DIGEST OF HB 1342 (Updated March 12, 2019 11:25 am - DI 132)

Citations Affected:  IC 34-30; IC 36-8.

Synopsis: Telephone CPR instruction training. After July 1, 2020, requires an individual to complete a telephone cardiopulmonary resuscitation (T-CPR) training program (program) approved by the division of fire and building safety (division) if the individual: (1) answers 911 emergency medical telephone calls for a state or local law enforcement agency or fire protection agency, including a volunteer fire department (agency); and (2) is authorized by the agency's protocols to provide T-CPR instructions to a caller. Provides that the division may provide programs or third parties may provide programs that are approved by the division. Requires the division to: (1) adopt minimum standards for programs that meet or exceed evidence based nationally recognized emergency cardiovascular care guidelines; and (Continued next page)

Effective: July 1, 2019.

Bacon, Summers, Judy, Macer
(SENATE SPONSORS — BECKER, CRIDER, MELTON)

January 14, 2019, read first time and referred to Committee on Veterans Affairs and Public Safety.
February 7, 2019, amended, reported — Do Pass.
February 11, 2019, read second time, ordered engrossed. Engrossed.
February 12, 2019, read third time, passed. Yeas 89, nays 0.

SENATE ACTION
March 4, 2019, read first time and referred to Committee on Homeland Security and Transportation.
March 12, 2019, amended, reported favorably — Do Pass.

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(2) establish continuing education requirements. Allows the division to collect reasonable fees for providing programs and certifications that are deposited in the fire and building services fund. Sets forth certain requirements for a public safety answering point if a public safety answering point transfers a telephone caller to a public safety telecommunicator. Provides that a public safety telecommunicator who has completed a certified training program in emergency medical dispatch call handling is exempt from completing a T-CPR training program. Provides civil immunity for damages relating to the provision of T-CPR instruction. Makes a technical correction.
March 13, 2019

First Regular Session of the 121st General Assembly (2019)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word NEW will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or this style type reconciles conflicts between statutes enacted by the 2018 Regular and Special Session of the General Assembly.

ENGROSSED

HOUSE BILL No. 1342

A BILL FOR AN ACT to amend the Indiana Code concerning local government.

Be it enacted by the General Assembly of the State of Indiana:

1. SECTION 1. IC 34-30-2-156.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 156.6. IC 36-8-24-6 (Concerning vehicular carbon monoxide testing).

2. SECTION 2. IC 34-30-2-156.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 156.7. (a) IC 36-8-25-12 (Concerning providing telephone cardiopulmonary resuscitation instruction to callers).

   (b) IC 36-8-25-13 (Concerning not providing telephone cardiopulmonary resuscitation instruction to callers who decline instruction).

   (c) IC 36-8-25-14 (Concerning public safety agencies not employing persons to provide telephone cardiopulmonary resuscitation instruction).

3. SECTION 3. IC 34-30-2-156.8 IS REPEALED [EFFECTIVE JULY 1, 2019]. Sec. 156.8. IC 36-8-24-6 (Concerning vehicular carbon monoxide testing).
monoxide testing).

SECTION 4. IC 36-8-25 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

Chapter 25. T-CPR Training for Public Safety Telecommunicators

Sec. 1. As used in this chapter, "division" means the division of fire and building safety established by IC 10-19-7-1.

Sec. 2. As used in this chapter, "public safety agency" means a state or local law enforcement agency or fire protection agency. The term includes a volunteer fire department.

Sec. 3. As used in this chapter, "public safety telecommunicator" means an individual who:

1. answers 911 emergency medical telephone calls on behalf of a public safety agency; and
2. has the authority, based on a protocol adopted by the public safety agency, to provide T-CPR instructions to a telephone caller before the arrival of professional medical assistance by first responders.

Sec. 4. As used in this chapter, "T-CPR" means telephone cardiopulmonary resuscitation.

Sec. 5. (a) Except as provided in section 11 of this chapter, after June 30, 2020, a public safety telecommunicator must successfully complete, at least every two (2) years, a T-CPR training program that meets or exceeds evidence based nationally recognized emergency cardiovascular care guidelines adopted by the division.

A T-CPR training program shall include:

1. recognition protocols for out of hospital cardiac arrest; and
2. compression only cardiopulmonary resuscitation instructions for telephone callers.

(b) The division shall establish T-CPR training continuing education requirements for public safety telecommunicators.

Sec. 6. (a) The division may:

1. provide a T-CPR training program or continuing education course; or
2. approve a T-CPR training program or continuing education course provided by a third party; that meets the requirements of this chapter.

(b) The division shall establish requirements and a certification program for third party T-CPR instructors that provide T-CPR training programs or continuing education courses.
Sec. 7. The division shall set the minimum standards for a T-CPR training program including:
(1) course approval;
(2) instruction; and
(3) examination;
which may include online training based on the nationally recognized guidelines adopted by the division. The division shall provide a person with a certificate for successfully completing T-CPR training.

