



## MEMORANDUM OF SUPPORT

S.5718 (Hannon)/A.7532 (Gottfried)

### *AN ACT to amend the public health law, in relation to automated external defibrillators*

The Nurse Practitioner Association New York State (“NPA”) is the only statewide professional association of nurse practitioners (“NPs”) in New York, nearly 20,000 of who practice throughout New York State. The NPA and its members are committed to maintaining the highest professional standards for nurse practitioners, and ensuring the greatest quality care for health care consumers. Our organization provides continuing education programs, assists in NP preparation, and advocates with respect to legislative and regulatory issues which affect nurse practitioners and the patients they serve. The NPA strongly supports S.5718 (Hannon)/A.7532 (Gottfried), which would clarify that NPs with the necessary experience and scope of practice, may enter into a collaborative agreement with a person or entity seeking to possess and/or operate an automated external defibrillator.

According to the American Heart Association (“AHA”), cardiac arrest is the leading cause of death and annually there are more than 350,000 out-of-hospital cardiac arrests nationwide. Traditional first aid, including cardiopulmonary resuscitation (“CPR”), is not sufficient to help someone experiencing sudden cardiac arrest. Rather, the best way to prevent death or neurological damage in such a situation, is by promptly defibrillating the heart with an AED. Since 1998, New York State has authorized the availability of public access automated external defibrillators (“AED”). At the time, the goal was to encourage availability of such AEDs, but to only allow entities to maintain an AED if it entered into a collaborative agreement with an “emergency health care provider,” which is defined as (i) a physician with knowledge and experience in the delivery of emergency cardiac care; or (ii) a licensed hospital that provides emergency cardiac care. Over the following years, the Legislature has passed several bills that would expand access to these AEDs. In fact, the State mandates that certain facilities maintain AEDs, and makes it permissive for others. The equipment technology has advanced greatly in the past decade; making it particularly user friendly, and should have widespread availability. Yet, there are too many instances where an individual experiencing cardiac arrest could benefit from an AED, but the device is not available.

The AHA notes that it is important “quality control mechanism” for “a licensed physician or medical authority” to be involved with the siting of an AED in order to “ensure that all designated responders are properly trained and that the AED is properly maintained[; and] help establishments develop an emergency response plan for the AED program.”<sup>1</sup> The NPA wholly agrees that qualified health professionals should be involved in the AED process, but believes that the existing restrictive definition of emergency health care provider is creating a barrier to greater access of AEDs. This legislation would clarify that in addition to hospitals and physicians, NPs and physician assistants, who have a relevant scope of practice and emergency cardiac care experience, may enter into a collaborative agreement with a person or entity seeking to possess and/or operate an automated external defibrillator, as is required by the Public Health Law.

The NPA urges the Legislature to pass S.5718 (Hannon)/A.7532 (Gottfried) in order to expand access to AEDs, a long recognized lifesaving tool.

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<sup>1</sup> AHA AED Programs Q&A, *available at*:  
[http://cpr.heart.org/AHA/ECC/CPRECC/Programs/AEDImplementation/UCM\\_475254\\_AED-Programs-Q-A.jsp#Why should a licensed](http://cpr.heart.org/AHA/ECC/CPRECC/Programs/AEDImplementation/UCM_475254_AED-Programs-Q-A.jsp#Why%20should%20a%20licensed)