

**ALASKA STATE LEGISLATURE  
HOUSE JUDICIARY STANDING COMMITTEE**

February 4, 2015

1:03 p.m.

**MEMBERS PRESENT**

Representative Gabrielle LeDoux, Chair  
Representative Wes Keller, Vice Chair  
Representative Neal Foster  
Representative Matt Claman  
Representative Bob Lynn  
Representative Charisse Millett  
Representative Max Gruenberg

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HOUSE BILL NO. 4

"An Act relating to automated external defibrillators."

- MOVED HB 4 OUT OF COMMITTEE

**PREVIOUS COMMITTEE ACTION**

BILL: HB 4

SHORT TITLE: AUTOMATED EXTERNAL DEFIBRILLATOR

SPONSOR(S): REPRESENTATIVE(S) WILSON

01/21/15	(H)	PREFILE RELEASED 1/9/15
01/21/15	(H)	READ THE FIRST TIME - REFERRALS
01/21/15	(H)	JUD
02/04/15	(H)	JUD AT 1:00 PM CAPITOL 120

**WITNESS REGISTER**

DOUG SCHRAGE, Fire Chief  
University of Alaska, Fairbanks  
Fairbanks, Alaska

**POSITION STATEMENT:** During the hearing of HB 4, testified in support of the bill.

WENDY MACNAUHPON  
American Heart Association

American Stroke Association  
Fairbanks, Alaska

**POSITION STATEMENT:** During the hearing of HB 4, testified in support of the bill.

JAMIE MORGAN

American Heart Association  
American Stroke Association  
Sacramento, California

**POSITION STATEMENT:** During the hearing of HB 4, testified in support of the bill.

KRISTIN LUBY

American Heart Association  
American Stroke Association  
Anchorage, Alaska

**POSITION STATEMENT:** During the hearing of HB 4, testified in support of the bill.

SHERRY MODROW

Fairbanks, Alaska

**POSITION STATEMENT:** During the hearing of HB 4, testified in support of the bill.

RON TEMPLETON

University Fire Department  
University of Alaska, Fairbanks  
Alaska Fire Chiefs Association  
Fairbanks, Alaska

**POSITION STATEMENT:** During the hearing of HB 4, testified in support of the bill.

JILL LEWIS, Deputy Director  
Division of Public Health  
Department of Health & Social Services  
Juneau, Alaska

**POSITION STATEMENT:** Testified regarding emergency medical services training for AEDs regarding HB 4.

MICHAEL LEVY, Medical Director  
Anchorage Fire Department  
Anchorage Areawide Emergency Medical Services  
Anchorage, Alaska

**POSITION STATEMENT:** During the hearing of HB 4, testified in support of the bill.

#### **ACTION NARRATIVE**

[1:03:22 PM](#)

**CHAIR GABRIELLE LEDOUX** called the House Judiciary Standing Committee meeting to order at 1:03 p.m. Representatives Foster, Keller, Claman, and LeDoux were present at the call to order. Representatives Lynn, Gruenberg and Millett arrived as the meeting was in progress.

^#hb4

**HB 4-AUTOMATED EXTERNAL DEFIBRILLATOR**

[1:03:53 PM](#)

CHAIR LEDOUX announced that the only order of business would be HOUSE BILL NO. 4 "An Act relating to automated external defibrillators."

[1:04:13 PM](#)

