



Senate Fiscal Agency  
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## BILL ANALYSIS



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Senate Bill 647 (Substitute S-1 as passed by the Senate)  
Sponsor: Senator Tonya Schuitmaker  
Committee: Education

Date Completed: 6-8-16

### **RATIONALE**

Cardiac arrest is a leading cause of death in the United States. Rates of survival nationwide are relatively low; locally, those rates are highly dependent on the response times and effectiveness of emergency personnel and the level of care received at a hospital. Survival rates also depend on bystander knowledge of cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs). Reportedly, bystander use of CPR or AEDs increases the likelihood that an individual will survive a cardiac arrest. Cardiopulmonary resuscitation and AED use are also necessary interventions in a variety of other situations, e.g., drowning. To increase the rates of bystander knowledge of CPR and AEDs, it has been suggested that the State should require instruction on their use to be provided to pupils.

### **CONTENT**

**The bill would amend the Revised School Code to do the following:**

- **Require the Department of Education, by the 2017-2018 school year, to ensure that the model core academic curriculum content standards and the subject area content expectations and guidelines for health education provided for instruction in CPR and AEDs to pupils enrolled in grades 7 to 12.**
- **Specify that the content standards or content expectations and guidelines could not require a certificated teacher to be an authorized CPR/AED instructor to provide or oversee the CPR instruction unless it would result in a pupil's receiving a CPR certification.**

The Code prohibits the board of a school district or board of directors of a public school academy from awarding a high school diploma to a pupil unless he or she has successfully completed credit requirements of the Michigan Merit standard before graduation. The Department of Education must develop, and the State Board of Education must approve, subject area content expectations and guidelines that apply to those credit requirements. All subject area content expectations must be consistent with recommended model core academic curriculum content standards, which the State Board is required to develop.

The credit requirements include at least one credit in subject matter that includes both health and physical education, or at least one-half credit in health and one-half credit for participation in extracurricular activities involving physical activities.

The bill would require the Department, no later than the 2017-2018 school year, to ensure that the model core academic curriculum content standards and the subject area content expectations and guidelines for health education provided for instruction in CPR and AEDs to pupils enrolled in grades 7 to 12. The content standards and subject area content expectations for CPR would have to ensure that the psychomotor skills necessary to perform CPR were incorporated into the instruction and that the instruction was based on either of the following: a) an instructional program developed by the American Red Cross or the American Heart Association, or b) nationally recognized, evidence-based guidelines for CPR.

The content standards and subject area content expectations could not require a certificated teacher to be an authorized CPR/AED instructor to facilitate, provide, or oversee CPR instruction if the instruction did not result in a pupil's earning a CPR certification card or status. If instruction would result in a pupil's earning a CPR certification card or status, that instruction would have to be taught by an authorized CPR/AED instructor, as applicable.

("Authorized CPR/AED instructor" would mean an instructor who is authorized by the American Heart Association, American Red Cross, or a similar nationally recognized association to provide instruction in CPR that results in the issuance of a CPR certification card or status. "CPR certification card or status" would mean a card or other credential evidencing successful completion of instruction in CPR that is issued by the American Heart Association, American Red Cross, or a similar nationally recognized organization using evidence-based guidelines for the teaching of CPR.)

The bill states that school districts, public school academies, and nonpublic schools "are encouraged" to use locally available resources to provide the instruction required to meet the content standards or subject area content expectations and guidelines, including emergency medical technicians, paramedics, police officers, firefighters, representatives of the American Heart Association or American Red Cross, or properly trained teachers or other school employees.

The bill would take effect 90 days after its enactment.

Proposed MCL 380.1168

## **ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

### **Supporting Argument**

Approximately 600,000 people in the United States experience a cardiac arrest (a malfunction or cessation of electrical and mechanical activity of the heart) each year. A cardiac arrest often occurs with no early warning signs, and typically results in nearly instantaneous loss of consciousness. Intervention is needed within minutes to avoid death or serious disability; the survival rate for individuals who are not treated within 10 minutes is nearly zero. Throughout the United States, fewer than 6% of people who experience a cardiac arrest outside of a hospital survive. If a cardiac arrest occurs at a hospital, the rate of survival is approximately 24%.

Some communities have reported significantly higher survival rates, as high as 60%, for some cardiac arrests. While these survival rates depend heavily on emergency service personnel and hospital providers, the numbers are also influenced by bystander knowledge of CPR or AED training. According to the American Heart Association, bystander knowledge and use of CPR nearly triples the survival rate for people suffering from a cardiac arrest. However, only 3% of the U.S. public receives instruction in CPR each year, and only one-third of cardiac arrests receive bystander CPR.

The bill would ensure that Michigan students received basic CPR and AED training. According to the American Heart Association, 31 other states have passed similar legislation. Using 30-minute courses with specialized techniques, laypeople or a group of students can be taught CPR with little reduction in effectiveness or retention.<sup>1</sup> If every Michigan high school student had CPR and AED training before graduation, Michigan would gain approximately 100,000 new CPR-trained individuals annually. As noted above, communities with higher rates of bystander CPR knowledge tend to have higher cardiac arrest survival rates. Thus, the bill would have the potential to save lives while taking up relatively little classroom time.

Legislative Analyst: Jeff Mann

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<sup>1</sup> Roppolo, Lynn P, et al., "Prospective, randomized trial of the effectiveness and retention for 30-min layperson training for cardiopulmonary resuscitation and automated external defibrillators: the American Airlines Study", *Resuscitation*, 74, 276-285 (2007).

## **FISCAL IMPACT**

The bill would result in minimal costs to the Department of Education and could result in additional costs to school districts and public school academies (PSAs). The Department would experience some costs to include instruction in CPR and AEDs in the model core academic curriculum content standards and in the health education content expectations and guidelines. These costs would be minimal and likely within current appropriations.

School districts and PSAs operating grades 7 to 12 would need to ensure that the instructors teaching cardiopulmonary resuscitation were certified in order for students to receive a CPR certificate if a district or PSA decided that students would be able to receive a certificate. Districts and PSAs also would need to ensure that all students were present for the instruction even if they did not receive a certificate. Because many schools already provide CPR and AED education, possibly in partnership with certified nonprofit organizations, the total costs to districts and PSAs cannot be quantified with accuracy, but they are also likely to be minimal.

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.