

The Senate Committee on Public Safety offered the following substitute
to HB 992:

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 1 of Title 31 of the Official Code of Georgia Annotated,
2 relating to general provisions regarding health, so as to recommend that health clubs and
3 rehabilitation facilities have at least one functional automated external defibrillator on site
4 at all times for use during emergencies; to provide for definitions; to provide for
5 recommendations; to provide for study and reconsiderations; to amend Code
6 Section 51-1-29.3 of the Official Code of Georgia Annotated, relating to immunity for
7 operators of external defibrillators, so as to provide tort immunity for individuals using a
8 defibrillator at a health club; to amend Chapter 11 of Title 31 of the Official Code of Georgia
9 Annotated, relating to emergency medical services, so as to eliminate certain requirements
10 relating to the use of automated external defibrillators; to eliminate obsolete language
11 relating to base station facilities; to provide for related matters; to repeal conflicting laws;
12 and for other purposes.

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

PART I
SECTION 1-1.

16 Article 1 of Chapter 1 of Title 31 of the Official Code of Georgia Annotated, relating to
17 general provisions regarding health, is amended by adding a new Code section to read as
18 follows:

19 "31-1-16.

20 (a) As used in this Code section, the term:

21 (1) 'Automated external defibrillator' shall have the same meaning as provided for in
22 Code Section in 31-11-53.1.

23 (2)(A) 'Health club' means any commercial enterprise with 500 or more clients that
24 provides, as its primary purpose, services or facilities for the preservation, maintenance,
25 encouragement, or development of physical fitness or well-being.

26 (B) 'Rehabilitation facility' shall have the same meaning as provided for in subsection
 27 (b) of Code Section 31-7-51.

28 (C) The terms health club and rehabilitation facility shall not include a hospital, health
 29 care facility, or hotel or motel, unless the hotel or motel allows membership by
 30 individuals who are not guests of the hotel or motel, or an apartment, condominium, or
 31 town home or similar neighborhood facility.

32 (b) It is recommended that by no later than July 1, 2019, each health club and
 33 rehabilitation facility operated in this state have at least one functional automated external
 34 defibrillator on site at such facility at all times which is easily accessible during business
 35 hours, for use during emergencies.

36 (c) Each health club and rehabilitation facility shall consider the following
 37 recommendations when procuring and implementing the usage of the automated external
 38 defibrillator:

39 (1) Ensure that persons employed and authorized by the health club and rehabilitation
 40 facility to use the automated external defibrillator complete training in cardiopulmonary
 41 resuscitation and automated external defibrillator use from a nationally recognized
 42 course;

43 (2) Ensure that the automated external defibrillator is maintained and tested according
 44 to the manufacturer's operational guidelines; and

45 (3) Ensure that designated personnel activate the emergency medical services system as
 46 soon as reasonably possible after any person renders emergency care or treatment to a
 47 person in cardiac arrest by using an automated external defibrillator.

48 (d)(1) The Department of Public Health is authorized and empowered to study and look
 49 into the need for health clubs, rehabilitation facilities, and other underutilized locations
 50 that should be recommended for the placement of automated external defibrillators.

51 (2) The General Assembly shall reconsider any recommendations for legislative action
 52 after December 31, 2019, to encourage and require the placement of automated external
 53 defibrillators in health clubs and rehabilitation facilities."

54 **SECTION 1-2.**

55 Code Section 51-1-29.3 of the Official Code of Georgia Annotated, relating to immunity for
 56 operators of external defibrillators, is amended by revising subsection (a) as follows:

57 "(a) The persons described in this Code section shall be immune from civil liability for any
 58 act or omission to act related to the provision of emergency care or treatment by the use of
 59 or provision of an automated external defibrillator, as described in Code Sections 31-1-16,
 60 31-11-53.1, and 31-11-53.2, except that such immunity shall not apply to an act of willful
 61 or wanton misconduct and shall not apply to a person acting within the scope of a licensed

62 profession if such person acts with gross negligence. The immunity provided for in this
63 Code section shall extend to:

- 64 (1) Any person who gratuitously and in good faith renders emergency care or treatment
65 by the use of or provision of an automated external defibrillator without objection of the
66 person to whom care or treatment is rendered;
- 67 (2) The owner or operator of any premises or conveyance who installs or provides
68 automated external defibrillator equipment in or on such premises or conveyance;
- 69 (3) Any physician or other medical professional who authorizes, directs, or supervises
70 the installation or provision of automated external defibrillator equipment in or on any
71 premises or conveyance other than any medical facility as defined in paragraph (5) of
72 Code Section 31-7-1; and
- 73 (4) Any person who provides training in the use of automated external defibrillator
74 equipment as required by subparagraph (b)(1)(A) of Code Section 31-11-53.2, whether
75 compensated or not. This Code section is not applicable to any training or instructions
76 provided by the manufacturer of the automated external defibrillator or to any claim for
77 failure to warn on the part of the manufacturer."