REPRESENTATIVE WILSON testified as prime sponsor on behalf of the Alaska Fire Chiefs Association. She stated that HB 4 would reduce impediment in state law to allow more public access to Automated External Defibrillators (AEDs). She stated that sudden cardiac arrest is a leading cause of death in the United States resulting in approximately 350,000 deaths per year as for each minute sudden cardiac arrest is untreated by defibrillation, the survival chance decreases seven percent in the first three minutes, and ten percent thereafter. She offered that AEDs can be used safely by an untrained bystander to restore a normal cardiac rhythm in someone who is in sudden cardiac arrest. When the device is turned on, it provides step-by-step verbal and written instruction and, she noted, these devices have an impressive success rate. Representative Wilson then showed a video depicting the verbal instructions attached to an AED. She explained that the video shows exactly how it will speak to an individual. She added that there are now devices that will also perform cardiopulmonary resuscitation (CPR) and walk an individual through CPR. She presented that the use of AEDs are currently covered by the Alaska Good Samaritan Law and are designed to encourage would-be rescuers to take action without fear of litigation. However, the Alaska Good Samaritan Law attaches conditions to building owners and institutions that provide AEDs. These conditions include the requirement of providing training, maintenance, a means of notifying 911, and registering the device with emergency medical

services (EMS.) She opined that removing certain conditions and requirements will increase the number of AEDs in communities.

1:08:50 PM

REPRESENTATIVE WILSON showed a video entitled The Future of AEDs.

1:10:21 PM

REPRESENTATIVE WILSON described AEDs as becoming easier to utilize as was depicted on the video, and that a medical professional was able to see the patient. Within big cities where the wait time may be longer for EMS, these devices could be utilized, she opined.

1:11:11 PM

DOUG SCHRAGE, Fire Chief, University of Alaska Fairbanks, stated he represents the Alaska Fire Chiefs Association and that the association urges support for HB 4. In his line of work, he noted, the speed of response is relied upon for fires and medical emergencies. In order to save lives emergency services rely on the intervention of ordinary bystanders to fill in the gaps before it arrives on scene. He described bystanders as citizens willing to step up and act to save another person's life. This is why fire extinguishers and AEDs are provided in public places, he said. However, he explained, the maximum benefits are derived only if they are immediately available to a patient in need. Evidence shows that untrained lay persons can safely and effectively use an AED without risk of accidental shock to the rescuer or patient, he noted. He expressed that this is not a bill about discontinuing CPR and AED training and maintenance programs, nor de-emphasizing device registration, or emergency notification as it is about making more AEDs available to the public. The association believes strongly in the importance of first aid, CPR and AED training, regular maintenance and registration of these devices. However, he related, civil immunity laws have shown to be an impediment to the acquisition of AEDs as it increases liability rather than provides immunity from it. Furthermore, he offered, recent trends in litigation suggest that a facility without an AED may be subject to more liability than one with an AED. He highlighted that there is anecdotal evidence that these requirements are preventing Alaskan building owners from providing AEDs in their facilities. In other cases building owners are limiting the use of their AEDs from the public where

they can most effectively be used. As a result, people may be needlessly dying who might otherwise be revived from access to the AED.

1:14:06 PM

CHAIR LEDOUX questioned whether people have had heart attacks and building owners have refused to allow an individual to use the AED.

MR. SCHRAGE responded in the affirmative. He used the example of this building wherein outside this room, in the hallway, there is a cabinet with an AED in it. On the cabinet is a label that effectively reads that use by untrained personnel is prohibited. In that regard, a rescuer would see that label and be deterred from using the AED and, therefore, a patient may go unattended for a certain amount of time. He pointed out that as was shown in the video, these devices can be used easily by someone without any prior training.

1:15:12 PM

MR. SCHRAGE continued that there are 80 plus buildings at the University of Alaska Fairbanks (UAF) and barely a dozen AEDs. He advised that its general counsel concluded there is a moderate risk of a lawsuit due to the placement of AEDs, and that UAF cannot adequately assure there will always be appropriate people trained to use the device or able to comply with maintenance requirements. Four of the leading manufacturers of AEDs recommend daily maintenance checks and in a large institution the ability to ensure that the manufacturer maintenance recommendations are complied with make it nearly impossible, he stated. He opined that the primarily goal of AED Good Samaritan legislation should be to offer liability protection to all of the AED program constituents with the objective of putting more AEDs in service. Model AED legislation should not condition immunity upon compliance with any of those requirements. He offered that the association is not aware of any opposition to HB 4.

