

**Committee on Public Health**  
**Bill Summary**

**Bill No.** H2510/S1589

**Title:** *An Act to improve outcomes for sudden cardiac arrest/An Act relative to improving outcomes for sudden cardiac arrest*

**Sponsor:** Representative Edward R. Philips/Senator Michael O. Moore

**Committee:** Public Health

**Hearing Date:** June 25, 2025

**Similar Matters:** S1589

**Prior History:** Similar to H2250 of 23-24; Referred to Public Health; Accompanied a study order.

**Reporting Deadline:** August 24, 2025

**Current Law:**

- **M.G.L. Chapter 6A** pertains to executive offices.
- **M.G.L. Chapter 6A § 18B** pertains to the State 911 Department and the State 911 Commission.
- **M.G.L. Chapter 112** pertains to the registration of certain professions and occupations.
- **M.G.L. Chapter 112 § 12V ½** exempts good faith AED providers from liability for acts or omissions, other than gross negligence or willful or wanton misconduct, which result from the rendering of emergency cardiopulmonary resuscitation or defibrillation.

**Summary:**

This bill expands membership of the State 911 Commission from 13 to 15 and directs the State 911 Department and DPH to develop and implement new regulations to track the quality and improvement of EMS and 911 operator responses to instances of cardiac arrest.

SECTION 1 amends M.G.L. Chapter 6A, Section 18B by increasing the number of gubernatorial appointments to the State 911 Commission from 13 to 15 members. One of the two new appointments must be a physician specializing in emergency medicine. The second of the two additional appointments must be an additional nominated representative of the Massachusetts Communication Supervisors Association, Inc. This section clarifies that, of the two nominated representatives of the Massachusetts Communication Supervisors Association, Inc., one representative must be a manager or supervisor of a Public Safety Answering Point (PSAP) serving a population of less than 50,000 people and one representative must be a manager/supervisor of a PSAP serving a population of more than 50,000.

SECTION 2 further amends M.G.L. Chapter 6A, Section 18B by adding language to subsection (g) requiring the State 911 Department to adopt, amend, and enforce regulations ensuring ongoing Quality Assurance and Improvement for all emergency calls in which a cardiac arrest is

confirmed by EMS personnel and resuscitation is attempted. Regulations must include, but are not limited to:

- a) Audit of dispatch calls for quality assurance and improvement purposes, which must be submitted to the State 911 Department within 10 days of completion;
  - Audit must occur within 60 days following the receipt of all 911 or emergency calls received at any PSAP in which resuscitation for cardiac arrest is indicated or attempted, or 60 days from the date on which an EMS agency notifies a PSAP of a qualifying incident, whichever is shorter.
  - Must include an analysis and explanation for the reasons for the non-recognition of cardiac arrest and any delays.
- b) Data collection on call taking and the Quality Assurance and Improvement process, including, but not limited to, time intervals from call receipt to “hands on chest”, attempted 911-directed or assisted defibrillation, and EMS arrival;
- c) Individual review, including appropriate feedback and recommendations, of each cardiac arrest call by the PSAP Director of a designated Quality Assurance and Improvement professional;
- d) Review by the State 911 Department;
- e) Remediation and enforcement policies to address PSAP non-compliance;
- f) Annual reporting by the State 911 Department; and
  - The State 911 Department must compile, summarize, and make publicly available Quality Assurance and Improvement reports on a Statewide and PSAP level each year.
  - Reports must highlight trends and areas for improvement, and PSAPs must be identified by name.
- g) Methods to identify training and improvement measures based on Quality Assurance and Improvement reports.

Section 2 additionally requires DPH to promulgate regulations requiring all EMS agencies to report all instances of cardiac arrest to the State 911 Department. Reporting must include relevant data as determined necessary for Quality Assurance and Improvement and statistical analysis. The State 911 Department and DPH must ensure that data collection and reporting protocols respect the privacy and dignity of individuals and comply with applicable privacy laws and regulations. Lastly, this section directs the State 911 Department to develop an annual award for up to 3 PSAP employees for superior performance of duties that substantially contributed to the survival of victims of out-of-hospital cardiac arrests in the state.

SECTION 3 amends M.G.L. Chapter 112, Section 12V ½ by adding two new subsections, subsections (d) and (e).

Subsection (d) establishes an AED registry to allow local 911 telecommunicators to locate accessible AEDs and requires any AED used in a public access defibrillation program to register the device through the PSAP medical control director (MCD).

Subsection (e) requires that signage be located throughout buildings to clearly indicate AED locations.

SECTION 4 requires DPH to help communities determine standardized outcome measures for cardiac arrests occurring outside of hospital settings, allowing for quality improvement efforts and benchmarking capability to improve care and increase survival by participating in the Centers for Disease Control and Prevention (CDC) Cardiac Arrest Registry to Enhance Survival (CARES). The registry must:

- a) Monitor performance in terms of both success and failure, identify problems, and track progress;
- b) Enhance performance of EMS systems with emphasis on dispatcher-assisted CPR and high-performance CPR;
- c) Develop strategies to improve systems of care within hospital settings and special resuscitation circumstances;
- d) Expand research in cardiac arrest resuscitation and promote innovative technology and treatments; and
- e) Educate and train the public in CPR, use of automated external defibrillators, and EMS-system activation

SECTION 5 requires the State 911 Department and DPH to report on the implementation of the regulations outlined in this bill to the Joint Committees on Public Health and Public Safety within one year after promulgation of said regulations.

SECTION 6 states that this act shall take effect 180 days after passage.