78 **PART II**

79 **SECTION 2-1.**

80 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency
81 medical services, is amended by revising Code Section 31-11-53.1, relating to automated
82 external defibrillator program, as follows:

83 "31-11-53.1.

84 (a) As used in this Code section, the term:

85 (1) 'Automated external defibrillator' means a defibrillator which:

86 (A) Is capable of cardiac rhythm analysis;

87 (B) Will charge and be capable of being activated to deliver a countershock after
88 electrically detecting the presence of certain cardiac dysrhythmias; and

89 (C) Is capable of continuous recording of the cardiac dysrhythmia at the scene with a
90 mechanism for transfer and storage or for printing for review subsequent to use.

91 (2) 'Defibrillation' means to terminate ventricular fibrillation.

92 (3) 'First responder' means any person or agency who provides on-site care until the
93 arrival of a duly licensed ambulance service. This shall include, but not be limited to,
94 persons who routinely respond to calls for assistance through an affiliation with law
95 enforcement agencies, fire suppression agencies, rescue agencies, and others.

96 (b) It is the intent of the General Assembly that an automated external defibrillator may
 97 be used by any person for the purpose of saving the life of another person in cardiac arrest.

98 ~~In order to ensure public health and safety:~~

99 ~~(1) It is recommended that all persons who have access to or use an automated external~~
 100 ~~defibrillator obtain appropriate training as set forth in the rules and regulations of the~~
 101 ~~Department of Public Health. It is further recommended that such training include at a~~
 102 ~~minimum the successful completion of:~~

103 ~~(A) A nationally recognized health care provider/professional rescuer level~~
 104 ~~cardiopulmonary resuscitation course; and~~

105 ~~(B) A department established or approved course which includes demonstrated~~
 106 ~~proficiency in the use of an automated external defibrillator;~~

107 ~~(2) All persons and agencies possessing and maintaining an automated external~~
 108 ~~defibrillator shall notify the appropriate emergency medical services system of the~~
 109 ~~existence and location of the automated external defibrillator prior to said defibrillator~~
 110 ~~being placed in use;~~

111 ~~(3) All~~ It is further the intent of the General Assembly that all persons who use an
 112 automated external defibrillator shall activate the emergency medical services system as
 113 soon as reasonably possible by calling 9-1-1 or the appropriate emergency telephone
 114 number upon use of the automated external defibrillator; and

115 ~~(4) Within a reasonable period of time, all persons who use an automated external~~
 116 ~~defibrillator shall make available a printed or electronically stored report to the licensed~~
 117 ~~emergency medical services provider which transports the patient.~~

118 ~~(c) All persons who provide instruction to others in the use of the automated external~~
 119 ~~defibrillator shall have completed an instructor course established or approved by the~~
 120 ~~department.~~

121 ~~(d) The department shall establish an automated external defibrillator program for use by~~
 122 ~~emergency medical technicians. Such program shall be subject to the direct supervision~~
 123 ~~of a medical adviser approved under Code Section 31-11-50. No emergency medical~~
 124 ~~technician shall be authorized to use an automated external defibrillator to defibrillate a~~
 125 ~~person unless that defibrillator is a properly maintained automated external defibrillator and~~
 126 ~~that emergency medical technician:~~

127 ~~(1) Submits to and has approved by the department an application for such use, and in~~
 128 ~~considering that application the department may obtain and use the recommendation of~~
 129 ~~the local coordinating entity for the health district in which the applicant will use such~~
 130 ~~defibrillator;~~

131 ~~(2) Successfully completes an automated external defibrillator training program~~
 132 ~~established or approved by the department;~~

133 ~~(3) Is subject to protocols requiring that both the emergency physician who receives a~~
 134 ~~patient defibrillated by that emergency medical technician and the medical adviser for the~~
 135 ~~defibrillator program review the department required prehospital care report and any~~
 136 ~~other documentation of the defibrillation of any person by that emergency medical~~
 137 ~~technician and send a written report of such review to the district EMS medical director~~
 138 ~~of the health district in which the defibrillation occurred; and~~
 139 ~~(4) Obtains a passing score on an annual automated external defibrillator proficiency~~
 140 ~~exam given in connection with that program.~~

141 ~~(e) It shall not be necessary for a licensed emergency medical service, licensed neonatal~~
 142 ~~transport service, or other services licensed by the department which provide care~~
 143 ~~administered by cardiac technicians or paramedics to obtain department approval for the~~
 144 ~~use of an automated external defibrillator on licensed vehicles.~~

145 ~~(f) Any emergency medical technician who violates the provisions of this Code section~~
 146 ~~shall be subject to having revoked by the department that person's authority to use an~~
 147 ~~automated external defibrillator. Such a violation shall also be grounds for any entity~~
 148 ~~which issues a license or certificate authorizing such emergency medical technician to~~
 149 ~~perform emergency medical services to take disciplinary action against such person,~~
 150 ~~including but not limited to suspension or revocation of that license or certificate. Such a~~
 151 ~~violation shall also be grounds for the employer of such emergency medical technician to~~
 152 ~~impose any sanction available thereto, including but not limited to dismissal.~~