1:17:53 PM

REPRESENTATIVE FOSTER referred to Ms. Schrage's statement that there was no risk of shock, yet the video depicted that the patient should not be touched while the shock is administered. He asked the result if an individual is touched while the shock is administered.

MS. SCHRAGE answered that the conventional thinking, and programming of all the current devices is that there was a risk to the rescuer being shocked. However, he noted, research is currently underway in Washington wherein researchers performed CPR chest compressions on a patient while a doctor delivered a shock and in numerous instances no shock was felt by the rescuer. He expects that the guidance provided during training will be modified to reflect the change

[1:18:50 PM](#)

REPRESENTATIVE LYNN asked the typical cost of an AED.

MR. SCHRAGE responded that typically the cost is \$1,500, which includes the cabinet and everything that goes in it.

[1:19:07 PM](#)

MR. SCHRAGE, in responding to Representative Lynn, answered that the battery and patches are all that is involved in maintenance. A quick maintenance check is basically to ensure that the device is in place and charged up. The batteries have a shelf life of around five years and must be replaced. Part of the maintenance check to ascertain that the patches have not been exposed to air which affects the stickiness, and if they have they should be replaced as they will dry out. Beyond that, there is really no maintenance to the devices, he remarked.

[1:20:11 PM](#)

MR. SCHRAGE responded to Representative Millett that to his knowledge AED devices do not have to be replaced and do not have a shelf life. He stated that Biphasic Technology is currently being used which is a more effective way of delivering the electrical shock.

[1:20:46 PM](#)

REPRESENTATIVE CLAMAN inquired as to the survival rate with CPR versus CPR combined with AEDs.

MR. SCHRAGE said that it is partly determined by the cardiac dysrhythmia being experienced. The AED only works on ventricular fibrillation wherein the electrical signal doesn't follow the normal pathways that cause the muscle to contract in an organized way. He explained that when the machine instructs

the user to stand back it is analyzing rhythm and attempting to sense the presence of the fib, in the absence of that, it will recommend CPR only.

[1:22:07 PM](#)

REPRESENTATIVE CLAMAN questioned the statistical improvement of survivability of heart events when an AED is use versus not in use. He stated his memory is that there is a significantly increased success rate when an AED is in the mix.

MR. SCHRAGE advised he could not cite the exact statistic but would say the improvement goes well beyond that statistical significance.

REPRESENTATIVE CLAMAN related that part of what is being written out in this statute is broadly described as a registration requirement. For example, he described, a restaurant owner has an AED in the building and the owner is supposed to notify the fire department in his community that he has an AED - which is being taken out of the statute under this bill. He asked how reliable business owners were in notifying the fire department of an AED and whether there is there a program in place that businesses would routinely let the fire department know, if it is not part of the statutory requirement.

MR. SCHRAGE answered that virtually no one complies with the requirement of notifying the fire department of the AED. There is a registry and people promoting improvement in cardiac arrest survival rates feel strongly that the registry is an important component of that improvement effort. There is an app for a telephone that will allow an individual to enroll in the system and be alerted if they know CPR to the location of a patient nearby and the location of the nearest AED. The association believes the registry is very important, but stipulating this requirement as a condition for immunity is misplaced, so it is launching other efforts to promote compliance for the registry, he offered.

[1:25:36 PM](#)

REPRESENTATIVE CLAMAN noted a reference in the bill for basically Good Samaritan application to the owner of an AED, to be put on the wall. He requested an example that would constitute gross negligence in which a business owner could be exposed to liability.

MR. SCHRAGE offered that he has had no training in law and is not qualified but could envision few circumstances where the failure of an AED to operate, or even if an AED does operate that it would rise to the level of gross negligence.

[1:26:40 PM](#)

REPRESENTATIVE CLAMAN assessed that the biggest maintenance issue was batteries and patches and noted that checking daily probably doesn't happen anywhere. He asked if there was a potential for an AED being unused and on the wall for ten years, the batteries would be dead and someone tried to use it later - is that an issue.

