

**2013 SENATE EDUCATION**

**SB 2238**

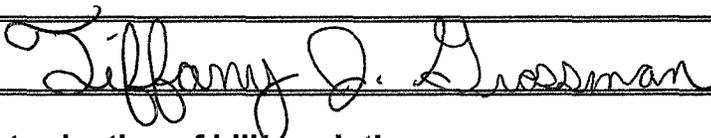
# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Education Committee  
Missouri River Room, State Capitol

SB 2238  
1-29-13  
17880

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Reimburse school districts for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation

## Minutes:

You may make reference to "attached testimony."

**Chairman Flakoll** opened the hearing on SB 2238

**Senator Ron Carlisle District 30:** I would like to introduce the bill and I have several people here to support it. The DPI Superintendent would do the reimbursements.

**Dr. Robert Oatfield, Interventionalist Cardiologist:** I wish to testify in support of SB 2238. (See written testimony #1 attached)

**Chairman Flakoll:** What is the threshold in terms of ability to perform?

**Dr. Robert Oatfield, Interventionalist Cardiologist:** A four year old did this on his mother. Once you get these students interested, it is easy.

**Senator Luick:** Is there a loss to the effectiveness of the ventilation?

**Dr. Robert Oatfield, Interventionalist Cardiologist:** Some people didn't perform it properly. This is to be able to have someone survive until the ambulance comes. You have a limited time so it can be eliminated.

**Vice Chairman Schaible:** Is the requirement justification for the burden of the school?

**Dr. Robert Oatfield, Interventionalist Cardiologist:** There is money to entice the schools but in any given school the likelihood is very small that someone has a cardiac arrest. It is useful.

**Senator Marcellais:** How long does training take?

**Dr. Robert Oatfield, Interventionalist Cardiologist:** 30 minutes

**Casey Fry 8<sup>th</sup> grade student at Mandan Middle School:** I wish to testify in support of SB 2238 (Written Testimony #2 attached)

(Gives demonstration)

**Senator Marcellais:** How many students took this class?

**Casey Fry 8<sup>th</sup> grade student at Mandan Middle School:** Half of the 8<sup>th</sup> grade.

**Vice Chairman Schaible:** How long are you certified?

**Casey Fry 8<sup>th</sup> grade student at Mandan Middle School:** Forever.

**June Herman, American Heart Association:** I wish to testify in support of SB 2238. (See written testimony #3 attached)

**Vice Chairman Schaible:** Can you explain the qualifications for the instructor? I'm from a rural area.

**June Herman, American Heart Association:** It depends what method the school selects to do the course. Some need a certified instructor to teach. There are also more simple training programs. Some districts have easy access, some don't.

**Senator Luick:** Do you have an idea on the numbers of districts that are providing this approach?

**June Herman, American Heart Association:** We don't have a report. Some small schools have a full four hour course, some have none.

**Chairman Flakoll:** Is there discussion about teachers having training?

**June Herman, American Heart Association:** The cost figure was based on the graduating students within the next two years but if further recommendation would provide an allocation for the teachers we would certainly be open to that.

**Jack McDonald, State Association of Non-Public Schools:** I wish to testify in support of SB 2238 with an amendment to include all schools (See written testimony #4 attached)

**Chairman Flakoll:** Does this extend the liability of the school district?

**Jack McDonald, State Association of Non-Public Schools:** Generally you are protecting yourself from liability by doing this. If you had the opportunity and did not, you might be increasing your liability.

**Chairman Flakoll:** If your schools became eligible, how would you see the funds being utilized by grade level or a course for a curriculum?

**Jack McDonald, State Association of Non-Public Schools:** I believe they would go into the grade levels and select certain classes or take a whole grade level at a time.

**Curt Halmrast, President of the North Dakota Emergency Medical Services Association, Paramedic with Oakes Ambulance Service:** I wish to testify in support of SB 2238. (See written testimony #5 attached)

**Scott Eckroth, CPR Teacher of 20 years:** I wish to testify in support of SB 2238. (See written testimony #6 attached)

**Senator Heckaman:** Does Tesoro provide the funding?

**Scott Eckroth, CPR Teacher of 20 years:** I work for Tesoro and we offer classes to families and the middle school health teachers asked if they would do it for her students. Tesoro picks up the tab.

**Vice Chairman Schaible:** Could you explain how you become an instructor and what it takes to stay one?

**Scott Eckroth, CPR Teacher of 20 years:** Now it is partially online and there is a face to face test with an instructor trainer and do a one day course with that. Then there is a mentoring program where you work with other instructors. You have to recertify once every three years but you have to teach two classes a year.

**Senator Luick:** If you were to guess the cost for Tesoro, what would it be?

**Scott Eckroth, CPR Teacher of 20 years:** We probably spent for just the CPR portion about \$300 and they pay the employees.

**Chairman Flakoll:** How much does it cost you to be certified to teach?

**Scott Eckroth, CPR Teacher of 20 years:** It was about \$100 per instructor.

**Chairman Flakoll:** How would you react if we would pay you for your cost but as a requirement you would have to teach one class to students in a high school?

**Scott Eckroth, CPR Teacher of 20 years:** I am not sure. I teach 25-30 classes a year.

**Ryan Leingang, Principal at Mandan Middle School:** I am here to recommend your Do Pass on SB 2238. (See written testimony #7 attached)

**Daniele Borseth 8<sup>th</sup> Grade Health Teacher at Mandan Middle School:** I am here in support of SB 2238. The life skills the kids are given are incredible. This is my fourth year in Mandan and the program was given to me and I can't image not having it. They are more than willing and capable. It is a beneficial program and the kids love it.

**Senator Luick:** In the classes you teach, do you teach a different method to infants, young adults, and adults?

**Daniele Borseth 8<sup>th</sup> Grade Health Teacher at Mandan Middle School:** We partner with Tesoro and the students get infant, toddler, and adult CPR training. As long as they have the skillset to know they need to start compressions it really shouldn't matter.

**Richard Schlosser, North Dakota Farmer's Union:** The North Dakota Farmer's Union is in support of SB 2238. Many of our members are volunteers on local fire departments and ambulance services and do participated in the education and work with some of the local schools that our members send their children to.

**Chairman Flakoll:** Does anyone wish to testify in opposition to SB 2238? Seeing none I will close the hearing on SB 2238.

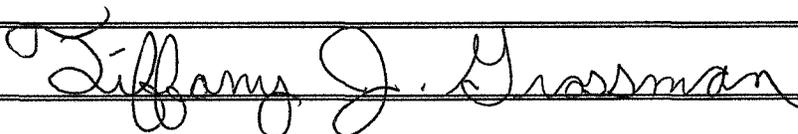
# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Education Committee  
Missouri River Room, State Capitol

SB 2238  
1-29-13  
17936

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to reimburse school districts for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation

## Minutes:

You may make reference to "attached testimony."

**Chairman Flakoll** opened hearing on SB 2238.

**Senator Luick:** I would like to see what the committee thinks about matching money from the districts.

**Chairman Flakoll:** Either you cut the dollar amount and require the match or you look at doubling the participants

**Senator Luick:** Another possibility is if the REAs are capable and able to teach the staff.

**Chairman Flakoll:** The other issue that was brought up is should it extend to private schools so we have that option:

**Senator Heckaman:** The way the language reads is only high school so it wouldn't count 8<sup>th</sup> grade anyway. REAs already do this in some form because at the school I teach at we are allowed one training every two years. It is going on in some places already.

**Vice Chairman Schaible:** I am in favor of CPR and spent a majority of my life training it but right now every school that wants to do it can do it especially with the level of \$30 per student. Why are we micromanaging? It should be local control and this could be a burden.

**Senator Luick:** I agree with most of what Vice Chairman Schaible said. However, some schools are complaining they are not getting enough money so there is some contention about that. I believe for \$30 it is imperative the students learn this practice. I was an instructor when precordial thump was being taught. CPR in a necessary training.

**Senator Heckaman:** Why would we need \$30 a student?

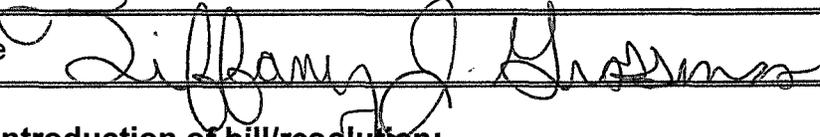
**Chairman Flakoll:** That is the average cost. I will close the hearing on SB 2238.

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Education Committee  
Missouri River Room, State Capitol

SB 2238  
2-4-13  
18239

Conference Committee

Committee Clerk Signature 

**Explanation or reason for introduction of bill/resolution:**

A BILL for an Act to reimburse school districts for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation

**Minutes:**

You may make reference to "attached testimony."

**Chairman Flakoll:** Opened the hearing on SB 2238

**Vice Chairman Schaible:** I Move a Do Not pass for 2238

**Senator Poolman:** Second

**Senator Heckaman:** I oppose the motion because it is not mandatory. It is an opportunity for our schools to pick up some funding on this issue.

**Vice Chairman Schaible:** I am in favor of CPR training but it is better served outside of school. Right now a school district can do this if they want.

**A roll call was taken for a Do Not Pass to SB 2238: 2 yeas, 4 neas, 0 absent**

**Senator Heckaman:** I move a Do Pass on SB 2238 and Re-Referred to Appropriations

**Senator Marcellais:** Second

**A roll call vote was taken for a Do Pass on SB 2238 and Re-Referred to Appropriations: 4 yeas, 0 neas, 0 absent.**

**Senator Luick:** Will Carry

2238

Date: 2-4-13  
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO.

Senate Education Committee

Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Not Pass

Motion Made By Schaible Seconded By Poolman

Senators	Yes	No	Senator	Yes	No
Chairman Tim Flakoll		✓	Senator Joan Heckaman		✓
Vice Chairman Donald Schaible	✓		Senator Richard Marcellais		✓
Senator Larry Luick		✓			
Senator Nicole Poolman	✓				

Total (Yes) 2 No 4

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

2238

Date: 2-4-13  
Roll Call Vote #: 2

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO.

Senate Education Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass & re-referred to approps

Motion Made By Heckaman Seconded By Marcellais

Senators	Yes	No	Senator	Yes	No
Chariman Tim Flakoll	✓		Senator Joan Heckaman	✓	
Vice Chairman Donald Schaible		✓	Senator Richard Marcellais	✓	
Senator Larry Luick	✓				
Senator Nicole Poolman		✓			

Total (Yes) 4 No 2

Absent 0

Floor Assignment Luick

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2238: Education Committee (Sen. Flakoll, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2238 was rereferred to the Appropriations Committee.**

**2013 SENATE APPROPRIATIONS**

**SB 2238**

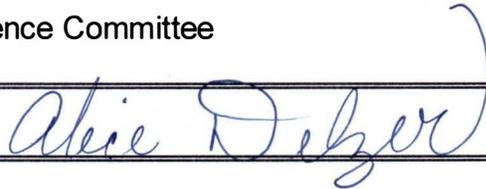
# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2238  
02-12-2013  
Job # 18775

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to reimburse school districts for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation.

### Minutes:

See attached testimony

Chairman Holmberg called the committee to order on Tuesday, February 12, 2013 at 9:30 am in regards to SB 2238. All committee members were present except Senator Grindberg. Sheila M. Sandness from Legislative Council and Lori Laschkewitsch from OMB were also present.

**Chairman Holmberg** that means in essence the bill itself has been heard and discussed in another committee, and they recommended that we take a look at the bill regarding its' cost. So we won't be spending a lot of time talking about the mechanics of the bill, it is the amount of money in the bill something that we feel the Legislature should spend on the bill.

**Senator Carlisle** District 30 Introduced the bill and testified in favor of SB 2238. This was heard in the Education Committee; for an appropriation of \$450,000 for deferring costs of CPR in schools. It is about a 30 minute per school, per student. This bill is being put in on behalf of the American Heart Association. It is not in the Governor's budget, so it is new money.

**June Herman**, Regional Vice President and Advocacy for the American Heart Association. I am here today to ask for your do pass recommendation on SB 2238. Testimony attached # 1. The focus is on the fiscal note. When SB 2238 was presented in Senate Education Committee, many spoke to the impact and scope of CPR training in schools. They also spoke to the benefit of gaining students to volunteer as first responders, and developing interest in health care careers. One of the aspects I like about my work with the American Heart Association is the ability to bridge those issues that are important but belong to no one key agency or entity. Education has a specific core purpose, EMS another, communities have other important infrastructure need. Often the issues we have the honor to champion belong to no particular agency or key constituency, but are critical to a Dad, Mom, coworker to have someone available if there is a need for emergency assistance when time matters. It doesn't matter who should have looked out for the development of bystander responders it matters that someone can act. CPR in schools fits that issue. While

CPR instruction is part of model high school health curriculum, hands on practice so crucial to remembering the skill, is not stated in that model. Schools can also adapt the Health Curriculum to skip CPR training altogether. Health is also not a graduation requirement, schools can select one unit of PE, or half unit of PE/half unit of Health as their graduation requirement. SB 2238 is a bill to provide schools with the resources to include CPR training, and to a required school course. In as such, it is flexible as to which high school, middle school grades a school selects and if it's PE, or Health. We don't prescribe what type of course, what training organization, as long as it complies with the standards established by the American Heart Association. We are the only national body that establishes such standards, based on the science and continuous review. Schools would have the option to offer full certification course which typically would be \$30 per person or per student. They could use a take home training kit which is at \$23 for continuous learning and outreach to the family members. They can also utilize to select the 30 minutes of hands on training which is a non-certified course with student procures and then with hands on equipment for that important practice. Schools, districts or regional education associations can determine how to best implement CPR training in schools. What we ask you to determine is the important resources to make that happen. Our firm amount was based on 15,000 students and we looked at the sophomores and junior who existed in public schools times \$30. We are committed to work over the next two years to determine continuing appropriation needs. This is an opted in opportunity for the schools and with the flexibility provided in the implementation, costs moving forward may not need to be \$30 times those 15,000 students but we'll need to work with the Department of Public Instruction to bring you those figures in the future. We have learned through this whole process that some training is going on in some schools. At the middle school level those student populations are different than the 15,000 that I stated that drove our formula. We recognize the interest by schools to offer CPR training within middle school grade levels and will work to clarify such within the bill when it reaches the House Education Committee. The American Heart Association research confirms CPR can be taught to middle school age level or in a class offered to freshman or sophomores as a required class. Our new goal is that in the near future every North Dakota student has learned how to recognize the need to call 911, and to initiate hands only CPR. SB 2238 does provide it is a platform to train future generations so that we have a ready community to be able to respond to a cardiac emergency. North Dakota will have a potential to add some 7500 newly trained students in our communities each year. SB 2238 can help save lives. (7:27)

**Senator O'Connell:** I have trouble with how are you going to do the program, you can teach CPR in a couple of hours in a classroom setting? I don't understand where you're going with your theory here?

