

**A SUMMARY OF HOUSE BILL 4420 AS INTRODUCED 3-18-99**

House Bill 4420 would amend Public Act 17 of 1963, known as the Good Samaritan law, to limit the liability of certain persons who used an automated external defibrillator (AED) to render emergency service to another person.

An individual who either had successfully completed no less than four hours of training on how to use an AED or had no duty to render emergency service would not be liable for damages in a civil action arising out of the good faith use of an AED to treat another person. However, this immunity would not apply if the individual who rendered the treatment was licensed under the Emergency Medical Services section of the Public Health Code or where the actions of the individual providing the treatment amounted to gross negligence or willful and wanton misconduct. The four hours of training would have to be approved by the Department of Consumer and Industry Services and offered or approved by the American Red Cross, the American Heart Association, or a comparable organization or association.

The immunity provided by the bill would only apply to civil actions filed or pending on or after July 1, 1999.

MCL 691.1504

[The most common problem with a person's heart when an individual suffers a heart attack is what is known as "ventricular fibrillation" - where the heart no longer pumps blood because the muscles are contracting chaotically instead of in a coordinated fashion. When this occurs, a controlled electric shock can cause the muscles of the heart to contract together and restart a regular rhythm. A defibrillator can be used to provide such a shock. Until recently, use of a defibrillator required a trained professional (doctor or paramedic) to interpret the patient's heart rhythm to determine whether defibrillation was appropriate. The development of the automated external defibrillator, which can monitor and analyze the rhythm of a patient's heart, determine whether an electric shock is appropriate, and then can be used provide such a shock, has made it possible for less highly trained individuals to treat certain heart attacks.]

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.