MR. SCHRAGE said that modern AEDs have, like smoke detectors, when the battery gets low it chirps to alert people it is time to replace the battery.

[1:27:51 PM](#)

CHAIR LEDOUX clarified that HB 4 does not eliminate the requirement for reporting to the registry, the bill just reads that not reporting is not something that will deprive an individual of immunity. She questioned if the reporting provisions are in another place of the statute.

MR. SCHRAGE stated that to his knowledge it does not exist anywhere else.

[1:28:29 PM](#)

CHAIR LEDOUX referred to the shock delivered from the AED, assuming research does not indicate an individual would not receive a shock, and questioned whether an accidental shock is lethal.

MR. SCHRAGE speculated that it would not be a lethal shock. The AED typically starts at 200 joules, which is a small amount of electricity, and the placement of the electrode pads is such that it directs the energy straight through the heart muscle and most of the energy is contained between the two electrodes. He pointed out that the machine is sophisticated in that it recognizes a normal sinus rhythm and would not deliver a shock.

[1:29:53 PM](#)

REPRESENTATIVE WILSON said she recognizes that unintended shock was a concern at schools with AEDs and with technology it just does not happen.

[1:30:27 PM](#)

REPRESENTATIVE KELLER asked if Alaska would be the first state as far as removing the potential liability or have other states gone ahead.

MR. SCHRAGE answered that California introduced nearly identical legislation.

REPRESENTATIVE KELLER inquired what the procedure is after an AED is used, whether batteries are replaced, and the cost.

MR. SCHRAGE offered that the batteries can be recharged or replaced, and the electrodes must be restored. The EMS providers must be able to upload from the device the data it recorded regarding the cardiac rhythm.

[1:31:37 PM](#)

REPRESENTATIVE KELLER pointed out that the use of the word "gross negligence" is a word that is not defined and questioned the meaning of gross negligence.

MR. SCHRAGE advised he does not feel qualified to answer that question.

REPRESENTATIVE WILSON read the Department of Law's definition for gross negligence. "I will now define gross negligence for you. First, you must understand what ordinary negligence means. Negligence is the failure to use reasonable care which is the amount of care a reasonable careful person would use in the same situation. Gross negligence is an extreme departure from this standard. Gross negligence means more than ordinary inadvertence or inattention but less than conscious indifference or consequences."

[1:32:52 PM](#)

REPRESENTATIVE LYNN assumed that in the event an individual was experiencing blockage of the heart, that the AED would not administer the shock.

MR. SCHRAGE answered in the affirmative.

1:33:20 PM

REPRESENTATIVE LYNN asked whether there are age limitations.

MR. SCHRAGE advised that AEDs are designed for any age of an adult patient, 15, 16, 17 and on up. They are not designed to be used on children and there is virtually no occurrence of ventricular fibrillation in child patients, he opined.

1:34:08 PM

REPRESENTATIVE FOSTER asked when an AED is used and the pads are not replaced and dry out, whether there is some kind of protection built in for gross negligence.

MR. SCHRAGE stated "not that I am aware of."

1:34:49 PM

REPRESENTATIVE FOSTER asked if statistically there is a heart event where the AED will apply and be helpful in those situations.

MR. SCHRAGE replied that in the case of witnessed cardiac arrest, approximately 35 percent of the instances are ventricular fibrillation.

REPRESENTATIVE WILSON mentioned that more AEDs are being produced that include the CPR portion where it counts for the rescuer, and indicates when to take the breath.

1:36:20 PM

REPRESENTATIVE FOSTER inquired whether the AED will instruct the rescuer in a defibrillation and CPR situation.

REPRESENTATIVE WILSON responded to Representative Foster "that is correct." She responded to Representative Lynn that when AEDs were placed in the schools "we" bought pads for children and there was a case where a fifth grader in Texas went down in the hallway, and the school had a defibrillator and fibrillated that child's life. There was an additional cost "we" had to raise so "we" had pads for children because most come with pads for adults.