153 ~~(g)(c) Any first responder who gratuitously and in good faith renders emergency care or~~
 154 ~~treatment by the use of or provision of an automated external defibrillator, without~~
 155 ~~objection of the injured victim or victims thereof, shall not be held liable for any civil~~
 156 ~~damages as a result of such care or treatment or as a result of any act or failure to act in~~
 157 ~~providing or arranging further medical treatment where the person acts without gross~~
 158 ~~negligence or intent to harm or as an ordinary reasonably prudent person would have acted~~
 159 ~~under the same or similar circumstances, even if such individual does so without benefit~~
 160 ~~of the appropriate training. This provision includes paid persons who extend care or~~
 161 ~~treatment without expectation of remuneration from the patient or victim for receiving the~~
 162 ~~defibrillation care or treatment."~~

163 SECTION 2-2.

164 Said chapter is further amended by revising Code Section 31-11-60.1, relating to program
 165 for physician control over emergency medical services to nonhospital patients, as follows:

166 "31-11-60.1.

167 (a) As used in this Code section, the term:

168 (1) 'Ambulance service medical director' means a physician licensed to practice in this
 169 state and subject to the approval of the local coordinating entity and the department who
 170 has agreed, in writing, to provide medical direction to a specific ambulance service.

171 ~~(2) 'Base station facility' means any facility responsible for providing direct physician~~
 172 ~~control of emergency medical services.~~

173 ~~(3)~~(2) 'District emergency medical services medical director' means a person who is:

174 (A) A physician licensed to practice medicine in this state;

175 (B) Familiar with the design and operation of prehospital emergency services systems;

176 (C) Experienced in the prehospital emergency care of acutely ill or injured patients;
 177 and

178 (D) Experienced in the administrative processes affecting regional and state prehospital
 179 emergency medical services systems.

180 ~~(4)~~(3) 'Emergency medical services personnel' means any emergency medical technician,
 181 paramedic, cardiac technician, or designated first responder who is certified under this
 182 article.

183 (b) The department and the district emergency medical services medical directors shall
 184 develop and implement a program to ensure appropriate physician control over the
 185 rendering of emergency medical services by emergency medical services personnel to
 186 patients who are not in a hospital, which program shall include but not be limited to the
 187 following:

188 (1) Medical protocols regarding permissible and appropriate emergency medical services
 189 which may be rendered by emergency medical services personnel to a patient not in a
 190 hospital;

191 (2) Communication protocols regarding which medical situations require direct voice
 192 communication between emergency medical services personnel and a physician or a
 193 nurse or a paramedic or a physician assistant in direct communication with a physician
 194 prior to those emergency medical services personnel's rendering specified emergency
 195 medical services to a patient not in a hospital; and

196 (3) Record-keeping and accountability requirements for emergency medical services
 197 personnel ~~and base station facility personnel~~ in order to monitor compliance with this
 198 subsection; and

199 ~~(4) Base station facility standards.~~

200 (c) The ambulance service medical director shall serve as the medical authority for the
 201 ambulance service, performing liaison activities with the medical community, medical
 202 facilities, and governmental agencies. The ambulance service medical director shall be
 203 responsible for the provision of medical direction and training for the emergency medical
 204 services personnel within the ambulance service for which he or she is responsible in

205 conformance with acceptable emergency medical practices and procedures. These
 206 responsibilities shall include the duties set forth in the department's rules and regulations
 207 for ambulance services.

208 (d) The district emergency medical services medical director shall not override those
 209 policies or protocols of the ambulance service medical director if that ambulance service
 210 medical director is documenting compliance with the department's rules and regulations
 211 for ambulance services.

212 ~~(e) Every base station facility shall comply with the policies, protocols, requirements, and~~
 213 ~~standards provided for in subsection (b) of this Code section.~~

214 ~~(f)~~(e) All emergency medical services personnel shall comply with appropriate policies,
 215 protocols, requirements, and standards of the ambulance service medical director for that
 216 service or the policies, protocols, requirements, and standards provided for in subsection
 217 (b) of this Code section.

218 ~~(g)~~(f) Conduct which would otherwise constitute a violation of subsection ~~(f)~~(e) of this
 219 Code section shall not be such a violation if such conduct was carried out by any
 220 emergency medical services personnel pursuant to an order from a physician, the
 221 ambulance service medical director for such person, or the protocol of that ambulance
 222 service as approved by the ambulance service medical director for such person.

223 ~~(h) Violation by any base station facility of subsection (e) of this Code section may be~~
 224 ~~grounds for the removal of that base station facility's designation by the department.~~

225 ~~(i) Enforcement of subsections (g) and (h) of this Code section shall commence no earlier~~
 226 ~~than 12 months after July 1, 1989."~~

227

PART III

228

SECTION 3-1.

229

All laws and parts of laws in conflict with this Act are repealed.