

**SUBJECT:** Requiring CPR and automatic external defibrillator instruction in schools

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

**VOTE:** 10 ayes — Aycock, Allen, J. Davis, Deshotel, Dutton, Farney, Huberty, K. King, J. Rodriguez, Villarreal

1 nay — Ratliff

**WITNESSES:** For — Pamela Akins, Texas Council on Cardiovascular Disease and Stroke; Matt Nader, American Heart Association; Rachel Naylor, American Heart Association; Jason Pack, ESD 11 and Travis County Firefighter Association; Ellen Pringle, American Heart Association (*Registered, but did not testify*: Laura Blanke, Texas Pediatric Society; Marissa Rathbone, ACTIVE Life; Clayton Stewart, Texas Society of Anesthesiologists)

Against — Amy Hedtke, Red Oak Home Schoolers of Texas; Read King; Julie Shields, Texas Association of School Boards; Ben Snodgrass, Texas Home School Coalition; (*Registered, but did not testify*: Diane Cox, Texas Association of School Boards; Paul Hastings; Chris Howe; David Huber; Casey McCreary, Texas Association of School Administrators; Don Stroud; Maria Whitsett, Texas School Alliance)

On — (*Registered, but did not testify*: David Anderson and Monica Martinez, Texas Education Agency)

**BACKGROUND:** Under Education Code, sec. 28.0023, the State Board of Education by rule must include instruction in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) as part of the essential knowledge and skills of the health curriculum. A private school is exempt unless the school receives an automated external defibrillator from the Texas Education Agency (TEA) or receives funding from the agency to buy or lease an automated external defibrillator.

**DIGEST:** CSHB 897 would require the State Board of Education to mandate CPR and AED instruction for grade students in grades 7 to 12. School districts or open-enrollment charter schools would be required to provide the

training. The information could be part of any course. Each student would have to receive training at least once before graduation, but a school administrator could waive the requirement for a student with a disability.

The CPR and AED training would have to include training developed by the American Heart Association or the American Red Cross or use nationally recognized, evidence-based guidelines for emergency cardiovascular care that incorporate psychomotor skills (hands-on practice). The school could use emergency responders, representatives of the American Heart Association or the American Red Cross, school employees, or other qualified individuals to provide the instruction.

Students would not have to become CPR/AED certified, but schools intending to certify students would need to use authorized instructors from the American Heart Association, the American Red Cross, or a similar nationally recognized organization.

These requirements would begin with the 2014-2015 school year.

This 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, 2013.

**SUPPORTERS  
SAY:**

CSHB 897 would help save lives by dramatically increasing the number of individuals who could perform CPR and use an automatic external defibrillator (AED). Each year, more than 350,000 people suffer out-of-hospital cardiac arrests, and early bystander intervention can double or triple a victim's chance of survival. By requiring students to complete CPR/AED training before graduation, this bill would ensure that many more bystanders were armed with lifesaving knowledge.

It would not be necessary for schools to offer full, multi-hour courses resulting in certification. New CPR/AED techniques are easy to learn, do not require instruction on mouth-to-mouth resuscitation, and can effectively be taught in about 30 minutes, making the training both safe and efficient.

The bill would not create an unfunded mandate. Some of the cost estimates for the bill may be too high if they assume school districts would need to train instructors and purchase equipment. Many organizations already have instructors and equipment, including the American Heart

Association, the American Red Cross, and emergency responder groups. Representatives of these groups could conduct both student CPR/AED classes and “train the trainer” courses for school employees. These resources could help school districts implement the training requirements in a timely, cost-effective manner.

Moreover, the training requirements would not be unprecedented – many school districts already incorporate the information into their curricula, and 36 states already require school CPR training.

OPPONENTS  
SAY

CSHB 897 would create an unfunded mandate. By requiring schools to teach CPR/AED skills, this bill would place onerous and costly burdens on school districts, especially ones with large student populations. According to one estimate, it would cost about \$100,000 per year to train about 2,400 students. This issue is best decided on the local level, allowing school boards and parents to determine how to allocate scarce resources.

OTHER  
OPPONENTS  
SAY:

If schools were to CPR/AED training, they should require students to become fully certified, even if this limits the number of students who complete the course. It would be better to have fewer students with complete skill sets than more students with potentially inadequate knowledge.

NOTES:

The committee substitute differs from the bill as filed by removing the requirement that private schools conduct CPR/AED training and allowing the information to be taught in any course.

The companion bill, SB 261 by Hinojosa, was referred to the Senate Education Committee on January 29.