved under section 515 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e), cleared under section 510(k) of such Act (21 U.S.C. 360(k)), or authorized under section 513(f)(2) of such Act (21 U.S.C. 360c(f)(2)).

(5) Purchasing necessary AED batteries and performing necessary AED maintenance (such as by replacing AED pads) in accordance with the labeling of the AED involved.

(6) Replacing old and outdated AED and CPR equipment, machinery, and educational materials.

(7) Fostering new and existing community partnerships with and among local educational agencies, nonprofit organizations, public health organizations, emergency medical service providers, fire and police
departments, and parent-teacher associations to promote the importance of defibrillation in such schools.

(8) Aiding school athletic departments to screen student athletes for risk of sudden cardiac arrest, consistent with guidelines of the American Heart Association and the American College of Cardiology.

(9) Further developing strategies to improve access to AEDs in such schools.

(e) ELIGIBILITY; APPLICATION.—To be eligible for a grant under subsection (a), an entity shall—

(1) be a local educational agency (including a public charter school operating as a local educational agency under State law), in consultation with a qualified health care entity; and

(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may reasonably require.

(d) CLEARINGHOUSE.—Not later than 1 year after the date of enactment of this Act, the Secretary shall establish a clearinghouse database—

(1) to collect and make available information, including through voluntary reporting by local educational agencies, State educational agencies, and manufacturers, relating to student access to defibrillation in public elementary schools and see-
ondary schools, including with respect to the costs of
providing AEDs and CPR training; and

(2) to gather information in a central location
to facilitate research regarding sudden cardiac arrest
in the pediatric population.

(e) REPORTS.—

(1) BY GRANTEE.—Not later than 4 years after
receipt of a grant under this section, the recipient of
the grant shall submit to the Secretary a report that
describes the activities carried out with funds re-
ceived through the grant.

(2) BY SECRETARY.—Not later than one year
after receiving the reports required by paragraph
(1), the Secretary shall submit to the Committee on
Health, Education, Labor, and Pensions of the Sen-
ate and the Committee on Energy and Commerce
and the Committee on Education and the Workforce
of the House of Representatives a consolidated eval-
uation of the activities carried out pursuant to
grants under this section.

(f) DEFINITIONS.—In this section—

(1) the term “AED” means an automated ex-
ternal defibrillator;

(2) the term “CPR” means cardiopulmonary
resuscitation;
(3) the terms “elementary school”, “local educational agency”, and “secondary school” have the meanings given to such terms in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801);

(4) the term “qualified health care entity” means a health care entity that—

   (A) is—

     (i) a public entity; or

     (ii) an organization that is described in section 501(e) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code;

   (B) demonstrates an ability to develop, train, and implement a comprehensive program to promote student access to defibrillation in elementary and secondary schools; and

   (C) is qualified in providing technical assistance in AED and CPR training; and

(5) the term “Secretary” means the Secretary of Health and Human Services.

(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated
$25,000,000 for the period of fiscal years 2024 through 2028.