104100. The Legislature finds and declares that high blood pressure, also known as hypertension, is a widespread and serious public health problem in California. This condition, when untreated, is a major contributor to heart disease, stroke, kidney disease, and related cardiovascular morbidity and mortality. Although high blood pressure can be effectively controlled through the use of now well established antihypertensive drugs, treatment is not always adequately utilized.

It is estimated that there are two million adults in California who have high blood pressure. It is further estimated, based on national data, that no more than 71 percent of all adult Californians with high blood pressure are aware of their condition, and that of those who are aware, only 40 percent are being effectively treated. Thus, of some two million California adults with high blood pressure, only about 568,000 have their condition adequately controlled. Unless the problem of uncontrolled high blood pressure among some 1,432,000 adults is promptly addressed, many of these individuals will experience preventable serious illness, disability and death. In addition, the state will continue to face unnecessary medical and welfare costs resulting from high blood pressure and its resulting effects. Consequently, it is necessary to provide for expanded statewide efforts, interface with relevant federal legislation, establish and maintain appropriate guidelines, and enhance high blood pressure control activities at the community level. Coordination of local and state efforts in the planning, implementation, and evaluation of high blood pressure control activities is required, in order to improve allocations and utilization of resources to control high blood pressure in the states population.

104105. The department shall conduct a program for the control of high blood pressure. The program shall include, but not be limited to, all of the following:

(a) Support of local community high blood pressure control programs to improve the quality and distribution of high blood pressure control services.

(b) Promotion of consumer participation in high blood pressure control efforts.

(c) Statewide coordination of high blood pressure control activities.

(d) Planning, including development, adoption, periodic review, and revision of a state plan for high blood pressure control; and assistance to local agencies in their planning efforts.

(e) Gathering, analysis, and dissemination of epidemiologic data and information on high blood pressure and its resulting effects, and support of high blood pressure research.

(f) Development and maintenance of a clearinghouse for high blood pressure information, materials, and services.

(g) Promotion of local and regional councils on high blood pressure control.

(h) Evaluation of high blood pressure control efforts.

(i) Education of patients, health professionals, and the general public.
104110. Local community high blood pressure control programs may include any or all of the following program components:

(a) Screening.
(b) Detection.
(c) Referral and followup.
(d) Diagnostic evaluation.
(e) Adherence management.
(f) Dropout retrieval.
(g) Patient education.
(h) Public education.
(i) Provider education.
(j) Such other components consistent with applicable federal program requirements as the department may deem desirable in controlling high blood pressure and are reflected in the state plan for high blood pressure control.

104113. (a) Every health studio, as defined in subdivision (h), shall acquire, maintain, and train personnel in the use of, an automatic external defibrillator pursuant to this section.

(b) An employee of a health studio who renders emergency care or treatment is not liable for civil damages resulting from the use, attempted use, or nonuse of an automatic external defibrillator, except as provided in subdivision (f).

(c) When an employee uses, does not use, or attempts to use an automatic external defibrillator consistent with the requirements of this section to render emergency care or treatment, the members of the board of directors of the facility shall not be liable for civil damages resulting from an act or omission in rendering the emergency care or treatment, including the use or nonuse of an automatic external defibrillator, except as provided in subdivision (f).

(d) Except as provided in subdivisions (f) and (g), when an employee of a health studio renders emergency care or treatment using an automatic external defibrillator, the owners, managers, employees, or otherwise responsible authorities of the facility shall not be liable for civil damages resulting from an act or omission in the course of rendering that emergency care or treatment, provided that the facility fully complies with subdivision (e).

(e) Notwithstanding Section 1797.196, in order to ensure public safety, a health studio shall do all of the following:

(1) Comply with all regulations governing the placement of an automatic external defibrillator.

(2) Ensure all of the following:

(A) The automatic external defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, or the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.

(B) The automatic external defibrillator is checked for readiness after each use and at least once every 30 days if the automatic external defibrillator has not been used in the preceding 30 days. The health studio shall maintain records of these checks.

(C) A person who renders emergency care or treatment to a person in cardiac arrest by using an automatic external defibrillator activates the emergency medical services system as soon as possible,
and reports the use of the automatic external defibrillator to the
licensed physician and to the local EMS agency.