**June Herman** replied the challenge was for flexibility to the school and how they wanted to do their course. If they wanted to do a full certification course then you are looking at \$23-30 dollars per student. It is up to the Education Committee if they want this to be more expansive than the public school systems because we do know some private schools participate in Regional Educational Association. We're just trying to work with flexibility without a mandate.

**Senator Erbele:** Would this just deal with cardiac type issues because there really a greater need in education than because a lot of the young people will probably in the

school situation aren't going to deal with a lot of cardiac type of issues, but just the basic first aid response kind of thing. As I am well aware the Heimlich maneuver would be something that would be important for students to learn as well as cuts and bruises and stabilizing trauma. What to do with pressure points for cuts and that sort of thing, should really be a part of the whole system.

**June Herman** replied if the school selects the full certification course they do get exposed to that. In addition, I believe there are some of the warning signs information that included in it. Not all schools will make the time for the full course and we wanted to have the flexibility at least to have the hands on practice. We are seeing opportunities you know as you look at schools being the center point for many of our rural communities when basketball games and other activities are going on. Where the number of students that come through the hallways here in the capitol, they know it's a ready source. They will mature and will move into our communities and into the workforce and have some of that knowledge.

**Vice Chairman Bowman** Is there any data how many times will this be used in one year? Is there any data that says this is really necessary and if it is why hasn't been done before?

**Katy Connelly**, with the American Heart Association (11.21) There isn't necessarily any data that says how often CPR is used especially by a teen. What we do know is that 80% of cardiac arrests actually happen in the home. So, the chance of them saving someone could potentially be a parent, not necessarily be another child in the classroom. Perhaps a parent or grandparent, someone they are close to because it happens. In terms of how often they would use it out in the community, we don't necessarily have those numbers. Part of that is because some of the data collection that we have we don't always know if someone provided by standard CPR or CPR prior to EMS arriving. We really can't answer that question accurately.

**Senator O'Connell:** If you are working in the energy field most companies require at least one person be trained in first aid, so for the people coming out of the school and going to it, I guess I would be more promoted for the first aid to expand it.

**Jessica Gilbertson**, Executive Director of the American Red Cross, testified in support of SB 2238 and provided Testimony attached # 2. She asked for an amendment to be added to this bill. This amendment enhances the opportunities for the bill to reach more children with lifesaving CPR training by including Red Cross approved curricula in addition to that of the American Heart Association. The Red Cross and the American Heart Association are two of the leading providers in the nation of life saving CPR training.

**Erv Enniger** I live in Fargo, North Dakota. I am here to say thank you. I am excited to be here today because if it weren't for your monies and wasn't for your dollars that you spent there are people who are like me would not be here today. I had a heart attack 5 months ago and I was totally blessed to be at the right spot at the right time. I was on my way out to NDSU, and retired from there, but I needed to drop something off. I walked into the training room and the trainer a grad assistant looked at me and called 911. In 37 minutes I was completely finished with a heart blockage, new stint and a new life. I have been totally blessed in so many ways. I went back to thank those people that did this, I said what took

you so long. So I had some fun with it. The Heart Association asked him to speak for them. It is an honor to be here. I am honored and thankful that you gave me an opportunity to speak to you this morning.

**Michelle Tipton** I can answer the question about the training part. I am an ND EMS instructor and also a CPR instructor and a first aid instructor for about 27 years. What I can tell you about the CPR piece in the schools, is the initial steps of recognizing an emergency and initialing an emergency response by calling 911 is the same for CPR, for first aid, and even what we do in EMS would be people unseen initiating the rescue response. So whatever aspect of this training that would be provided to our students they would know how to recognize an emergency and how to react to it. It could be a sudden cardiac arrest or not. Steps are the same in the initial part of the training. There are about 37 cardiac arrests an hour in the US. So it happens often. Whether or not these students would ever encounter one, the probability is high, but that is the statistics on that.

**Chairman Holmberg** We had testimony from Jessica Gilbertson suggesting that the committee look at the language because the language in the bill says the training must conform to American Heart Association guidelines and she suggested that the committee if we're going to pass the bill look at also addition of the American Red Cross guidelines. Is that something that causes you heartburn?

**June Herman** replied I haven't seen the suggested amendment. Red Cross uses the same standards set by the American Heart Association for their courses so the language that is in from of you from the original bill, is not intended to exclude or identify who gets nor what training material is used, it just recognize that there is one standard body that does set the standards. We can certainly have a line added in saying training materials may be inclusive of American Heart Association and American Red Cross. (19.51)

**Chairman Holmberg** That wouldn't cause you any problems? **June Herman** replied no.

**Chairman Holmberg** Jessica do you have a copy of your stuff so you could supply June with that?

**Chairman Holmberg** We will close the hearing on 2238.

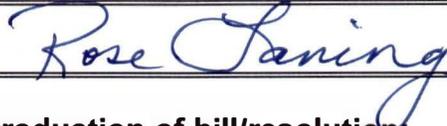
# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2238  
February 15, 2013  
No audio available

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to reimburse school districts for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation.

## Minutes:

**Chairman Holmberg** opened the hearing on SB 2238.

**Senator Carlisle:** The Red Cross brought in the amendment and the Heart Association is the prime sponsor. They wanted language about guidelines.

**Senator Carlisle** moved amendment 13.0666.02001.  
**Senator Mathern** seconded.

Voice vote carried.

**Senator Carlisle** moved Do Pass as Amended on SB 2238  
**Senator Mathern** seconded the motion.

A roll call vote was taken. Yea: 13 Nay: 0 Absent: 0

The bill goes back to the education committee and Senator Flakoll will carry the bill.

2/15/13  
TD

PROPOSED AMENDMENTS TO SENATE BILL NO. 2238

Page 1, line 13, after "to" insert "the most recent national evidence-based"

Page 1, line 13, after "guidelines" insert "for cardiopulmonary resuscitation and emergency cardiovascular care"

Page 1, line 14, after "b." insert "Be conducted according to guidelines established by the American heart association, the American red cross, or some other nationally recognized nonprofit organization;

c."

Page 1, line 15, replace "c." with "d."

Page 1, line 20, after the first comma insert "training staff as instructors,"

Renumber accordingly

Date: 2-15-13

Roll Call Vote # 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 2238

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0666.02001

Action Taken \_\_\_\_\_

Motion Made By Carlisle Seconded By Mathern

Senators	Yes	No	Senator	Yes	No
Chairman Ray Holmberg			Senator Tim Mathern		
Co-Vice Chairman Bill Bowman			Senator David O'Connell		
Co-Vice Chair Tony Grindberg			Senator Larry Robinson		
Senator Ralph Kilzer			Senator John Warner		
Senator Karen Krebsbach					
Senator Robert Erbele					
Senator Terry Wanzek					
Senator Ron Carlisle					
Senator Gary Lee					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Voice Carried*

Date: 2-15-13

Roll Call Vote # 2

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 2238

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken DPA

Motion Made By Carlisle Seconded By Mathern

Senators	Yes	No	Senator	Yes	No
Chairman Ray Holmberg	✓		Senator Tim Mathern	✓	
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell	✓	
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner	✓	
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Education - Fleckoll

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2238: Appropriations Committee (Sen. Holmberg, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2238 was placed on the Sixth order on the calendar.

Page 1, line 13, after "to" insert "the most recent national evidence-based"

Page 1, line 13, after "guidelines" insert "for cardiopulmonary resuscitation and emergency cardiovascular care"

Page 1, line 14, after "b." insert "Be conducted according to guidelines established by the American heart association, the American red cross, or some other nationally recognized nonprofit organization;

c."

Page 1, line 15, replace "c." with "d."

Page 1, line 20, after the first comma insert "training staff as instructors,"

Renumber accordingly

**2013 HOUSE EDUCATION**

**SB 2238**

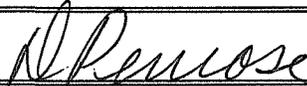
# 2013 HOUSE STANDING COMMITTEE MINUTES

House Education Committee  
Pioneer Room, State Capitol

SB 2238  
March 12, 2013  
19744

Conference Committee

Committee Clerk Signature



## Minutes:

**Ch. Nathe:** We will open the hearing on SB 2238.

**Sen. Ron Carlisle:** Sponsor, support. Introduced the bill. This training will cost approx. \$30/student x 15,000 students. It isn't optional.

**Ch. Nathe:** Thank you.

**Rep. Todd Porter:** Co-sponsor, support. I am an EMT, since 1978. On many occasions, I have had to do CPR. When we arrive at the scene, we have to find out how long the time between the incident starting and someone starting CPR. This helps determine the survival rate out of the hospital. It's also relevant to how they are going to be discharged from the hospital. Are they going to be discharged and taken to a nursing home to live out the rest of their life as a brain injured individual, or are they going to be walking out the front doors of the hospital. It is relative conversation. The more people that are trained, the better the chances of survival become. As we converted in the mid-1980s to 911, prior to that I would respond to an ambulance call in Bismarck and Mandan not using a 911 system. We started 911 in Bismarck in about 1987. Pre-arrival instructions that the dispatchers gave to the person on the phone to try to talk them through doing what they need to do, is relatively new; it started in the mid-1990's when ND passed a law that said, you know what, this is too important, we need to make sure that our dispatchers know how to give the proper instructions. The TV show, 911 with William Shatner on it, talking and they were doing actual 911 calls and recreating that call to show people how this worked. Then the level of expectation after that show went through the roof. All of a sudden this whole national movement was going on that people expect when they call 911 that the dispatcher on the other end, not just send whose necessary, that they can tell us what to do, based on what we are telling them is wrong with the patient. Of course, stopping bleeding is a big thing, opening up the person's airway, which you are going to get a great demonstration on this morning, and actually doing CPR; these are all things that people can be taught over the phone to help, but there is nothing, absolutely nothing, that replaces the 6 hours of training that it takes to become CPR certified, when that situation would happen. People think, it's been two years since I've taken the class, I'll never remember what to do. Yes you will. Along with that, now is the training for automatic defibrillator, which is the whole next level of saving someone's life. When you are walking down the hallways, when

**you're walking into church, when you're walking into the civic center, into schools, because we've put them in schools as a state legislature. The machines are right there. I can't emphasize enough the importance of a bill like this, so that when the situation arises, if the situation ever arises, that someone there knows how to do CPR, and the only way that's going to happen is to start them young, teach them young, and get them going. Places like Seattle had huge programs in place to train people that they were boasting at the American Heart Association Conventions and Conferences that almost all of the citizens in the area are trained in CPR; that you would trip over each other getting to the person that would collapse. They also, by having that training, in all the statistical data and all of the things we were trained in EMS, they had the benchmark that everybody was shooting for. They had the highest survival rate in the country for many, many years because of that one training; fast response to CPR while the trained responders were on the way.**

**Rep. Meier: What is the average response time for an EMS crew to respond to an individual needing CPR?**

**Rep. Porter: We don't track that in averages because that skews it. We track it in factiles; because state law, and a community the size of Bismarck, say that we have to be on-scene 90% of the time in under 9 minutes. Now if you take that component that we follow, and typically in Bismarck, are service is at about 94% on-scene in under 9 minutes, but if you take into consideration that sometimes it takes us 15 minutes and sometimes it takes us 3 minutes. It just depends. In Bismarck, with our system that is in place, depending on the call, the dispatchers have the ability through the 911 system to have others respond with us. If the call comes in that Grandma has the flu and has been sick for 3 days, then it is just the ambulance that responds. If the call comes in that there has been a car accident and somebody just bumped their head and they want to be checked out, then it is the police department and the ambulance that respond. If someone calls in and says that a baby is not breathing, then it is the fire department, the police department, and the ambulance service that respond. We run a system-wide approach, so it's not just looking at the ambulance's response time. In a situation where they say someone collapsed, and I don't think they are breathing. That is a multi-system response from the police, fire, and EMS. If it happens in the Capitol, the system is set up in the Capitol kind of the same way as what we do out in the real world; the highway patrol in the Capitol are carrying pagers just like mine that when the dispatch center does a notification that something happened in the capitol, these pagers go off and then anybody carrying this pager knows that something happened. There are strategically placed first aid bags and automatic defibrillator; so that the response time again is cut to a minimum amount. The ideal is zero, but a couple minutes and starting CPR, you're going to see real results when the automatic defibrillator gets there, which is now very rapid. Everything comes into play.**

**Rep. Rohr: You mentioned that the State of Washington has required that the high school curriculum has CPR classes; what other states do this and do you have their statistics as well.**

**Rep. Porter: No, I do not.**

**Rep. Rohr:** Is that available on-line.

**Rep. Porter:** I think that Ms. Herman from the Am. Heart Association can give you some of that information.

**Rep. Hunsakor:** I read the bill and on line 10 it talks about 1 high school class period and then on line 12, the training must include and then it goes on down a, b, c. As I understand, the school then in providing that training to completion could have their choice in whatever class they put it in, if they wanted to have it every Friday, or Monday, Tuesday, Wednesday, it is up to them, they just have to complete it somehow in order to qualify for the payment.