1:37:06 PM

REPRESENTATIVE GRUENBERG noted that the text of the bill will change from citing specific examples "where they would remain negligent liability" to simply a standard of gross negligence. He opined the court could interpret the change two ways, allowing more examples of gross negligence and not limiting it to A, B and C, but anything that could be gross negligence. Another way would be to interpret it as a higher standard so that these things currently listed would no longer fall under the definition of gross negligence but simple negligence. He stated it is ambiguously written because it doesn't clarify which way is intended.

REPRESENTATIVE WILSON stated that current law is such that building owners must basically say they know that everyone in the building is trained. The intent is to require "people who are maybe trained, or just know how to follow direction when being spoken."

REPRESENTATIVE GRUENBERG advised he is attempting to ascertain that a court or lawyer who has never seen this before, opens the [statutes] and clearly understands Representative Wilson's intent.

REPRESENTATIVE WILSON said that anyone can sue and go before a judge, but this bill clarifies the intention.

[1:43:48 PM](#)

REPRESENTATIVE GRUENBERG referred to a statement that one or more manufacturers has recommended that AEDs be tested daily and if that is standard then probably anyone who installs them is violating the standard and, he opined, that standard may be used by a court as setting the standard of due care.

REPRESENTATIVE WILSON offered that in a perfect world the more an individual checks on any electronic device the better it will be. Also, she remarked, the manufacturer probably did not update its recommendations because it would rather be on the safer side.

REPRESENTATIVE GRUENBERG offered that in court the plaintiff would sue the building owner and the manufacturer and the question becomes who is liable. The manufacturer would say the building owner is liable because the AED is not maintained properly. He explained that there is the concept of strict liability against some of the people who manufacture these

products and in those cases negligence doesn't have to be shown, just that there was a causal relationship.

CHAIR LEDOUX stated she has practiced personal injury law and does not have any problem understanding the bill.

[1:47:41 PM](#)

REPRESENTATIVE CLAMAN asked Mr. Schrage in terms of the maintenance and the batteries, when an individual is in de-fib and EMS takes the AED to the hospital with them, whether the maintenance is that it would need new pads and the batteries checked for charge.

MS. SCHRAGE agreed and stated that the scenario is subject to variations in EMS systems. Some EMS technicians may choose to service the device at the scene as they are able to upload the information.

REPRESENTATIVE CLAMAN remarked that the building owner in that setting should not expect the AED to stay in the building as it is more likely to go with the EMS.

MR. SCHRAGE opined that was a reasonable expectation.

[1:49:05 PM](#)

REPRESENTATIVE CLAMAN asked if 12 is the adult age for purposes of CPR.

MR. SCHRAGE responded that for purposes of CPR an adult is eight years old. He stated that the incidents of ventricular fibrillation in children is not non-existent but is virtually absent.

[1:49:47 PM](#)

REPRESENTATIVE CLAMAN asked that in terms of the entire statute, subsection (a), which is not being amended basically reads that a person using an AED has the Good Samaritan protections under subsection (a).

MR. SCHRAGE responded "that is our intent."

REPRESENTATIVE CLAMAN noted that what is being modified is subsection (b) which is essentially that a business owner is

subject to a gross negligence standard for how the AED is or is not maintained at its place of business.

REPRESENTATIVE WILSON stated "that is correct."

REPRESENTATIVE CLAMAN further noted that subsection (c) is not being changed that would apply an ordinary negligence standard for the manufacturer.

REPRESENTATIVE WILSON advised "that is correct also."

[1:50:42 PM](#)

REPRESENTATIVE CLAMAN surmised that with respect to Representative Gruenberg's questions, the intent between the manufacturer and the business owner is that the business owner is essentially being told to rely on the manufacturer to build the machines correctly as long as there is an AED in the business owners shop. The business owner will not be held out to knowing more than the AED manufacturer does and the business owner will be held to a lesser standard. He inquired as to whether that is the intent of the legislation.