(D) For every automatic external defibrillator unit acquired, up
to five units, no less than one employee per automatic external
defibrillator unit shall complete a training course in
cardiopulmonary resuscitation and automatic external defibrillator
use that complies with the regulations adopted by the Emergency
Medical Services Authority and the standards of the American Heart
Association or the American Red Cross. After the first five automatic
defibrillator units are acquired, for each additional five
automatic external defibrillator units acquired, a minimum of one
employee shall be trained beginning with the first additional
automatic external defibrillator unit acquired. Acquirers of
automatic external defibrillator units shall have trained employees
who should be available to respond to an emergency that may involve
the use of an automatic external defibrillator unit during staffed
operating hours. Acquirers of automatic external defibrillator units
may need to train additional employees to ensure that a trained
employee is available at all times.

(E) There is a written plan that exists that describes the
procedures to be followed in the event of an emergency that may
involve the use of an automatic external defibrillator, to ensure
compliance with the requirements of this section. The written plan
shall include, but not be limited to, immediate notification of 911
and trained office personnel at the start of automatic external
defibrillator procedures.

(3) A health studio that allows its members access to its facility
during times when it does not have an employee on the premises shall
do all of the following:

(A) Require that all employees who work on the health studio's
premises complete a training course, within 30 days of beginning
employment, in cardiopulmonary resuscitation and automated external
defibrillator use, that complies with the regulations adopted by the
Emergency Medical Services Authority, and the Standards of the
American Heart Association or the American Red Cross.

(B) Ensure that a trained employee is on the health studio's
premises for no fewer than 50 hours per week.

(C) Inform a member, at the time the member contracts for the use
of the health studio, that a trained employee will not be on the
health studio's premises at all times.

(D) (i) On or before January 1, 2012, and before January 1 of each
of the following three years, the health studio shall provide a
report to the Assembly and Senate Judiciary Committees of the
Legislature that contains the following:

(I) The average number of hours per week that the health studio is
staffed.

(II) The average number of hours per week that the health studio
was staffed prior to the adoption of this section.

(III) The total number of reported cardiac incidents that have
occurred during unstaffed hours, and whether any of these incidents
resulted in death.

(ii) The franchisor for a chain of franchised health studios shall
collect and report the information pursuant to this subparagraph on
behalf of its franchised health studios operated in this state.

(E) Deny access to the health studio when an employee is not
present if the health studio operates in a space that is larger than
6,000 square feet.

(f) Subdivisions (b), (c), and (d) do not apply in the case of
personal injury or wrongful death that results from gross negligence
or willful or wanton misconduct on the part of the person who uses,
attempts to use, or maliciously fails to use an automatic external
defibrillator to render emergency care or treatment.

(g) A health studio that allows its members access to its
facilities during operating hours when employees trained in the use
of automatic external defibrillators are not on the facility
premises, waives the provisions of subdivision (d) and the
affirmative defense of primary assumption of the risk, whether
express or implied, as to a claim arising out of the absence of
trained staff.

(h) For purposes of this section, "health studio" means a facility
permitting the use of its facilities and equipment or access to its
facilities and equipment, to individuals or groups for physical
exercise, body building, reducing, figure development, fitness
training, or any other similar purpose, on a membership basis.
"Health studio" does not include a hotel or similar business that
offers fitness facilities to its registered guests for a fee or as
part of the hotel charges.

104115. The department may enter into contracts with local public
and private nonprofit agencies for the purpose of operating community
high blood pressure control programs.

104120. The department shall establish standards for applications
for funding, review of proposals, funding awards, technical
assistance, monitoring, and evaluation of local programs as it may
decide necessary for the implementation of this chapter.

104125. No services provided pursuant to this chapter shall
substitute for other obligations of a unit of local government,
including those required by state law.

Funds appropriated to carry out the purposes of this chapter shall
be supplemental to those available from the federal government and
shall not duplicate, nor shall they replace, any commitments made by
the federal government to support high blood pressure control,
including any formula allocations for which California would be
eligible whether or not this chapter is enacted into law.

104130. Local community high blood pressure control programs funded
pursuant to this chapter shall make maximum use of third party
payments and other resources to support their efforts.

104135. The department may receive and expend funds for high blood
pressure control pursuant to this chapter from federal and other
available sources and may use such funds, along with available state
funds, to support a unified high blood pressure control program.

104140. It is the intent of the Legislature that the department
shall utilize available federal funds for carrying out the purposes of this chapter.