**Rep. Porter:** Correct.

**Ch. Nathe:** Along those lines, is this something you see the student needs to take very year? Do I take it every year as I go up through the ranks, or is it every 5<sup>th</sup> grader that comes through? From your experience what do you think?

**Rep. Porter:** The current certification card is a 2 year period. I don't know if this is set up to do every two years. I think it's every year for one class, just to get them started and then some of the responsibility falls back on the individual again. The key is that once you have it, then at least you have the basic knowledge to know what you are doing, even if you don't get recertified, you're going to have a higher level of comfort if something happens. With the smart defibrillator, as soon as you open the case and turn on the power, it will walk you through the steps and remind you of what you are supposed to be doing so that, in my situation, since 1977, I've taken CPR every two years, because in order to keep my license up, I have to. When I get to the class this summer, it is fairly mundane for me to sit there to go through another CPR class. Early on, it needs to be a repetitive thing. Later on, a lot of that stuff is just kind of hidden in that vault that you open up only when you need to.

**Ch. Nathe:** How early do you think they should start?

**Rep. Porter:** There are classes and studies that have it out in the 1<sup>st</sup> and 2<sup>nd</sup> grade. The biggest requirement is that the kids have enough weight that they can push down and make an actual compression. I mean that's the big thing, you have to be able to push an adult chest down about 1.5". Some of it comes back to sheer strength. The other basics that it is teaching about checking for the level of conscientious, learning to call 911, opening up the airway; those things in themselves save lives. It's not just the CPR or the compression that is going to save a life. If someone passes out and they are lying flat on their back, and their tongue falls to the back of their throat and blocks their airway, and they want to breathe, they are unconscious, they can't breathe, and no one does the simple move of just listing up their jaw. Eventually they will suffocate unless they wake up. It's those simple things that are a part of this also that saves lives. Everybody goes back to the worst case scenario, of course, doing compressions, but there are other little things that are taught in these classes that save lives too.

**Ch. Nathe:** As far as the frequency, you are comfortable with leaving it up to the school districts; once you go through 5<sup>th</sup> grade, you get this training vs. every year.

**Rep. Porter:** Yes, I am.

**Rep. J. Kelsh:** You mentioned 8 minutes and 59 seconds. In a rural setting, is that possible? Do you lose funding from the state if you don't have that average?

**Rep. Porter:** The rural benchmark is higher. The benchmark is within 20 minutes, depending on how rural you get. There isn't any straight up financial support that comes from the state, except in the form of grants. There is a personnel grant that helps those rural services to have someone there Monday-Friday during the day, when everybody else is working, where they are having a hard time getting volunteers, and then there are some training grants that help keep their volunteer staff trained. My service is Bismarck is not eligible for either of those two grants unless you want to add an amendment to the bill. The key component, that brings up the whole key to this kind of a bill. The key component in rural ND is that first responder, responding to the scene so that the time it takes for the ambulance, the volunteer service to get there, somebody is already doing something like CPR. That's why it is important that the sheriff's deputy, that the volunteer firefighter, school teacher, school kids, that they all have the training because it may not be at the school where this is needed. It may not be at the gymnasium when that little boy collapses because he has an unknown heart condition and he's playing basketball. It may be at the grocery store, at church on Sunday; you don't know where it is going to be used, but the important thing is that we come together as a state and get that training going.

**Rep. B. Koppelman:** I think that Rep. Carlisle had said that the fiscal number in the bill was based on 15,000 kids at \$30 a kid. We've got about 100,000 kids in the state in public school right now. Would that be how many seniors there are or where does the figure of 15,000 come in, what happens if there isn't enough money, are all the schools still required to provide it.

**Rep. Porter:** I don't have the fiscal note on what they picked. It's in the bill. My guess is that they picked one grade level and said this is where we are going to start it and let it go from there, and we're going to pay for one grade level and get it started. Then it is the responsibility of the community and school to keep it going if they want. One other point, again it is important to keep your certification active and keep on it. The important thing is to get that baseline education so that if something happens and it's three years, and you haven't gotten to a recertification class, and you grab that automatic defibrillator because you know it's the thing that you need to do and you call 911, and you get the whole system activated. You put that defibrillator on and it starts talking to you and telling you what you are supposed to be doing. The important thing is, at that point, you don't just freak out. Some people could grab that thing and follow the instructions without ever having a CPR class. But that's not what we want. We want to have that level of comfort, of "hey I remember how to do this, it is coming back to me". It may have been 3 or 4 years;

but when I put the defibrillator on and it starts telling me what to check for and what to do. Some of the machines are so smart that they read in between the patches, that they will actually tell you that you need to push harder, because you aren't pushing hard enough. The important thing is to get that baseline education going. I wish we had enough money to pay for every year, to keep their certification up, but we don't. This is the start of the program to get it going and to get it ingrained in people's minds on how to do it.

Rep. Wall: I know that in many schools in the state, in 9<sup>th</sup> grade health class, they provide this training now. Do we have any idea of how many schools already provide this training?

Rep. Porter: I do not.

Rep. Rohr: You mentioned about the personal responsibility factor. So it would seem to me, and I'm not sure what the intent was when they put in there, "one high school class period would be set aside", so if it's a recertification every two years, do you think that we would want to do it in their Freshman and Junior years, or just leave it until their junior year, so that they can make sure to get recertified after they begin college. Was there any discussion about that?

Rep. Porter: No, there was not.

Ch. Nathe: Thank you. Further testimony in support.

Rep. Rust: FYI, I am on DPI's website, there are 31,837 students in grades 9-12.

June Herman, Regional Vice President of Advocacy for American Heart Association: Support (see attached #1).

Ch. Nathe: Can you explain to me the \$30 fee and what does that cover?

June Herman: The \$30 covered the cost for a basic certification course. We do know that there are some school districts out there would like the basic certification course offered to the students, prior to the students going out into the workforce.

Ch. Nathe: So that includes the instructor.

June Herman: The material. We went with the average high end; we recognize that it can be done at a lesser amount. We really see the regional education associations helping the school districts sort through what fits. The certification course can't be done in that one class period. So if the school feels that they can't take that many periods during a school week to do the certification course, we want to at least have that basic hands-on practice at a lesser amount of dollars.

Rep. Meier: Do you have any samples of a training kit, or visuals to see what you are talking about.

**June Herman:** This is one piece that is in the training kit. That would be for take-home that they could use with the families. There's a disc that's also within it and materials.

**Rep. Rohr:** I already see the importance of providing these courses to high school students. But my question still goes back to, if you had the information of which states currently do require that in their high school curriculum, and if anyone in ND is already doing it.

**June Herman:** I can get you information of what states do have CPR. The only way we would be able to answer the question, we could tell you what schools mandate it and with this particular bill we are avoiding mandating that the schools must do CPR training in the classroom. I'm not sure, nationwide, if we have that information on what states have CPR and health curriculum, but health is not a required course. I think that's part of the problem we ran into also in ND, is knowing while there is model health curriculum out there, and schools could require health, are they including the CPR component that's within it. We wanted to avoid a mandate issue.

**Rep. Rohr:** On the first page, on line 9, it says "that the school district shall set aside one high school class period".

**Ch. Nathe:** In order to be eligible for reimbursement. Thank you. Further testimony in support.

**Scott Eckroth, CPR instructor:** Support (see attached #2).

**Ch. Nathe:** Thank you. Further support of SB 2238.

**Casey Fry, student, 8<sup>th</sup> grader:** Support. The first reason I support this bill is that it may lead to interest into the medical field; and the second reason, because many kids are going into the job market babysitting and need this training. I believe it is necessary for 8<sup>th</sup> graders to know CPR, because we are able to take matters into our own hands in case of an emergency while we are on the job. This may lead to interest in jobs in the medical field. CPR for me and some of my friends has taught us the feeling of being able to save someone's life. It also taught me that people my age can have a huge impact in someone's life or saving one. (Does a demonstration on the Mini-Ann kit and talked through the steps.)

**Ch. Nathe:** Thank you. Further testimony in support.

**Danielle Borseth, 8<sup>th</sup> Grade Health Teacher, Mandan ND:** Support (see attached #3).

**Ch. Nathe:** Thank you. Further support.

**Jack McDonald, State Association of Non-Public Schools (SANS):** Support (see attached #4).

**Rep. Heller:** By doing this, how much would we be adding to the appropriation?

**Jack McDonald:** That would have to be determined. I can get you the figures. We would not have anywhere near the number. We only have 7,000 total students in the non-public schools, both elementary and secondary. We only have three secondary schools and so we would only have 3 classes of juniors or sophomores. The number of students we would be talking about would be approx. 300-400 students at the most, that is probably high.

**Rep. Rohr:** With the numbers that Rep. Rust gave us, that there are 31,000 overall in ND, they took half of that, around 15,000 students x \$30.

**Jack McDonald:** But 7,000 is total from elementary to secondary.

**Rep. Rohr:** If you divided that by 2.

**Jack McDonald:** That covers grade schools and high schools, the 7,000 students. There are only three non-public high schools in the state.

**Rep. D. Johnson:** By taking out school districts, would it open it to homeschooled students.

**Jack McDonald:** There are no home schools. There are only homeschooled students. The homeschooled students, most of them in high school, kind of sign on to a high school so that they can get a high school diploma at the end of the day. I suppose if Bismarck High had the training, the homeschool students can take advantage of their curriculum and may be eligible for this as well. If you're only talking about the total number of homeschooled juniors, I don't think that there are that many. If they wanted to, I suppose they could take the class, yes.

**Ch. Nathe:** We will consider the amendments during our committee discussion. Rep. Rohr is the carrier; please check with legislative council on wording. Thank you. Further testimony in support.

**Patrick Tracy, Board Member of ND Emergency Medical Services Association, EMT and CPR Instructor:** Support (see attached #5).

**Rep. J. Kelsh:** It says one high school class period. How many students can be trained at one time? If you had 10 students, would they still be done in 30 minutes, or would it take more hours. How does the training work.

**Patrick Tracy:** As a CPR instructor, we have 8 students under one instructor. If you were to have 25-30 students, you would definitely be going to have to have more than one instructor. I teach a different level of CPR. I couldn't teach CPR in 30 minutes because I teach a healthcare provider level. To learn the basics, to operate an AED, to do chest compressions and to possibly sustain life until your paramedics or ambulance get there, I would imagine that could be done in 30 minutes to an hour. I think there is a greater need for a little more depth.

**Ch. Nathe:** Thank you.

**Rep. Rust:** FYI, there are 1466 students in grades 9-12 in non-public schools according to the Educational Directory.

**June Herman:** The bill sets a minimum for reimbursement which is 1 class period; we're not restricting the schools to join the fuller courses for certification. That's part of the element. When we did the 15,000 students, not every school may participate in the next two years. It's kind of hard to say exactly how much money is needed for 2 years' worth. We just took the sophomores and juniors that would be eligible for training, recognizing a school may pick another grade level, and we'll just have to make the funding stretch to cover based on the interest that is expressed by the schools.

**Ch. Nathe:** As long as they set aside one class period, they meet those requirements.

**June Herman:** Yes.

**LeeAnn Nelson, NDEA:** Support. The top reason is that it may save lives; and secondly, it is not mandated. Some of these curriculums are pretty tight already, so we didn't want something that would be forced into the curriculum, and then neither content would be done justice to the training or the other content. We like that it's not mandated. I didn't have to call teachers for feedback, I had teachers calling me from science and health classes and letting me know that they did like the bill. I asked if this was going to become another standard that's going to be added on and they said no, this fits into some of our standards already. I got really good feedback.

**Ch. Nathe:** Thank you. Further testimony in support.

**Jessica Gilbertson, Executive Director of the American Red Cross, West Dakota Chapter:** Support (see attached #6).

**Ch. Nathe:** Thank you.

**Rep. Hunsakor:** (directed to Danielle Borseth) In your four years of teaching in Mandan, students who have had training and experience they may have had in a life-saving cause, have you had any students come back and tell you if they used the training.

