

S 2106

Josh Miller HEARTS Act

**Congress:** 112 (2011–2013, Ended)

**Chamber:** Senate

**Policy Area:** Education

**Introduced:** Feb 14, 2012

**Current Status:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

**Latest Action:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Feb 14, 2012)

**Official Text:** <https://www.congress.gov/bill/112th-congress/senate-bill/2106>

Sponsor

**Name:** Sen. Brown, Sherrod [D-OH]

**Party:** Democratic • **State:** OH • **Chamber:** Senate

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Begich, Mark [D-AK]	D · AK		Feb 14, 2012
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Feb 14, 2012
Sen. Sanders, Bernard [I-VT]	I · VT		Feb 14, 2012

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Feb 14, 2012

Subjects & Policy Tags

**Policy Area:**

Education

Related Bills

Bill	Relationship	Last Action
112 HR 1377	Related bill	<b>Apr 15, 2011:</b> Referred to the Subcommittee on Early Childhood, Elementary, and Secondary Education.

Josh Miller Helping Everyone Access Responsive Treatment in Schools Act of 2012 or Josh Miller HEARTS Act - Amends the Elementary and Secondary Education Act of 1965 to direct the Secretary of Education to award matching grants to local educational agencies (LEAs) to: (1) purchase automated external defibrillators (AEDs) for use in their schools, and/or (2) provide training to meet the grant requirement that at least five adult employees or volunteers at each school where an AED is to be used successfully complete training in its use and in cardiopulmonary resuscitation (CPR).

Requires LEA grant applicants also to demonstrate that: (1) the AEDs are integrated into the schools' emergency response procedures, and (2) emergency services personnel are notified of their locations.

Gives grant priority to schools that: (1) lack an AED; (2) typically have a significant number of students, staff, and visitors present during the day; (3) generally have a longer wait for emergency medical services than other public facilities in the community; and (4) have not received funds under the Rural Access to Emergency Devices Act.

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### **Actions Timeline**

- **Feb 14, 2012:** Introduced in Senate
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