REPRESENTATIVE WILSON agreed and opined that most building owners believe the Good Samaritan Act already covers them.

[1:51:28 PM](#)

REPRESENTATIVE CLAMAN stated that gross negligence would be when the building owner had repeatedly been told the batteries were dead, and was aware of it for a couple of years and never took the AED out of the public place or replaced the batteries. In that scenario there may be a claim for gross negligence but it would be up to the court as to whether it would succeed, he said.

REPRESENTATIVE WILSON opined that a building is not required to have an AED, so for the building owner to go to the extent of putting them in and yet not perform any training or maintenance made no sense to her. She further opined that most constituents believe they are covered by statute, and are not.

[1:53:20 PM](#)

REPRESENTATIVE GRUENBERG questioned if the standard in subsection (c), dealing with the manufacturer, raises the standard that would normally be required to sue a manufacturer

regarding a potentially dangerous instrument. He further questioned if this insulates the [AED] manufacturer where other manufacturers would not be so insulated.

REPRESENTATIVE WILSON responded there may be assistance on-line to answer Representative Gruenberg's question.

REPRESENTATIVE GRUENBERG reiterated whether the existing standard in subsection (c), which imposes a standard of negligence by statute, raises the standard of strict liability.

CHAIR LEDOUX opened public testimony.

[1:56:14 PM](#)

WENDY MACNAUHPON, American Heart Association, American Stroke Association, stated that the American Heart Association realizes that every minute counts when an individual experiences sudden cardiac arrest. She opined it is important to remove the impediment provisions of AEDs in public places as it will provide more opportunities for Good Samaritans to act and more lives saved.

[1:57:09 PM](#)

JAMIE MORGAN, American Heart Association, American Stroke Association, affirmed that the associations are very much in support of HB 4 as they believe increased access to AEDs will result in more lives saved.

[1:57:49 PM](#)

KRISTIN LUBY, American Heart Association, American Stroke Association, stated she supports HB 4 as it will remove barriers that inhibit current businesses from installing AEDs in their building. "Time is muscle" as every minute an individual is in cardiac arrest and not being treated or receiving assistance counts, and time is the heart muscle dying. She related that passage of HB 4 will result in increased access to AEDs and help provide more opportunities for Good Samaritans to act, and more lives saved.

[1:59:13 PM](#)

SHERRY MODROW, advised she is representing herself and agrees with Mr. Schrage. She supports the American Heart Association and would like to see AEDs installed in many places, and

bystanders be encouraged to use AEDs. She offered that she is a full time volunteer at UAF and would like to see AEDs available on campuses as well as across Alaskan communities.

2:00:52 PM

RON TEMPLETON, University Fire Department, University of Alaska Fairbanks, Alaska Fire Chiefs Association, stated his support for HB 4 is more of a personal nature in that his wife passed of heart disease in 2007. Unfortunately, he noted, when his wife passed she was not somewhere that AEDs would have been any good - she was at home. He stated he has come to realize that heart disease is a profound killer of women in America and HB 4 will remove impediments that corporations and businesses have of putting AEDs in communities to be utilized. He expressed that if only one life can be saved it is worth all of the effort - it is important AEDs are available for use and that [building owners] do not have to worry about liability.

2:02:52 PM

JILL LEWIS, Deputy Director, Division of Public Health, Department of Health & Social Services, stated that Emergency Medical Service (EMS) is under the Division of Public Health, and it certifies EMS technicians, and also has the responsibility for promoting and ensuring competent workforce and infrastructure for EMS. The division is responsible for training in terms of approving training and trainers for AEDs. She clarified that EMTs would still be required to receive training and the division would continue to perform as above.

CHAIR LEDOUX closed public testimony after ascertaining no one further wished to testify.

2:04:15 PM

REPRESENTATIVE GRUENBERG referred to subsection (c) and paraphrased, "The immunity provided by (b) if this section which we are amending here, does not apply to a manufacturer of an automated external defibrillator" which, he opined, means that the rest of common law and statutory law in Alaska does apply. He said he assumes that would include strict liability and, therefore, is already covered.