**Danielle Borseth:** I've never had one of them come back. Some will tell me when they are going to babysit, because it makes them feel more comfortable. The hardest thing is once they move out of my school, they are at a totally different school. I have had some of the students talk to me about how they remember it. If I were to ask them today, they would be able to go to the mannequin and be able to do it on their own. I think that's the comfort level that we really want to teach. We have such a society where people don't want to help other people, and we're teaching out

**kids that it's okay to do something, it's okay to help them, and it's giving them that knowledge set. As far as any of them coming back, they haven't.**

**Ch. Nathe: Thank you. Further testimony in support. Testimony in opposition. I have a question for DPI.**

**Valerie Fisher, Director of School Health, DPI: You have a question.**

**Ch. Nathe: Yes, it has to do with the reimbursement. It says that they will submit documentation verifying the training and any expenses incurred. Can you explain how that would look? How does the process work?**

**Ms. Fisher: We have had conversations with June Herman as to how that would look. We would need to do some tracking. We would need to set up some payment systems and identify the schools that had participated and communicated to us that they had completed the training and then be eligible for the \$30 per student cap. Then we would need to track how many students were trained so that the reimbursement could be made back to the district. Hopefully there would be enough funds to reimburse all of those during the biennium who wished to provide the training. If it were to ever to get to the point of falling short, we would probably have to communicate with the local districts, telling them that funds were beginning to get limited and try to identify how many had continued interest, particularly in that latter half of year 2.**

**Ch. Nathe: So it is first come, first serve.**

**Ms. Fisher: At this time, yes sir.**

**Ch. Nathe: We will close the hearing.**

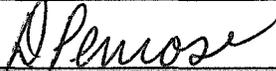
# 2013 HOUSE STANDING COMMITTEE MINUTES

House Education Committee  
Pioneer Room, State Capitol

SB 2238  
March 18, 2013  
20065

Conference Committee

Committee Clerk Signature



## Minutes:

**Ch. Nathe:** We will take a look at SB 2238. This bill is about CPR and AED training.

**Rep. Rohr:** Explained the amendment. Jack McDonald had indicated during testimony that the "non-public school" wanted to be included on this bill. So my amendment, 13.0666.03002, 04000. I move the amendment.

**Rep. Meier:** Second the motion.

**Rep. Heilman:** Did we provide state dollars for the defibrillators in schools, did that cover non-public schools as well, so we do things like this for health and safety and that's not a problem.

**June Herman, American Heart Association:** Yes, AEDs were provided to non-public schools. I'm not sure how the distribution was done. I don't know if it was direct funds to the schools, or if the devices were purchased and distributed.

**Ch. Nathe:** Was that done through DPI.

**Ms. Herman:** Yes.

**Ch. Nathe:** Voice vote, motion carried. We now have the bill before us as amended.

**Rep. Rohr:** I move a Do Pass as amended and be rereferred to Appropriations.

**Rep. Meier:** Second the motion.

13 YES 0 NO 0 ABSENT

CARRIER: Rep. Rohr

DO PASS AS AMENDED AND BE REREFERRED TO APPROPRIATIONS

March 13, 2013

VK  
3/18/13

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2238

Page 1, line 1, after "districts" insert "and nonpublic schools"

Page 1, line 7, after "districts" insert "and nonpublic schools"

Page 1, line 9, replace "In order to be eligible for a reimbursement under this section, a" with  
"Each"

Page 1, line 12, after the period insert "Each nonpublic school shall set aside one high school  
class period in a required course of the school's choosing, for the purpose of providing  
instruction in cardiopulmonary resuscitation to as many students as possible."

Page 1, line 20, replace the second "the" with "each"

Page 1, line 20, after "district" insert "and nonpublic school"

Page 1, line 22, remove "by the district"

Page 2, line 5, after the period insert "A nonpublic school's reimbursement may not exceed the  
equivalent of \$30 multiplied by the number of the school's students undergoing the  
training."

Page 2, line 6, replace "A school district" with "School districts and nonpublic schools"

Page 2, line 6, after "districts" insert "and nonpublic schools"

Page 2, line 9, after "districts" insert "and nonpublic schools"

Re-number accordingly

Date: 3/18/13

Roll Call Vote #: \_\_\_\_\_

2013 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 2238

House \_\_\_\_\_ **EDUCATION** \_\_\_\_\_ Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0666.0300 2 04000

Action Taken:  Do Pass  Amended  Rerefer to Appropriations  
 Do Not Pass  Adopt Amendment

Motion Made By Rep. Rohr Seconded By Rep. Meier

Representatives	Yes	No	Representatives	Yes	No
Chairman Mike Nathe			Rep. Bob Hunsakor		
Rep. Mike Schatz			Rep. Jerry Kelsh		
Rep. Joe Heilman			Rep. Corey Mock		
Rep. Brenda Heller					
Rep. Dennis Johnson					
Rep. Ben Koppelman					
Rep. Lisa Meier					
Rep. Karen Rohr					
Rep. David Rust					
Rep. John Wall					

TOTAL (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ (ABSENT) \_\_\_\_\_

FLOOR ASSIGNMENT \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Voice vote, motion carried.*

Date: 3/18/2013

Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 2238

House EDUCATION Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0666.03002 04000

Action Taken:  Do Pass  Amended  Rerefer to Appropriations  
 Do Not Pass  Adopt Amendment

Motion Made By Rep. Rohr Seconded By Rep. Meier

Representatives	Yes	No	Representatives	Yes	No
Chairman Mike Nathe	✓		Rep. Bob Hunskor	✓	
Rep. Mike Schatz	✓		Rep. Jerry Kelsh	✓	
Rep. Joe Heilman	✓		Rep. Corey Mock	✓	
Rep. Brenda Heller	✓				
Rep. Dennis Johnson	✓				
Rep. Ben Koppelman	✓				
Rep. Lisa Meier	✓				
Rep. Karen Rohr	✓				
Rep. David Rust	✓				
Rep. John Wall	✓				

TOTAL (YES) 13 (NO) 0 (ABSENT) 0

FLOOR ASSIGNMENT Rep. Rohr

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2238, as engrossed: Education Committee (Rep. Nathe, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2238 was placed on the Sixth order on the calendar.

Page 1, line 1, after "districts" insert "and nonpublic schools"

Page 1, line 7, after "districts" insert "and nonpublic schools"

Page 1, line 9, replace "In order to be eligible for a reimbursement under this section, a" with "Each"

Page 1, line 12, after the period insert "Each nonpublic school shall set aside one high school class period in a required course of the school's choosing, for the purpose of providing instruction in cardiopulmonary resuscitation to as many students as possible."

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Page 2, line 6, after "districts" insert "and nonpublic schools"

Page 2, line 9, after "districts" insert "and nonpublic schools"

Renumber accordingly

**2013 HOUSE APPROPRIATIONS**

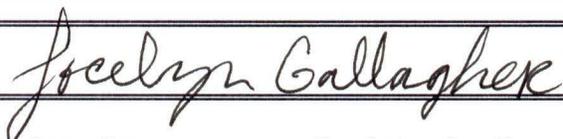
**SB 2238**

# 2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee  
Roughrider Room, State Capitol

SB 2238  
3/26/13  
Job 20474

Conference Committee



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to reimburse school districts and nonpublic schools for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation.

## Minutes:

**Chairman Delzer** called the committee back to order.

**Rep. Mike Nathe, District 30:** Introduced the bill.

**03:10**

**Chairman Delzer:** You have a \$30 figure in the bill. Obviously they are currently doing a good share of this. Why should we put another 450,000 on top of the 1.8 billion we're putting out?

**Nathe:** Some schools may just decide they want CPR and it wouldn't cost them \$30. It depends on the training

**Chairman Delzer:** How is it currently being done now?

**Nathe:** I think it is. As far as we know right now it is not being done, some schools may be doing it, we didn't have any testimony to that effect.

**Rep. Pollert:** Why wouldn't this automatically be covered in health class?

**Nathe:** We did hear some testimony from some corporations that will come into schools and provide the training.

**Chairman Delzer:** Did you have any questions from the health department about their materials and opportunities they have available?

**Nathe:** We did not have any testimony from the health department.

**Rep. Grande:** When I taught health class, it was part of the curriculum. I don't know what other school districts choose or choose not to do.

**Nathe:** It may be, we just didn't have any districts testify on that.

**Rep. Monson:** Were there discussions concerning the local EMT groups or firefighters come in and teach?

**Nathe:** We did, an EMT came in who went into the schools and taught CPR.

**Rep. Holman:** Did DPI come in and make any comments? You're working with curriculum.

**Nathe:** They did not

**Rep. Brandenburg:** There are programs in place, I just don't know how far and deep it goes.

**Rep. Guggisberg:** As far as I know Fargo is not currently doing this. This isn't requiring certification in CPR, it just saying it has to be a curriculum that covers things in the American Heart Association Guidelines. This isn't saying they have to have the card?

**Nathe:** No, that would be up to the school or district, this is not a mandate, it would fit in with their class standards with health courses.

**Rep. Guggisberg:** It makes sense to me that this is publicly funded, because this is the only thing you can learn that you cannot benefit yourself with.

**Chairman Delzer:** What about liability?

**Nathe:** I wouldn't think there would be any liability issues due to Good Samaritan laws.

**09:48**

**Rep. Grande:** I think teaching CPR is a very good thing. But I have been told that curriculum should be left to local control....

**Nathe:** The committee felt if we could help facilitate learning this lifelong skill

**Rep. Grande:** The bill says shall, which I read as a mandate

**Nathe:** With the amendments it is a mandate, I stand corrected

**Rep. Monson:** It states setting aside one high school class period, that won't cover very many kids; it seems that is being too restrictive, it should be able to be done in a setting where the school could do it in a health class or include everyone

**Nathe:** You're correct, if they have a program in place they could do that, but if they want to access these funds they would set aside one class and maybe use it for the defibulator training.

**Chairman Delzer:** Did your committee mean for this to be a mandate? Is there enough money to cover at \$30 per student?

**13:33**

**Nathe:** It was the committee wish to make this a mandate; it would be a mandate. The money is out there, so first come first served for the 450,000.

**Rep. Grande:** I want to be very clear that the legislative body is now mandating certain forms of curriculum.

**Rep. Nelson:** This is training, not curriculum. On page 2, subsection 3, it looks like you could join with one of the regional education associations and bring in students from a number of areas and get this done to a larger group of students.

**Nathe:** Yes, and that may also help hold down the costs.

**Rep. Nelson:** Would each student have the ability to perform that exercise on a dummy so they have an opportunity to practice that?

**Nathe:** Yes, that money could go to help pay for materials like that.

**Chairman Delzer:** It does look like it's a mandate; what would your committee think of saying each school district that wishes to access these funds shall set aside one.

**Nathe:** Anything to educate the children on these lifesaving procedures I think is a good idea rather than seeing the bill die.

**17:05**

**Rep. Monson:** The original bill (version 3000? Senate engrossed) did have it, in order to be eligible for reimbursement under the section the school district shall set aside one high school. That is not a mandate, it just says if you want to get reimbursed you have to do this, and this, and this.

**Chairman Delzer:** This is policy that drives dollars, and if you're going to set a policy that says you have to do this, you had better make sure you have enough money for everybody to do this. Are you talking one period to cover all four grades or one period for each grade?

**Nathe:** One period per grade.

**Chairman Delzer:** So you were talking 24,000 students.

**Nathe:** The number of students in grades 9-12 is roughly 31,000, including about 1400 in private students in grade 9-12.

**Chairman Delzer:** Is there any question about using tax dollars for the nonpublic schools?

**Nathe:** There are some programs already being done.

**Chairman Delzer:** Being offered but not required?

**Rep. Monson:** This is one-time funding. Can you qualify more than once or is this a once a year?

**Nathe:** This is required once per year,....you could take it once in your high school career.

**Rep. Skarphol:** How many other things do we require schools to do that use up class period time?

**Nathe:** We didn't have any discussion along those lines.

**21:20**

**Rep. Brandenburg:** Certification is only good for one or two years with CPR. This is a good program, but I'd like to see local EMTs get involved in this.

**Rep. Dosch:** We just redid the formula for the funding of the firefighters which are receiving substantial more dollars that we couldn't take it out of there or part of the deal is they go into the schools and provide this.

**Nathe:** I think encouraging more of that is a good thing.

**Rep. Skarphol:** I think there is a way to require it on a condition of them getting the dollars, both fire departments and EMS services. I would assume your committee would have no difficulty with a different funding mechanism as long as the job got done.

**Nathe:** Not at all.

**Chairman Delzer:** We'll drop this into EE.

**23:45**

**Rep. Monson:** This works really well in small schools, small towns for the firefighters to get involved with this training. How would this work in a city the size of Fargo?

**Rep. Guggisberg:** I think you're right, but I do think this funding is important, because in the smaller communities, the firefighters and EMS workers are volunteers and they have to leave their job to go do this. Some of them lose money when they do this for the community.

**Chairman Delzer:** I'm not sure about requiring fire departments to do it, but the essence is how much money we've increased that's going back out to the fire departments.

**Rep. Guggisberg:** This isn't for buying fire trucks; this is for preparing citizens in the community to help their neighbors. In Fargo, we have things we do all day long; I would guess this would take an hour or two and they have to pay their workers.

**Chairman Delzer:** Let's move onto 2096.

# 2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Education and Environment Division  
Roughrider Room, State Capitol

SB 2238  
March 28, 2013  
Job 20626

Conference Committee

Committee Clerk Signature

## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to reimburse school districts and nonpublic schools for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation.

## Minutes:

You may make reference to "attached testimony."

Chairman Skarphol called the committee to order to hear SB 2238.

**June Herman, regional vice president of advocacy for the American Heart Association:** Gave a background for the reason for the bill. We are trying to build a platform by which all graduating students will leave high school with CPR skills. Includes flexibility for schools in course selection. Determined cost by multiplying the average cost for a course leading to a certification cost by the number of public school students. We included non-public schools. There is an incentive for schools in resources in order to support the training in the course of their choice. Elaborated on options schools would have. Recognized that a number of EMS services provide support for CPR in schools currently, but summarized challenge with that funding. Spoke of discussion regarding a local match required of schools.

5:26 **Chairman Skarphol:** As far the policy, that is not something we are inclined to worry about. We worry the most about the dollars. It's a general fund appropriation.

5:59 **Rep. Grande:** How are schools currently funding their programs? Fargo schools are offering it as part of sophomore phy ed. Every child in the Fargo school system is in CPR and AED. It is offered in the levels 1 and 2 health awareness classes and in the athletic training classed. They are certifying the students in the levels 1 and 2 health classes. Sophomores are offered the opportunity to be certified.

