

CONFERENCE COMMITTEE REPORT

SB 264

2018 Regular Session

Carter

May 14, 2018

To the Honorable President and Members of the Senate and to the Honorable Speaker and Members of the House of Representatives.

Ladies and Gentlemen:

We, the conferees appointed to confer over the disagreement between the two houses concerning Senate Bill No. 264 by Senator Carter, recommend the following concerning the Engrossed bill:

1. That House Committee Amendments Nos. 2 and 5 proposed by the House Committee on Health and Welfare and adopted by the House of Representatives on April 16, 2018 be adopted.
2. That House Committee Amendments Nos. 1, 3, 4 proposed by the House Committee on Health and Welfare and adopted by the House of Representatives on April 16, 2018 be rejected.

Respectfully submitted,

Senators:

Representatives:

Senator Troy Carter

Representative Dustin Miller

Senator Fred Mills

Representative Frank A. Hoffmann

Senator Gerald Boudreaux

Representative Patricia Haynes Smith

The legislative instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

CONFERENCE COMMITTEE REPORT DIGEST

SB 264

2018 Regular Session

Carter

Keyword and summary of the bill as proposed by the Conference Committee

TELECOMMUNICATIONS. Requires public safety telecommunicators who provide dispatch for emergency medical conditions be trained in the delivery of telephone CPR. (8/1/18)

Report adopts House amendments to:

1. Stipulate that the required training in telephone cardiopulmonary resuscitation (T-CPR) meet or exceed nationally recognized guidelines.
2. Designate proposed law as the Spencer Washington Act.

Report rejects House amendments which would have:

1. Removed the phase-in requirement for T-CPR training in parishes with populations of less than 50 thousand and those 50-100 thousand and provides that the training requirement does not apply in parishes with populations equal to or less than 100,000.

Report amends the bill to:

1. Stipulate that the required training in telephone cardiopulmonary resuscitation (T-CPR) meet or exceed nationally recognized guidelines.
2. Designate proposed law as the Spencer Washington Act.

Digest of the bill as proposed by the Conference Committee

Present law provides for training of emergency medical personnel. Proposed law retains present law and adds thereto the following defined terms and corresponding definitions:

- (1) "Public safety agency" means a functional division of a public or private agency which provides firefighting, police, medical, or other emergency services.
- (2) "Public safety telecommunicator" means an individual answering 911 emergency medical condition calls on behalf of a public safety agency who has authority, based on a protocol adopted by the agency, to provide telephone cardiopulmonary resuscitation instructions to a caller before arrival of professional medical assistance by first responders.

Present law grants civil immunity to emergency medical services practitioners, parish governing authorities, police departments, sheriffs' offices, fire departments, or other public agencies engaged in rendering emergency medical services. Proposed law retains present law.

Proposed law provides that no public safety telecommunicator who instructs a caller on telephone cardiopulmonary resuscitation, referred to hereafter as "T-CPR", shall be liable for any civil damages arising out of the instruction provided to the caller, except for acts or omissions intentionally designed to harm, or for grossly negligent acts or omissions that result in harm to an individual. Proposed law provides that a caller may decline T-CPR instruction and that once declined, the public safety communicator has no obligation to provide the instruction.

Proposed law provides that a public safety agency is not required to have public safety telecommunicators answer 911 calls.

Proposed law requires public safety telecommunicators to be trained in T-CPR utilizing training that meets or exceeds nationally recognized emergency cardiovascular care guidelines. Provides that the training, at minimum, shall incorporate recognition protocols for out-of-hospital cardiac arrest, compression-only CPR instructions for callers, and continuing education as appropriate.

Proposed law requires public safety agencies to ensure that 911 calls being answered by public safety telecommunicators have T-CPR training based on the following phase-in timeline and population references based on the latest federal decennial census:

- (1) January 1, 2019 for parishes with a population of more than 100,000.
- (2) January 1, 2020 for parishes with a population between 50,000 and 100,000.
- (3) January 1, 2021 for parishes with a population less than 50,000.

Proposed law authorizes public safety agencies to enter into reciprocal agreements with other public safety agencies to provide T-CPR, on the condition that the agency accepting the call has a public safety telecommunicator who is trained in T-CPR as provided by proposed law.

Proposed law requires the bureau of emergency medical services of the La. Department of Health (LDH) to identify all public and private agencies, institutions, and individuals that are or may be engaged in T-CPR training and establish minimum standards for course approval, instruction, and examination. Requires LDH to implement an efficient mechanism for the bureau to maintain the names of public safety communicators and receive certificates of completion for the training course required in proposed law.

Proposed law requires LDH to adopt administrative rules as necessary to implement the provisions of proposed law.

Proposed law provides that proposed law may be referred to as the Spencer Washington Act.

Effective August 1, 2018.

(Amends R.S. 40:1131(21) and 1131.1(D); Adds R.S. 40:1131(22) and (23), 1133.13(F) and (G), and 1133.16)