2:05:30 PM

REPRESENTATIVE CLAMAN offered that the question of strict liability and not strict liability is what constitutes a dangerous product that may make it subject to strict liability which is part of common law. He added that where an AED is or is not a dangerous product and whether that would qualify as strict liability or not strict liability is something best left to the courts.

[2:06:33 PM](#)

REPRESENTATIVE MILLETT advised that the incentive behind this bill is to take liability away and make Alaskan communities safer places to live. As a woman, she offered, she likes the legislation as it serves its purpose very well, is signing on as a co-sponsor, and hopes the bill passes out of committee today as is.

[2:07:25 PM](#)

CHAIR LEDOUX said she intended to pass out but is now wondering whether this should say "civil damages resulting from gross negligence, or intentional, or reckless conduct." She questioned whether the bill sponsor had a comment.

REPRESENTATIVE WILSON responded that [HB 4] has been vetted through the fire department council as well as the American Red Cross and others who were supportive or neutral on the language. She advised she is comfortable with the current language as it does accomplish the intent.

[2:08:39 PM](#)

The committee took an at-ease from 2:08 p.m. to 2:14 p.m.

The committee treated public testimony as being open.

[2:14:30 PM](#)

MICHAEL LEVY, Medical Director, Anchorage Fire Department, Anchorage Areawide Emergency Medical Services, advised he is President of the Loren Marshall Foundation, which is a foundation that provides opportunities for citizens to learn CPR; he is on the Board of Directors, National Association of EMS Physicians; and is the principal investigator of the Heart Rescue Project in Alaska. Therefore, he said, he has extensive ongoing experience with cardiac arrest. He offered that if any barriers could be lowered regarding AEDs in the community it

would benefit Alaskan citizens. He related that AEDs should be as widely distributed as are fire extinguishers, and readily available to any individual witnessing a cardiac arrest. There is no question AEDs are an important and relatively inexpensive life saving measure that when applied early has the best opportunity for success. He highlighted that when individuals feel they are at risk of legal ramifications by having the device or any other sort of encumbrances, it does not promote the availability of AEDs. He offered that the devices can be safely used by the public.

[2:16:51 PM](#)

REPRESENTATIVE GRUENBERG questioned whether there is evidence that changing the standard will cause more people to install AEDs.

DR. LEVY remarked that he is unaware of any study in Alaska that this would cause a change, however, nationwide people have declined being involved due to the threat of litigation.

REPRESENTATIVE GRUENBERG asked whether there was evidence that anything else could be performed, other than changing the tort standard of liability, to encourage people to install AEDs.

DR. LEVY responded that possibly from a legislative standpoint it could be required that places where the public gathers must have AEDs, in full public view, as a public safety measure.

REPRESENTATIVE GRUENBERG inquired as to whether any other jurisdiction had done anything else to either encourage or require the installation of AEDs.

DR. LEVY stated he is "unaware of anyone doing that," but is not an expert.

CHAIR LEDOUX closed public testimony after ascertaining no one further wished to testify.

[2:19:52 PM](#)

REPRESENTATIVE KELLER advised he was ready to make a motion.

REPRESENTATIVE GRUENBERG objected.

[2:20:42 PM](#)

REPRESENTATIVE CLAMAN noted that an earlier witness stated only California has enacted a statute similar to this legislation.

REPRESENTATIVE GRUENBERG advised that his question was whether any other jurisdiction had done anything else.

REPRESENTATIVE GRUENBERG withdrew his objection.

[2:21:48 PM](#)

REPRESENTATIVE KELLER moved to report HB 4 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB 4 moved from the House Judiciary Standing Committee

[2:22:10 PM](#)

#

**ADJOURNMENT**

There being no further business before the committee, the House Judiciary Standing Committee meeting was adjourned at 2:22 p.m.