7:03 **June Herman:** I believe they may have tapped into their current student resources and are treating it as a class for which they purchase supplies and resources. We did not want to mandate that schools would have to do it, but we want to be supportive of the schools that include it.

7:45 **Chairman Skarphol:** This is a mandate.

7:48 **June Herman:** If they choose to offer the class, they will receive reimbursement. They do not need to offer it. It gives a way to see who opts to offering CPR.

8:13 **Vice Chair Monson:** The original Senate bill was not a mandate. That's the one she is looking at. It was changed in the House at some point, and it is a mandate with the word *shall*.

8:39 **Chairman Skarphol:** I cannot see anything in here about doing it in the ninth grade. I have a lot of questions with the current version. Is it going to be a one-time thing for a student? I think that it was a lot cleaner in the original version. A policy is a policy; it's the money we're dealing with.

9:27 **Vice Chair Monson:** I asked the person from House Education who brought this down if he was okay with us changing it from a mandate, and my impression is that he sounded like he was okay.

10:00 **June Herman:** We did not intend this to be a mandate. I believe it was in House Education where amendments were done.

**Chairman Skarphol:** Mr. Nearing, any thoughts for us on the dollar amounts?

10:37 **Tom Nearing, director of the division of Emergency Medical Services and Trauma at the Department of Health:** I started working with June Herman yesterday on this bill. From the EMS perspective, we are interested in working synergistically with other providers, in this case providers of CPR. We think this is a natural marriage. Gave examples.

12:08 **Chairman Skarphol:** How many school districts teach CPR?

12:22 **Tom Nearing:** I do not have that information. Provided anecdotal testimony regarding ambulance services providing training in schools.

**Chairman Skarphol:** Do you think a 50/50 match is workable?

**Tom Nearing:** I believe that it is.

13:18 **Vice Chair Monson:** You brought up that the rural schools are likely the ones being left out. I'd argue that the rural schools are ahead. Provided examples of CPR education in his local school.

14:48 **Tom Nearing:** I didn't mean to imply that the rural areas are behind. Larger communities tend to have more resources available from which to draw. I have a great appreciation for how well our rural areas do and how well our state compares to others. The volunteer subsidy in the state is valued at \$31 million a year. Those volunteers are the ones who make things happen in their communities. Many are already doing this program. I think it is a question of incentivizing for the future. I am not in favor of requiring that EMS

provide this service in the schools. We do have some mechanisms for the future where we can incentivize. Gave examples.

16:2 **Chairman Skarphol:** How much does a training mannequin cost?

**Tom Nearing:** The cost varies because of the variety of mannequins available. They range from about \$250 to \$50,000.

**Chairman Skarphol:** If they are going to do this, they will need equipment. Schools can share, so we wouldn't need one for each school. There is cost involved in putting together the instructional material.

**Tom Nearing:** We have talked about equipment but do not have a solution at this point. I think working together regarding equipment and instruction, we can lower that price tag.

17:49 **Chairman Skarphol:** I see nothing in here that requires a certification.

**Tom Nearing:** I think there are a couple of methods. Detailed levels of training, with or without certification. We have talked about scheduling options.

**Chairman Skarphol:** It is a four hour program?

**Tom Nearing:** For certification, yes.

19:10 **Chairman Skarphol:** Again, I do not see that.

**Tom Nearing:** I don't think certification is a requirement of the bill.

**Chairman Skarphol:** Do we have the covered bill in our possession so we can act on them? (Confirmed with clerk)

21:13 **Vice Chair Monson:** I think the current House version is a mandate, and I do not like mandates even if we do fund them. I don't think the original bill is too bad. I don't know that the amount of \$450,000 is necessary. I can think of many ways this can be funded. Gave example. Spoke of schools sharing mannequins so that a school does not purchase one that will be used only once a year. Are we going to do this every year? Are we going to all students or all sophomores? I think we leave this up to the local administration and those who put together the curriculum. We can highly encourage them to do this. Perhaps the Superintendent of Public Instruction could check with schools to determine their needs.

23:27 **Rep. Grande:** I don't think the approach is right. If it's not supposed to be a mandate... It has to conform to the American Heart Association. With that, I wonder if it is not mandating the four-hour class. It says one class period, not even an hour.

**Chairman Skarphol:** It says one class period. It also could be one class period for two weeks. It does not restrict it. It says they must set side one class period in a required course.

**Rep. Grande:** In a required course, so that would be just one time. That's not going to meet the criteria listed below that. I think the bill contradicts itself and is not written the right way or the way the sponsors thought it was. Do we need to have a pool of money in DPI or wherever for equipment in order to meet the requirements a school wants? If it's a matter of equipment, I don't have a problem doing that. As far as instructor stuff, there are so many ways to do that. Gave examples.

26:24 **Rep. Dosch:** We also changed the funding formula for fire departments and similar. I think that with the new funding formula....

26:53 **Chairman Skarphol:** Summarized dollar amounts under the new funding formula.

27:12 **Vice Chair Monson:** I agree 100% with Rep. Grande. Spoke about mannequins wearing out and the range of equipment costs. If we pool this together and gave it to an REA, we could get better than the minimal quality mannequin. If we pooled this money through DPI or REAs or something and said what it is for, I think we can make it a more effective program. I would like to see a four-hour course. That will assist communities in the future when they are looking for volunteers.

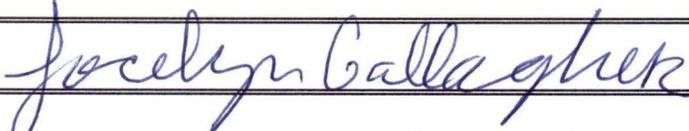
**Chairman Skarphol:** Let's let it ferment. We'll talk to Rep. Nathe and will ask the policy committee what they want to do. Based on what I'm looking at, I am not willing to vote yes.

# 2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Education and Environment Division  
Roughrider Room, State Capitol

SB 2238  
April 3, 2013  
Job 20831

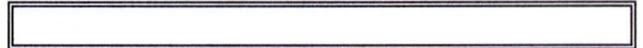
Conference Committee



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to reimburse school districts and nonpublic schools for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation.

## Minutes:



**Chairman Skarphol** took up to consider SB 2238.

**Vice Chair Monson:** Went over the amendment given to him by Rep. Nathe.

**Rep. Dosch: (2:30)** If a school says they will do it after school, that would disqualify them from reimbursement?

**Vice Chair Monson:** That could be a question for them.

**Chairman Skarphol:** Is one class period sufficient?

**Rep. Grande:** That is not going to get anybody certified. It says they have to conform to American Heart Association guidelines. Are they just going to take a portion of a curriculum and teach it for an hour instead of the three or eight?

**Vice Chair Monson:** It doesn't say that they need to get certified. You are going to get reimbursed if you did one and one is better than nothing.

**Rep. Grande: (4:33)** We're going to have to adjust what the ADCD is because it says they have to include the AED plus chest compressions and conducted according to guidelines. We are saying one thing to just take a class to do it but over here we're saying I want all of this done. It can't be done in an hour.

**Chairman Skarphol:** It wouldn't be the first time we passed a law that wasn't possible to enforce.

**Rep. Grande:** I think it is conflicting with what we are asking. I think it should say at least three. I would like to know why we're doing what we're doing then?

**June Herman, Regional Vice President Advocacy for the American Heart Association: (6:20)** We now have a course that is non-certified course that could be done in one period, cover AEDs and how to do compressions. Schools would be able to do that and meet our standards.

**Rep. Grande:** You feel that this bill gives that flexibility?

**June Herman:** Yes

**Chairman Skarphol:** We have a motion for the amendment by Rep. Monson, and second by Rep. Streyle.

**Voice Vote, motion carried.**

**Rep. Monson:** I move do pass as amended.

**Rep. Boe:** Second

**Rep. Dosch:** I'm going to oppose the bill not because it's a bad bill but we are giving the EMTs out there millions of dollars this next biennium. I think they've been well compensated.

**Vice Chair Monson: (10:20)** I can't disagree with that statement. I think it is a worthy cause. It could save a few lives.

**Chairman Skarphol:** Roll vote, motion passes.

**6-2-0.**

**Rep. Monson will carry.**

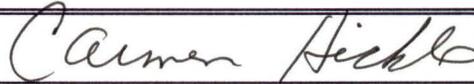
# 2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee  
Roughrider Room, State Capitol

SB 2238  
4/8/13  
Job #20997

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A Bill for an Act to reimburse school districts and nonpublic schools for expenses incurred in providing cardiopulmonary resuscitation training to students; and to provide an appropriation.

## Minutes:

*Proposed amendment*

**Chairman Delzer:** called the committee back to order.

**Rep. Grande:** Went over amendment .03006.

03:45

**Chairman Delzer:** How does this work on the overall dollars? Do we still need to remain at the \$450,000? There was some concern about that being too much to start with even though it was \$30.

**Rep. Grande:** We can probably lower that amount. We could leave that because it is 'up to' and if there is some left over we certainly have it turned back

**Chairman Delzer:** That is the question; it is forced to be turned back?

**Rep. Monson:** You talk about it being prorated, but I'm not seeing anything that says that if they only offer one hour they don't get the \$30 or the match of \$22.50. But you said if you did all four hours to get the certification then they would get \$30 and they would prorate something. I'm not seeing that.

**Rep. Grande:** Page 2 line 5 after training insert "during based on the number of hours and level of certification offered". We are leaving that for the Department of Public Instruction to be able to assess that with that school. So if that school incurred a larger expense because they had to replace six of their mannequins, they would have money to help that school out. We don't want to short somebody the equipment if they are willing to offer the class.

**Rep. Monson:** It doesn't say that they are going to get more or less ?

**Rep. Grande:** That's how we had sent it out and that is the legislative intent

**Rep. Grande:** No, but that is how we had sent it out and that was the Legislative intent.

**Rep. Monson:** So it would be up to DPI to decide that level up to \$30?

**Rep. Grande:** Absolutely, and when they are looking at it says the match must be equal to or exceed those match amounts. If they are seeing something like and that and they want to match into that with something they could certainly use that as their guidelines but it would be up to them.

**Chairman Delzer:** How many schools are currently doing this? Will we be paying them for something they are already doing, or will they be doing a better course? A lot of schools the kids are being taught CPR already.

**Rep. Grande:** There are a lot of schools that are doing CPR at this time. This is in the hopes that more schools participate, and work under the qualifying coursework.

**Rep. Skarphol:** Is there anything to preclude them from letting a student do it twice? I share Rep. Monson's question, if a school is doesn't do the match at all and they only offer one hour, you are saying it's up to DPI to make a determination as to how much per student they would be paying?

**Rep. Grande:** No because if they don't do the match they don't qualify at all.

**Chairman Delzer:** And if they do one hour, the most they can get is \$15?

**Rep. Grande:** That would be the plan.

**Rep. Guggisberg:** It says it is hours and level of certification offered; how does that work? If they get \$15 for one hour but what does the certification have to do with it? If they don't get certificated they only get \$15 and if they get certified they get \$22.50?

**Rep. Grande:** The reason why we did it this way to leave it up to superintendent offices to really look that over and make that type of decision but once they get to the three hour marker and they offer the certification it incurs a cost of the \$25 for the certification care. That is why if you go to that level, if you are going to work that hard at it, you get a higher reimbursement.

**Chairman Delzer:** Further discussion?

**Rep. Monson:** Do you see this as actually cutting back on the amount of dollars needed? Would there be more need for that level of funding because you would have more people applying and doing it the second year?

**Rep. Grande:** By the second year it is a 50-50 match.

**Rep. Monson:** There is no reason they couldn't do it a second year for the same people, right?

**Rep. Grande:** If they are certified they wouldn't do it two years in a row because your certification last for two years. In Fargo they offer it in sophomore Phy. Ed. They also offer it in level 1 and level 2 health services and that is at a certification level. The PE one is a one hour class. They can also take it in their athletic training course and that is also certification course.

**Rep. Skarphol:** Do you need to get recertified every two years to carry the card?

**Rep. Grande:** Yes.

**Chairman Delzer:** Is there anything in here that differentiates between school districts, the size, and the classes available?

**Rep. Grande:** No.

**Chairman Delzer:** So it could all go to the larger schools?

**Rep. Grande:** I would hope DPI wouldn't it that way.

**Rep Grande:** Moved amendment.

**Rep. Skarphol:** Second the motion.

**Rep. Monson:** I thought it was in decent shape the way we amended it and it was simple and okay with the Policy committee. Now this makes it a lot more complicated, it might be fine and it might be an improvement but I'm thinking it is a lot more complicated.

**Rep. Wieland:** Does this affect the fiscal note in any way or the appropriation?

**Chairman Delzer:** The appropriation that was the questions. There is a direct appropriation in the bill.

**Rep. Grande:** I worked with the American Heart Association and what they were looking for when the bill was originally put together and I think we worked out a very good piece here. There is no mandate in here, the only mandate is if you want it you have to get your match and you have to offer the class.

**Chairman Delzer:** Further discussion?

Motion carried by voice vote.

**Chairman Delzer:** Do we have an idea on the dollars?

**Rep. Grande:** I don't know how much less this will be, I'm hoping with the matches we could take it down by almost half. I would rather do something to the effect that there be turn back dollars if they are not used.

**Rep. Monson:** We don't know how many people will take us up on this; we hope a lot of them they do. If they do they might need quite a bit of this money and if there is money left over then turn it back.

**Chairman Delzer:** We should probably put an amendment on here stating any money that is not used for this program shall be returned to the general fund at the end.

**Rep. Monson:** Made a motion to further amend with any money not expended would be returned at the end of the biennium.

**Rep. Grande:** Second the motion.

Voice vote carried.