Sec. 8. The division may impose a reasonable fee for:
(1) providing a T-CPR program or continuing education course; and
(2) certifying a person who successfully completes a T-CPR program or any T-CPR instructor requirements.
The division shall deposit any fees collected in the fire and building services fund established by IC 22-12-6-1.

Sec. 9. Nothing in this chapter prohibits a public safety agency from entering into a reciprocal agreement with another public safety agency to provide T-CPR instruction to telephone callers, if the public safety agency that accepts the telephone call has a public safety telecommunicator who has successfully completed a T-CPR training program approved by the division.

Sec. 10. If a public safety answering point (as described in IC 36-8-16.7-20) transfers a telephone caller to a public safety telecommunicator described under section 3 of this chapter, the public safety answering point shall do the following:
(1) Use an evidence based protocol approved by the public safety answering point's medical director for the identification of a person in need of cardiopulmonary resuscitation.
(2) Provide appropriate training and continuing education, as determined by an evidence based protocol and approved by the public safety answering point's medical director, for identification of a person in need of cardiopulmonary resuscitation.
(3) Ensure that any public safety answering point that transfers a telephone call uses public safety telecommunicators who meet the training requirements set forth under section 5 of this chapter to provide instruction on administering cardiopulmonary resuscitation.

Sec. 11. A public safety telecommunicator who has completed a certified training program in emergency medical dispatch (as
described under IC 16-31-3.5) call handling is exempt from
completing a T-CPR training program described under this
chapter.
Sec. 12. A public safety telecommunicator who has successfully
completed:
(1) a T-CPR training program approved by the division; and
(2) any continuing education requirements;
is immune from civil liability for damages arising out of T-CPR
instruction provided to a telephone caller, except for acts or
omissions constituting gross negligence or willful or wanton
misconduct.
Sec. 13. If a telephone caller declines to receive T-CPR
instruction, the public safety telecommunicator:
(1) has no obligation to provide T-CPR instruction; and
(2) is immune from civil liability for damages for not
providing T-CPR instruction.
Sec. 14. A public safety agency is immune from civil liability for
damages for employing individuals to answer 911 emergency calls
who are not public safety telecommunicators. However, the
individuals who are not public safety telecommunicators may not:
(1) be required to complete T-CPR training; or
(2) provide T-CPR instruction to a telephone caller.
COMMITTEE REPORT

Mr. Speaker: Your Committee on Veterans Affairs and Public Safety, to which was referred House Bill 1342, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 7, delete "IC 36-8-25-10" and insert "IC 36-8-25-12".
Page 1, line 9, delete "IC 36-8-25-11" and insert "IC 36-8-25-13".
Page 1, line 12, delete "IC 36-8-25-12" and insert "IC 36-8-25-14".
Page 2, line 21, delete "After" and insert "Except as provided in section 11 of this chapter, after".
Page 3, between lines 20 and 21, begin a new paragraph and insert:

"Sec. 10. If a public safety answering point (as described in IC 36-8-16.7-20) transfers a telephone caller to a public safety telecommunicator described under section 3 of this chapter, the public safety answering point shall do the following:

(1) Use an evidence based protocol approved by the public safety answering point's medical director for the identification of a person in need of cardiopulmonary resuscitation.

(2) Provide appropriate training and continuing education, as determined by an evidence based protocol and approved by the public safety answering point's medical director, for identification of a person in need of cardiopulmonary resuscitation.

(3) Ensure that any public safety answering point that transfers a telephone call uses public safety telecommunicators that meet the training requirements set forth under section 5 of this chapter to provide instruction on administering cardiopulmonary resuscitation.

Sec. 11. A public safety telecommunicator who has completed a certified training program in emergency medical dispatch (as described under IC 16-31-3.5) call handling is exempt from completing a T-CPR training program described under this chapter."

Page 3, line 21, delete "10." and insert "12.".
Page 3, line 29, delete "11." and insert "13.".
Page 3, line 34, delete "12." and insert "14.".
Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1342 as introduced.)

FRYE R

Committee Vote: yeas 11, nays 0.

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COMMITTEE REPORT

Madam President: The Senate Committee on Homeland Security and Transportation, to which was referred House Bill No. 1342, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 6, after "CODE AS" insert "A".
Page 1, line 10, delete "that" and insert "who".
Page 1, line 14, delete "instruction." and insert "instruction).".
Page 3, line 37, delete "that" and insert "who".
Page 4, line 3, delete "that" and insert "who".

and when so amended that said bill do pass.

(Reference is to HB 1342 as printed February 8, 2019.)

CRIDER, Chairperson

Committee Vote: Yeas 7, Nays 0.

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