**Rep. Glassheim:** I am wondering if we should have the Skarphol amendment on this which requires a one to one match, as in the arts, for the first \$50,000 anyway.

**Rep. Grande:** I have that amendment in there; it's the bottom line 50 percent match.

**Rep. Monson:** Made a do pass motion as amended.

**Rep. Skarphol:** Second the motion.

Vote 18-3-1

**Rep. Grande:** Will carry the bill.

VR  
4/9/13  
108 2

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2238

In lieu of the amendments adopted by the House as printed on pages 992 and 993 of the House Journal, Engrossed Senate Bill No. 2238 is amended as follows:

Page 1, line 1, after "districts" insert "and nonpublic schools"

Page 1, line 7, after "districts" insert "and nonpublic schools"

Page 1, line 8, after the period insert "The superintendent of public instruction may not spend the funds appropriated in this section for any other purpose and any funds remaining unspent at the end of the biennium must be canceled in accordance with provisions of section 54-44.1-11."

Page 1, line 9, replace "In order to be eligible for a" with "A school district may be eligible for"

Page 1, line 9, replace ", a" with "if the"

Page 1, line 9, remove "shall set"

Page 1, line 10, replace "aside" with "utilizes"

Page 1, line 12, after "possible" insert "and provides in-kind or cash match for the reimbursement requested. A nonpublic school may be eligible for reimbursement under this section if the nonpublic school utilizes one high school class period in a required course of the school's choosing, for the purpose of providing instruction in cardiopulmonary resuscitation to as many students as possible and provides in-kind or cash match for the reimbursement requested. Total in-kind or cash match must equal or exceed twenty-five percent of the cost of the program during the first year of the biennium and fifty percent of the cost of the program during the second year of the biennium"

Page 1, line 20, replace the second "the" with "each"

Page 1, line 20, after "district" insert "and nonpublic school"

Page 1, line 21, replace "and" with a comma

Page 1, line 22, remove "by the district"

Page 1, line 22, after "training" insert ", and evidence of appropriate in-kind or cash match"

Page 2, line 4, replace "\$30" with "\$22.50 multiplied by the number of district students undergoing the training during the first year of the biennium and \$15"

Page 2, line 5, after "training" insert "during the second year of the biennium, based on the number of hours and level of certification offered. A nonpublic school's reimbursement may not exceed the equivalent of \$22.50 multiplied by the number of the school's students undergoing the training during the first year of the biennium and \$15 multiplied by the number of the school's students undergoing the training during the second year of the biennium, based on the number of hours and level of certification offered"

Page 2, line 6, replace "A school district" with "School districts and nonpublic schools"

Page 2, line 6, after "districts" insert "and nonpublic schools"

Page 2, line 9, after "districts" insert "and nonpublic schools"

Renumber accordingly

Date: 4-3-13  
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2238

House Education and Environment Division Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Monson Seconded By Streyle

Representatives	Yes	No	Representatives	Yes	No
Chairman Robert Skarphol			Rep. Clark Williams		
Vice Chairman David Monson			Rep. Tracy Boe		
Rep. Bob Martinson					
Rep. Roscoe Streyle					
Rep. Mark Dosch					
Rep. Bette Grande					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent voice vote carries

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:  
language changes.

Date: 4-3-13  
 Roll Call Vote #: 2

**2013 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2238**

House Education and Environment Division Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Monson Seconded By Boe

Representatives	Yes	No	Representatives	Yes	No
Chairman Robert Skarphol	X		Rep. Clark Williams	X	
Vice Chairman David Monson	X		Rep. Tracy Boe	X	
Rep. Bob Martinson	X				
Rep. Roscoe Streyle	<del>X</del>	X			
Rep. Mark Dosch		X			
Rep. Bette Grande	X				

Total (Yes) 6 No 2

Absent 0

Floor Assignment Rep. Monson

If the vote is on an amendment, briefly indicate intent:

Date: 4/8/13  
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2238

House Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number .03006

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Rep. Grande Seconded By Rep. Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*voice vote carrier*

Date: 4/8/13  
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2238

House Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Rep. Monson Seconded By Rep. Grande

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

any money not used for this program is to be  
returned at end of biennium  
voice vote carrier

Date: 4/8/13  
 Roll Call Vote #: 3

**2013 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2238**

House Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0666.03007

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Rep. Monson Seconded By Rep. Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X	Rep. Streyle	X	
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew		X	Rep. Wieland	X	
Rep. Brandenburg	X				
Rep. Dosch	X				
Rep. Grande	X		Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim	X	
Rep. Kreidt	X		Rep. Guggisberg	X	
Rep. Martinson	X		Rep. Holman	X	
Rep. Monson	X		Rep. Williams		X
Rep. Nelson	X				
Rep. Pollert					
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 18 No 3

Absent 1

Floor Assignment Rep. Grande

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2238, as engrossed and amended: Appropriations Committee (Rep. Delzer, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (18 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2238, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on pages 992 and 993 of the House Journal, Engrossed Senate Bill No. 2238 is amended as follows:

Page 1, line 1, after "districts" insert "and nonpublic schools"

Page 1, line 7, after "districts" insert "and nonpublic schools"

Page 1, line 8, after the period insert "The superintendent of public instruction may not spend the funds appropriated in this section for any other purpose and any funds remaining unspent at the end of the biennium must be canceled in accordance with provisions of section 54-44.1-11."

Page 1, line 9, replace "In order to be eligible for a" with "A school district may be eligible for"

Page 1, line 9, replace ", a" with "if the"

Page 1, line 9, remove "shall set"

Page 1, line 10, replace "aside" with "utilizes"

Page 1, line 12, after "possible" insert "and provides in-kind or cash match for the reimbursement requested. A nonpublic school may be eligible for reimbursement under this section if the nonpublic school utilizes one high school class period in a required course of the school's choosing, for the purpose of providing instruction in cardiopulmonary resuscitation to as many students as possible and provides in-kind or cash match for the reimbursement requested. Total in-kind or cash match must equal or exceed twenty-five percent of the cost of the program during the first year of the biennium and fifty percent of the cost of the program during the second year of the biennium"

Page 1, line 20, replace the second "the" with "each"

Page 1, line 20, after "district" insert "and nonpublic school"

Page 1, line 21, replace "and" with a comma

Page 1, line 22, remove "by the district"

Page 1, line 22, after "training" insert ", and evidence of appropriate in-kind or cash match"

Page 2, line 4, replace "\$30" with "\$22.50 multiplied by the number of district students undergoing the training during the first year of the biennium and \$15"

Page 2, line 5, after "training" insert "during the second year of the biennium, based on the number of hours and level of certification offered. A nonpublic school's reimbursement may not exceed the equivalent of \$22.50 multiplied by the number of the school's students undergoing the training during the first year of the biennium and \$15 multiplied by the number of the school's students undergoing the training during the second year of the biennium, based on the number of hours and level of certification offered"

Page 2, line 6, replace "A school district" with "School districts and nonpublic schools"

Page 2, line 6, after "districts" insert "and nonpublic schools"

Page 2, line 9, after "districts" insert "and nonpublic schools"

Renumber accordingly

**2013 TESTIMONY**

**SB 2238**

**Senate Bill 2238**  
Senate Education Committee

#1

**Robert Oatfield, MD**  
**Testimony**

Good morning Chairman Flakoll and members of the Senate Education Committee. For the record, I am Dr. Robert Oatfield – an interventionalist cardiologist in the Bismarck area and long-time American Heart Association volunteer especially in emergency systems of care. I am here today to ask for your Do Pass recommendation on SB 2238.

As a Bismarck cardiologist, I have the opportunity to know a number of legislators, and this bill grew out of my deep respect for one Senator who was a close friend and now lost to us – Senator Bob Stenehjem. After visiting with a few other Senators, and recognizing a loss of another Senator to heart related issues, it was agreed that one of AHA's key recommendations – CPR taught in school – was a perfect fit for both remembering two key leaders and also serving a significant community benefit – building a platform by which we increase the number of community members with the skill to start CPR.

**Sudden Cardiac Arrest**

- EMS treats nearly 300,000 victims of out-of-hospital cardiac arrest each year in the U.S.
- Sudden cardiac arrest can happen to anyone at any time. Many victims appear healthy with no known heart disease or other risk factors.
- Sudden cardiac arrest is **not** the same as a heart attack. Sudden cardiac arrest occurs when electrical impulses in the heart become rapid or chaotic, which causes the heart to suddenly stop beating. A heart attack occurs when the blood supply to part of the heart muscle is blocked. A heart attack may cause cardiac arrest.

**In the time it takes to watch a 30 minute sitcom, students can learn how to save a life.**

By teaching children the CPR skills (and not requiring certification), this can be accomplished in minimum time. According to the latest science, trainees, including schoolchildren, can achieve acceptable levels of skills proficiency in adult CPR in **30 minutes** or less.

The American Heart Association's 2010 revised CPR guidelines make it even easier for more people to perform CPR. A greater emphasis is now placed on the simplest step - chest compressions. Schools could have the option of teaching "Hands-Only CPR".

### What is Hands-Only CPR?

Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see an adult suddenly collapse in the "out-of-hospital" setting (like at home, at work, in a park).

### Is Hands-Only CPR as effective?

#### **Any attempt at CPR is better than no attempt.**

Hands-Only CPR performed by a bystander has been shown to be as effective as conventional CPR with mouth-to-mouth breaths in the first few minutes of an out-of-hospital sudden cardiac arrest.

### Do school CPR programs work?

Sag Harbor Pierson High School began a CPR program in 1994. Their program trains students in both 7<sup>th</sup> & 10<sup>th</sup> grades in CPR. Amazingly, 16 lives have been saved because these students used their CPR skills in the real world. If one school can save 16 lives, imagine how many lives we could save if all students learned CPR before graduation.

### **Sudden Cardiac Arrest and CPR**

- ♥ Survival rates for sudden cardiac arrest occurring outside of the hospital are alarmingly low, with only 11% surviving.
- ♥ Fewer than 1 in 3 victims of sudden cardiac arrest outside the hospital receive CPR from a bystander
- ♥ CPR can double or triple survival rates.
- ♥ Sudden cardiac arrest can happen to anyone at any time.
- ♥ Chest compressions should be provided at a rate of at least 100 compressions per minute – the same rhythm as the beat of the Bee Gee's song, "Stayin' Alive."
- ♥ Most students age 13 or older have the physical size and strength necessary to deliver effective chest compressions. The ability to assess a medical emergency and call 9-1-1 can be taught to younger students.

In closing, I encourage your Do Pass recommendation for SB 2238. I am happy to answer any questions you may have.

#2

Kaycee Fry

I felt that the speakers and the hands on ~~project~~ was easy to learn for all different types of learners. The speakers brought Mini Anes for everybody to practice on. We learned how to do CPR on ~~an~~ adults and children. We also learned how to do chest compressions on ourselves and others. I feel that it is important to know CPR because its a skill you will use your entire life. Starting as teenagers you will most likely have younger siblings that you will usually watch. It is comforting to know that if anything tragic would happen I would be able to save their life. Most ~~are~~ teenagers babysit other people's children. These people expect us to handle a crisis like this. It also encourages young adults like my self, to go into the medical field.



#3

American Heart Association | American Stroke Association

*Learn and Live.*

## Senate Bill 2238

Senate Education Committee

### Testimony

**June Herman, American Heart Association**

Good morning Chairman Flakoll and members of the Senate Education Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to ask for your Do Pass recommendation on SB 2238.

The focus of my testimony is on the bill language. Several others are here to speak to the impact and scope of CPR training in schools.

SB 2238 is designed to provide funding so that every school in North Dakota can select an existing course of their choosing which all students of a designated grade will complete prior to graduation of high school. Our intent is not intended to preclude training at the junior high level, if that better meets district needs and still reaches all students in the school district prior to graduation.

The suggested appropriation amount was based on training 15,000 students at an average cost of \$30. 15,000 reflected our best knowledge on reaching 100% of ND public school sophomores and juniors who would graduate during the next biennium. However, we recognize the formula assumes 100% participation by all schools for those specific grade levels, when in reality, schools may opt out or select a different grade level. The enrollment figures were not inclusive of the non-public school numbers, who we believe should also be considered given the public benefit to this skill training.

Currently at the high school level, model health curriculum includes learning CPR, but does not mention hands on practice – or psychomotor skills practice. According to the latest science, trainees, including schoolchildren, can achieve acceptable levels of skills proficiency in adult CPR in 30 minutes or less – with hands-on practice.

Schools districts have a choice in graduation requirements of 1 unit of PE, or ½ unit PE/1/2 unit health. To allow for district option based on their graduation requirements, the bill language references only a required course that the district has set for all students to complete.

This project is not a mandate, and even with funding, some district may choose to not utilize the funds nor offer training, or the district may already offer hands on CPR training to all students and may not need additional resources. Districts with some training could enhance existing training with material the students can take home to reference or to share with their families.

AHA CPR guidelines are the basis of both AHA and Red Cross training programs. While schools may select training from any vendor, including the two mentioned, it is important that the training confirm to the science based and consensus guidelines established through the science review of national experts.

Just as with course selection, when it comes to training options, one size does not fit all. There are a variety of training choices the schools will be able to make, from school based manikins, outside trainers, take home kits or materials. Those decisions will in turn shape a 2015 – 17 appropriation recommendation – where in a per pupil cost may be less, school participation less than 100%, or efficiencies in training costs through Regional Education Associations are identified.

What SB 2238 does provide is a platform to train future generations, so that we have a ready community able to respond to a cardiac emergency.

I am happy to respond to any questions you may have at this time.

#4

Tuesday, January 29, 2013

SENATE EDUCATION COMMITTEE  
SB 2238

CHAIRMAN FLAKOLL AND COMMITTEE MEMBERS:

My name is Jack McDonald. I appear today on behalf of the State Association of Non-Public Schools (SANS). We support SB 2238 and urge a **do pass** but with just a teensy little amendment.

This bill reimburses schools for CPR training. This is important to all students in North Dakota. Two sessions ago you made sure that defibrillators were distributed to all North Dakota schools. Now you need to extend this reimbursement to all schools.

Therefore, we respectfully ask you to amend this bill as follows and then give it a unanimous DO PASS. If you have any questions, I will be happy to try to answer them.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2238

On page 1, line 1, overstrike "school districts" and insert immediately thereafter "schools"

On page 1, line 7, overstrike "school districts" and insert immediately thereafter "a school's"

On page 1, line 10, overstrike "districts" and insert immediately thereafter "its"

On page 1, line 16, overstrike "district"

On page 1, line 18, overstrike "by the district"

On page 1, line 21, overstrike "school district's" and insert immediately thereafter "school's"

On page 1, line 22, overstrike "district"

On page 1, line 23, overstrike "district" and "districts"

On page 2, line 1, overstrike "school"

On page 2, line 2, overstrike "districts" and insert immediately thereafter "schools"

Re-number accordingly

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Testimony  
Senate Bill 2238  
Senate Education Committee  
Tuesday, January 29, 2013; 10:45am

Good morning, Chairman Flakoll and members of the committee. My name is Curt Halmrast, and I am the President of the North Dakota Emergency Medical Services Association in addition to a Paramedic with Oakes Ambulance Service. I am here today in support of SB 2238 and the need for more Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) training in our schools.

I am sure you are well aware of the prevalence of heart disease in North Dakota resulting in cardiac arrest and the importance of good CPR and use of the AED. I am not here today to share numbers, facts, or figures. I am here to share our success in Dickey County. In both Oakes and Ellendale students receive quality CPR and AED education by the local volunteer ambulance services. In Oakes, we educate all freshmen in their health class, and in Ellendale the seniors are provided this education as their "senior gift" from the ambulance. We are able to do this free training as we have full-time staff that are able to dedicate four hours of their time for this invaluable training. We have done this education the past ten plus years as we know this could eventually help save a life.

CPR is such a critical second link in the chain of survival, a skill that is easy to learn and retain. During EMS Week held in May our service in Oakes teaches the 5<sup>th</sup> grade students the very basics of CPR, which includes calling 911, asking for an AED, and performing chest compressions, all in a brief 45-minute class period. When these 5<sup>th</sup> graders go home and tell their parents about that exciting day, we know they are likely now more trained than many of their parents, which is unfortunate and this needs to change. In our county we are blessed to have a strong EMS system that understands the importance of public education. However, in many other rural areas the staffing as well as the funding to provide books, manikin use, cards, and other equipment just isn't there to be able to provide this ongoing training each year.

I am not able to speak for all EMS agencies however in Oakes we are fully aware that we are teaching our next generation of healthcare providers, a field in which the shortages by 2020 will number into the hundreds of thousands. Reaching our youth through this invaluable skill is our opportunity to find those with good character and responsibility that are capable of volunteering with our EMS unit. In my fifteen years in Oakes we have had fourteen teenagers faithfully volunteer and a number of college students; of which many are now Nurses, Paramedics, Physicians, and other healthcare providers. Even I, as a fifteen year old in Milnor took a CPR course and later started as a volunteer when I was sixteen. I completed a CPR Instructor course at seventeen and eventually Paramedic in 1998. I don't know where I would be today without the introduction to healthcare that I received in high school.

Thank you for this opportunity, I would be happy to answer any questions that you may have.

**Senate Bill 2238**  
Senate Education Committee

#16

**Scott Eckroth**  
**Testimony**

Good morning Chairman Flakoll and members of the Senate Education Committee. For the record, I am Scott Eckroth. I have been teaching CPR for more than 20 years, and I am here today to ask for your Do Pass recommendation on SB 2238.

For the past eight years I have taught CPR in schools. The company I work for (Tesoro Refinery) partners with the Mandan middle School to teach CPR to the 8 grade health class.

Other instructors and myself, spend a week each semester teaching students adult, child and infant CPR, along with choking and learning how to use an AED (AHA heart saver class). We also taught the same class to 7 and 8 grade students at Christ the king school. Rather than taking a week to complete the class, we do this class in one day, 4 to 5 hour session, every other year.

It's exciting to me to know that all Mandan 7/8 graders have completed the course and I feel students, at all schools should have the knowledge to save a life. I have had other schools inquire for help with videos, manikins and other CPR supplies, because lack of funding. A do pass recommendation for SB 2238 will help ensure the funding is available.

Teaching CPR to middle school and high school students is a good fit, as many students are going out in the job market, babysitting, or work with the general public. The life they save maybe be yours or your loved ones.

In closing, I encourage your Do Pass recommendation for SB 2238. I am happy to answer any questions you may have.

# Senate Bill 2238

Senate Education Committee

#7

## Testimony

Good morning <sup>Mr.</sup> Chairman Flakell and members of the Senate Education Committee. For the record, I am Ryan Leingang, – principal at the Mandan Middle School. I am here today to ask for your Do Pass recommendation on SB 2238.

The Mandan Middle School has been working with Tesoro in providing CPR training for the past 8 years. The students in our 8<sup>th</sup> grade Health classes go through the CPR training provided by members of the Tesoro refinery as part of the 8<sup>th</sup> Grade Health Curriculum. Mandan Public Schools administration supports the American Heart Association's recommendation of CPR being taught in school.

- As Schools prepare students with essential life skills, and CPR skills are among the most critical life skills—and lifesaving skills—that make our communities safer, year after year.

*part of 8<sup>th</sup> grade health & certified CPR.*

TRANSITION - Today with me is Mrs. Daniele Borseth, 8<sup>th</sup> Grade Health Teacher and Ms. Kaycee Fry 8<sup>th</sup> Grade Student at Mandan Middle School.

## CURRICULUM

**Standard 2: Students understand concepts related to the promotion of health and the prevention of disease.**

\*\*\*Safety and Injury Prevention (Sub Category)

\*\*\*Knowing proper technique to help someone else in need.

**Standard 6: Students demonstrate the ability to access, use, and evaluate health-related information, products, and services.**

\*\*\*Using the AED.

**Standard 7: Students demonstrate the ability to advocate for personal, family, and community health.**

\*\*\*Be able to help someone in need again and also the cooperate with the Tesoro Plant.

Principal and teacher come back to podium. We are happy to answer any questions you may have.



American Heart Association | American Stroke Association

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Senate Bill 2238

Senate Appropriations Committee

### Testimony

**June Herman, American Heart Association**

Good morning Chairman Holmberg and members of the Senate Appropriation Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to ask for your Do Pass recommendation on SB 2238.

The focus of my testimony is on the bill fiscal note. When SB 2238 was presented in the Senate Education Committee, we had a number of others speak to the impact and scope of CPR training in schools. They also spoke to the benefit of gaining students to volunteer as 1<sup>st</sup> responders and developing interest in healthcare careers.

One of the aspects I like about my work with the American Heart Association is the ability to bridge those issues that are important, but belong to no one key agency or entity. Education has a specific core purpose, EMS another, communities have other important infrastructure need. Often the issues we have the honor to champion belong to no particular agency nor key constituency, but are critical to a dad, a mom, a co-worker, to have someone available if there is a need of emergency assistance when time matters. It doesn't matter who should have looked out for the development of by-stander responders, it matters that someone can act.

CPR in Schools fits that issue. While CPR instruction is part of model high school health curriculum, hands on practice, so crucial to remembering the skill, is not stated. Schools can also adapt the health curriculum to skip CPR training. Health is also not a graduation requirement – schools can select 1 unit of PE, or ½ unit of PE/1/2 unit of health.

SB 2238 is a bill to provide schools with the resources to include CPR training into a required school course. In as such, it is flexible as to which high school, middle school grades a school selects, and if it is PE or health. We don't prescribe what type of course, what training organization, as long as it complies with the standards established by AHA. We are the only national body that establishes such standards, based on science and continuous review.

Schools would have the option to offer a full certification course (\$30 per student) or use a take-home training kit (\$23) for continuous learning and outreach to family members. They can utilize a select 30 minutes of hands on training, non-certified course, with student brochures ( \$7 - \$10, plus equipment/trainer costs) with hands on equipment for that important practice. Schools, districts or regional education associations can determine how to best implement CPR training in schools. What we ask you to determine is the important resources to help make that happen.

Our formula was based on 15,000 students (sophomores and juniors now), times \$30. We are committed to work over the next two years to determine continuing appropriation needs. This is an opt-in opportunity for schools, and with the flexibility provided in implementation, costs moving forward may not need to be \$30 times 15,000 students. But we will need to work with the Department of Public Instruction to bring you those figures for the future.

We recognize the interest by schools to offer the CPR training within middle school grade level and will work to clarify such within the bill when it reaches the House Education Committee. AHA research confirms CPR can be taught to the middle school age level or in a class offered to freshman or sophomores as a required class. Our end goal is that in the near future, every North Dakota student has learned how to recognize the need to call 9-1-1 and to initiate hands only CPR.

What SB 2238 does provide is a platform to train future generations, so that we have a ready community able to respond to a cardiac emergency. North Dakota will have the potential to add over 7,500 newly trained students to our communities each year. Time lost is heart muscle lost, lives lost. SB 2238 can help save lives.

I am happy to respond to any questions you may have at this time.



**American  
Red Cross**

Jessica Gilbertson  
Executive Director, West Dakota Chapter  
4007 State Street  
Bismarck ND 58503  
701-223-6700 ext 2155  
jessica.gilbertson@redcross.org

SB 2238

Senator Holmberg and Members of the Senate Appropriations committee:

My name is Jessica Gilbertson and I am the Executive Director of the American Red Cross, West Dakota Chapter. On behalf of the American Red Cross I would like to request an amendment to SB 2238. This amendment enhances the opportunities for the bill to reach more children with lifesaving CPR training by including Red Cross approved curricula in addition to that of the American Heart Association.

The Red Cross and the American Heart Association are two of the leading providers in the nation of lifesaving CPR training. Both organizations develop guidelines and training materials that are scientifically valid, so that all students receive training and reeducation that is based on the most current science. The American Red Cross and American Heart Association recently issued a joint statement that says that both organizations have programs that are congruent with the recommendations in the 2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations. I have included with my testimony a copy of that joint statement from the American Heart Association and the American Red Cross.

The American Red Cross is a nationally recognized leader in providing CPR instruction. In North Dakota alone, over 43,000 citizens were reached with Preparedness, Health & Safety information last year.

As currently written, the bill provides reimbursement for school districts with a cost formula of no more than thirty dollars per student. We would advocate for a change in that language which would allow school districts to pay for instructor training as well. This can be a more cost effective model for delivery, as one instructor can reach hundreds of students in just a few short years. This provides the opportunity for schools to choose from different delivery methods and the possibility of reaching more children with fewer state dollars.

Thank you for your consideration. I would be welcome to any further discussion or questions you have regarding the proposed amendment.

2

Requested Addendum to SB 2238 North Dakota:

***Change wording in section 1.a (line 13) to read:***

- a. Conform to the recommendations in the 2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations or latest revision or as approved by the American Heart Association or the American Red Cross.***

**Note:** The American Red Cross and American Heart Association recently entered a joint statement that both organizations programs are congruent with the recommendations in the 2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations. Both organizations develop guidelines and training materials that are scientifically valid, so that all students receive training and reeducation that is based on the most current science.

***Change language Section 1.2.c (line 21) to read:***

- "c. A school district's reimbursement may not exceed the equivalent of \$30 multiplied by the number of district students undergoing the training and may include the cost of training staff as instructors.***

**Note:** Several delivery methods of CPR training can be more cost effective than a \$30 per student fee. In some cases where schools may choose to offer certified training using an in-house instructor, the cost per student may range from free to \$30. The cost of instructor training may provide the school the opportunity to teach more children for the state funding available.



## American Heart Association and American Red Cross CPR Training and Education Joint Statement

The American Heart Association (AHA) and the American Red Cross are dedicated to saving more lives from cardiac arrest through public awareness, educational programs that train more people in CPR and advocating for continued and increased funding of CPR and resuscitation science. Both the American Heart Association and American Red Cross CPR educational programs are congruent with the recommendations in the *2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science With Treatment Recommendations*, the most current and comprehensive review of published resuscitation literature.

As national and international leaders in CPR education, the AHA and the Red Cross are releasing a joint statement to reinforce that both organizations' CPR educational programs are scientifically valid and reflect the most current science. Although both programs are based on the most current resuscitation science, there are slight variations in the approaches used for assessing victims and treating cardiac arrest in children and other special circumstances such as drowning. The approaches and assessments vary depending on the level of experience of potential rescuers and the type of victims they may encounter.

- The AHA and the Red Cross develop their own CPR guidelines and educational materials. Both organizations develop guidelines and training materials that are scientifically valid, so that all students receive training and education that is based on the most current science.
- On the basis of evidence of improved outcomes, both the AHA and the Red Cross stress the importance of the Chain of Survival, which includes early recognition of cardiac arrest, early activation of emergency response, early CPR, rapid defibrillation, effective advanced life support, and integrated post-cardiac arrest care.
- The AHA and the Red Cross agree that the appropriate approach to *assessment* is best described by the sequence Airway, Breathing, and Circulation (A-B-C).
  - The Red Cross and the AHA recognize the need to modify the approach when teaching assessment depending on the competency of the providers being trained and the injuries and illnesses they may encounter.
  - The AHA teaches lay rescuers to look for unresponsiveness and the absence of normal breathing as signs of cardiac arrest. Healthcare providers are taught to also check for a pulse for up to 10 seconds and use the A-B-C sequence in their primary assessments.
  - The Red Cross teaches rescuers to open the airway, check for breathing, and to also use unresponsiveness and the absence of normal breathing as signs of cardiac arrest. Professional rescuers and healthcare workers are also taught to check for a pulse for up to 10 seconds to determine if the victim is in cardiac arrest. For rescuers who may encounter a diverse set of injuries and illnesses, this approach allows them to recognize and address all threats to life.
- The AHA and the Red Cross agree that for the adult cardiac arrest victim, early and effective chest compressions improve outcome. Therefore, in the adult cardiac arrest victim, once cardiac arrest is recognized, CPR must first begin with compressions and then breaths. In order for students to remember the correct sequence of steps for CPR, the mnemonic C-A-B (Chest compressions, Airway, Breathing) should be the universal approach to the *performance* of CPR.

- Both the AHA and the Red Cross pediatric CPR educational programs are based on the most current resuscitation science; however, because of the differences in the scope of training programs, target audiences, and the types of victims encountered by trained rescuers and providers, the educational approaches vary.
  - The Red Cross teaches students to provide 2 breaths to pediatric and drowning victims before beginning the C-A-B CPR sequence.
  - The AHA teaches a universal approach to the performance of CPR for anyone who suffers cardiac arrest.
  - The Red Cross and the AHA both acknowledge that, while different, both approaches are scientifically valid and congruent with the 2010 International Consensus on CPR and ECC Science with Treatment Recommendations.

The AHA and the Red Cross share a common vision to improve outcomes after cardiac arrest by providing education and supporting the continued and increased funding of CPR and resuscitation research.



#1

American Heart Association | American Stroke Association  
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**Senate Bill 2238**

**House Education Committee**

### **Testimony**

**June Herman, American Heart Association**

Good morning Chairman Nathe and members of the House Education Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to ask for your Do Pass recommendation on SB 2238.

The focus of my testimony is on the bill itself. We have a number of others hear to speak to the impact and scope of CPR training in schools, and the benefit of gaining students to volunteer as 1<sup>st</sup> responders and developing interest in healthcare careers.

One of the aspects I like about my work with the American Heart Association is the ability to bridge those issues that are important, but belong to no one key agency or entity. Education has a specific core purpose, EMS another, communities have other important infrastructure needs. Often the issues we have the honor to champion belong to no particular agency nor key constituency, but are critical to a dad, a mom, a co-worker, to have someone available if there is a need of emergency assistance when time matters. It doesn't matter who should have looked out for the development of by-stander responders, it matters that someone can act.

CPR in Schools fits that issue. While CPR instruction is part of model high school health curriculum, hands on practice, so crucial to remembering the skill, is not stated. Schools can also adapt the health curriculum to skip CPR training. Health is also not a graduation requirement – schools can select 1 unit of PE, or ½ unit of PE/1/2 unit of health.

SB 2238 is a bill to provide schools with the resources to include CPR training into a required school course. In as such, it is flexible as to which high school, middle school grades a school selects, and if it is PE or health. We don't prescribe what type of course, what training organization, as long as it complies with the standards established by AHA. We are the only national body that provides the CPR science and its continuous review.

Schools would have the option to offer a full certification course (\$30 per student) or use a take-home training kit (\$23) for continuous learning and outreach to family members. They can select a 30 minutes of hands on training, non-certified course, with student brochures ( \$7 - \$10, plus equipment/trainer costs) with hands on equipment for that important practice. Schools, districts or regional education associations can determine how to best implement CPR training in schools.

Our formula was based on 15,000 students (sophomores and juniors now), times \$30. We are committed to work over the next two years to determine continuing appropriation needs. This is an opt-in opportunity for schools, and with the flexibility provided in implementation, so costs moving forward may not need to be \$30 times 15,000 students. But we will need to work with the Department of Public Instruction to bring you those figures for the future.

We recognize the interest by schools to offer the CPR training within the middle school grade level. AHA research confirms CPR can be taught to the middle school age level or in a class offered to freshman or sophomores as a required class. Interest has been expressed to be inclusive of non-public schools as the benefit is community-wide. Attached are suggested amendments for your consideration.

Our end goal is that in the near future, every North Dakota student has learned how to recognize the need to call 9-1-1 and to initiate hands only CPR. What SB 2238 does is provide a platform to train future generations, so that we have a ready community able to respond to a cardiac emergency. North Dakota will have the potential to add over 7,500 newly trained students to our communities each year. Time lost is heart muscle lost, lives lost. SB 2238 can help save lives.

I am happy to respond to any questions you may have at this time.

**Senate Bill 2238**  
**House Education Committee**

**Scott Eckroth**  
**Testimony**

Good morning Chairman Nathe and members of the house Education Committee. For the record, I am Scott Eckroth I have been a volunteer firefighter, EMT, member of the Huff Hills Ski patrol, and have taught CPR for more than 20 years, I am here today to ask for your Do Pass recommendation on SB 2238.

For the past eight years I have taught CPR in schools. The company I work for (Tesoro Refinery) partner with the Mandan middle School to teach CPR to the 8 grade health class. Other instructors and myself, spend a week each semester teaching students adult, child and infant CPR, along with choking and learning how to use an AED (AHA heart saver class). We also taught the same class to 7 and 8 grade students at Christ the King school, rather than taking a week to complete the class, we do this class in one day, 4 to 5 hour session, every other year.

On average, per semester, Tesoro spends about \$4,500.00 to put the class on.

- ✓ Pay for 4 instructors = 4000.00 (Instructors calculated on \$25.00 per hour in a 40 hour work week)
- ✓ Class costs, Fees for the CPR cards, filing fees = \$500.00
- ✓ We had about 140 students, with a per student cost of \$32.00 (25.00\$ per hour for 40 hour week)

We are fortunate to have the resource available to support this training at this time, and it's not something we can do for all schools. Not all companies are in a position to have offered what we have done, nor to schools have access to a private partner for such classes. I encourage your actions to make this class a standard part of our education.

Teaching CPR to middle school and high school students, is a good fit, as many students are going out in the job market, babysitting, or work with the general public. The life they save maybe be yours or your loved ones.

In closing, I encourage your Do Pass recommendation for SB 2238. I am happy to answer any questions.

Testimony  
Senate Bill 2238

For the record, I am Danielle Borseth, 8<sup>th</sup> Grade Health Teacher for Mandan Public Schools, stationed at the Middle School. Currently we CPR certify all 280 of our 8<sup>th</sup> grade Health students during class, so I am here to ask for your Do Pass recommendation on SB 2238 and I am speaking as an individual.

I have been teaching in Mandan at the Middle School for four years. In all four years at the Middle School I have been fortunate to have had CPR training for all my 8<sup>th</sup> grade students in Mandan, because of the partnership with the Tesoro Refinery. Tesoro donates instructors, time, and materials to certify each of our students. The program was already in place when I was hired and started teaching at the Middle School. CPR is integrated into my Safety Unit, where we discuss how to stay safe from accidents, injury, infections, and etc. CPR is discussed in terms of keeping ourselves and the people around us safe.

In 30 minutes we can give students the skills they need to help save someone's life with the basic hands skills of CPR. Within the first 10 to 15 minutes of CPR instruction in my classes, the students have already received the basic knowledge to perform hands-on CPR. So with a short time investment, today's students will become tomorrow's lifesavers. Everyone benefits from having more lifesavers in our community. As you can see, CPR training can be worked into existing classes. It can take as little as 30 minutes to learn CPR skills. Studies have shown that students are capable of learning and effectively performing CPR. CPR is about resuscitation; saving a life. Learning CPR today is about learning the easy steps to save a life.

Teaching CPR in schools means that today's students, tomorrow's adults, will know what to do in a life-and-death situation. We are teaching them that it is always "better to do something instead of nothing". By teaching CPR in schools you will also be giving students a sense of comfort. Comfort in knowing that they will have the know how to help save a person's life.

Thank you and again I urge you to vote Do Pass on SB 2238

Tuesday, March 12, 2013

HOUSE EDUCATION COMMITTEE  
SB 2238

CHAIRMAN NATHE AND COMMITTEE MEMBERS:

My name is Jack McDonald. I appear today on behalf of the State Association of Non-Public Schools (SANS). We support SB 2238 and urge a **do pass** but with just a teensy little amendment.

This bill reimburses schools for CPR training. This is important to all students in North Dakota. Two sessions ago you made sure that defibrillators were distributed to all North Dakota schools, including nonpublic schools. Now you need to extend this to CPR training. This would not be prohibited by the Constitution, since that bars the use of money from the Common School Trust Fund to assist non-public schools. This bill uses the general fund.

Therefore, we respectfully ask you to amend this bill as follows and then give it a unanimous DO PASS. If you have any questions, I will be happy to try to answer them.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2238

On page 1, line 1, overstrike "school districts" and insert immediately thereafter "schools"

On page 1, line 7, overstrike "school districts for" and insert immediately thereafter "a school's"

On page 1, line 9, overstrike "district"

On page 1, line 10, overstrike "districts" and insert immediately thereafter "its"

On page 1, line 20, overstrike "district"

On page 1, line 22, overstrike "by the district"

On page 2, line 4, overstrike "school district's" and insert immediately thereafter "school's"

On page 2, line 5, overstrike "district"

On page 2, line 6, overstrike "district" and "districts"

On page 2, line 8, overstrike "school districts" and insert immediately thereafter "schools"

Renumber accordingly

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Testimony  
Senate Bill 2238  
House Education Committee  
Tuesday, March 12, 2013; 9 a.m.

Good morning, Chairman Nathe, Vice-Chairman Schatz, and members of the committee. My name is Patrick Tracy, and I am a board member of the North Dakota Emergency Medical Services Association in addition to an EMT and CPR Instructor in Maddock, ND. I am here today in support of SB 2238 and the need for more Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) training in our schools.

I am sure you are well aware of the prevalence of heart disease in North Dakota resulting in cardiac arrest and the importance of good CPR and use of the AED. I am not here today to share numbers, facts, or figures. I am here to share our success.

Approximately one month ago a friend of mine was walking into the Spirit Lake Casino when he planted himself face down on the cement outside the front door. He had a heart attack that stopped and dropped him instantly, breaking his cheek bone and nose. If not for the actions of CPR/AED educated person who knew exactly what to do my friend would have died waiting for the paramedics and ambulance. He had what is called a shock-able rhythm and if not for the swift action and knowledge of the person at the casino that day he would not be here today. What if this happened in the grocery store, the school, a basketball game, or right here on the house floor today? Do we have the people here that can act quickly and efficiently enough to sustain life until the paramedics and ambulance get here? If not, why? It's just education, and it has to start in the schools. The key to unlock this success is education.

Quick CPR/AED aid is a critical link in the chances of survival of a heart attack, a skill that is easy to learn and retain. Our students need to be taught the very basics of CPR, which includes calling 911, asking for and using an AED, and performing chest compressions. This can be completed in approximately a one hour class period.

During EMS Week held last May our service in Maddock taught a free community wide CPR/AED class. We had 9 adults attend the class. It is not enough. It simply is not enough! We need to bring this education to the school systems where the class can be implemented and taught to our students in numbers that can make a difference.

In Maddock we are blessed to have a strong EMS system that understands the importance of public education. However, in many other rural areas the staffing as well as the funding to provide books, manikin use, cards, and other equipment just isn't there to be able to provide this ongoing training each year, that we so desperately need.

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I am not able to speak for all EMS agencies however in Maddock we are fully aware that we are teaching our next generation of healthcare providers, a field in which the shortages by 2020 will number into the hundreds of thousands. Reaching our youth through this invaluable skill is our opportunity to find those with good character and responsibility that are capable of volunteering with our EMS unit.

In Maddock we have had high teenagers faithfully volunteer with our service and a number of students pursue healthcare careers; of which many are now Nurses, Paramedics, Physicians, and other healthcare providers.

A fifteen year old in Milnor, ND took a CPR course and later started as a volunteer when he was sixteen. He completed a CPR Instructor course at seventeen and eventually Paramedic in 1998. His name is Curt Halmrast and he currently is the ND EMS association president. Curt's introduction to healthcare was in high school. We need more Curt's in healthcare and high school CPR/AED training is a great start

Thank you for this opportunity, If I am able, I would be happy to answer any questions that you may have.



# 6

Jessica Gilbertson  
Executive Director, West Dakota Chapter  
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SB 2238

Representative Nathe and Members of the House Education Committee:

My name is Jessica Gilbertson and I am the Executive Director of the American Red Cross, West Dakota Chapter. On behalf of the American Red Cross I would like to offer our support of Senate bill 2238 and urge a 'do pass' recommendation.

The Red Cross is a national leader in emergency preparedness and response. One of the best ways that we know to prepare for an emergency is to be ready for any situation we are faced with. As an organization, we encourage our communities, our volunteers and staff to be "Red Cross Ready". Part of being ready to face any emergency includes training in life saving CPR skills. Schools can play a vital role in helping us achieve that level of preparedness by reaching and training students.

This bill would provide reimbursements for school districts that train and certify their students in life saving CPR skills. These skills are an investment in our students and youth and would be invaluable knowledge for them to have moving forward in their lives.

Last year in North Dakota nearly 13,000 residents were trained in life saving AED, CPR and First Aid courses through your American Red Cross. With the passage of this bill, even more citizens can be trained to respond to life threatening situations until medical personnel arrive. Senate bill 2238 is a win/win situation for our students and the people of North Dakota.

I would encourage a 'do pass' recommendation for this bill and would take any questions.

Thank you.