



HOUSE OF REPRESENTATIVES

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23 Mar 25

MEMORANDUM FOR RECORD

SUBJECT: LD 774 An Act to Require Bleeding Control Kits in State-owned Buildings

Senator Baldacci, Representative Salisbury and distinguished members of the Joint Standing State and Local Government,

1. Thank you for allowing me to address you and introduce my bill to Require Bleeding Control Kits in State-owned Buildings.

2. I belong to a family that is heavily involved in medical first response or on site emergency trauma care. Both my wife and I were certified Combat Lifesavers while serving in the United States Army, we count two current or former Combat Medics in the family, and we have two Paramedics and three other EMTs among our children and one of our sons-in-law. Additionally, that same son-in-law and his wife, my daughter, has worked as ER nurses. There is not a one of us who has not had to respond to some emergency situation requiring CPR, rescue breathing or the treatment for trauma bleeding.

3. Realizing that law enforcement were often first on the scene, many departments around the US began requiring that police officers also be trained as Emergency Medical Technicians and some departments are implementing Tactical Emergency Medicine units that accompany law enforcement. Gaining from lessons learned from combat operations of the US military, multiple law enforcement and emergency medical response agencies realized the need to update their methods for dealing with traumatic bleeding wounds. With today's technological advances in tourniquets and hemostatic agents used to control bleeding, it is now possible to stop blood loss as a cause of death on many people from otherwise "fixable" traumatic injuries.

4. However, like any other incident response, the true first responders are the other people on the scene. These are most often 'civilians', non-EMS or otherwise trained personnel who have the ability to immediately act before police or EMS arrive. This is why we train as many people as possible in the use of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillators (AED).

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5. A person can die in a matter of a few minutes from severe blood loss resulting from a traumatic injury. A person properly trained in treating that wound and stopping that blood loss can save that life when the nearest trained emergency response can be 10-20 minutes away, or more.

6. That is why there has been a national Stop The Bleed campaign, developed and endorsed by the American College of Surgeons, that has already trained millions of people in the United States, including myself.

7. Stop the Bleed Programs will not help in every traumatic injury with blood loss, but they have the potential to save many who are injured from falls, vehicle crashes, farming accidents, natural disasters, gunshot wounds, sporting injuries and more.

8. I want to share with you just one instance where the techniques used today saved a life. At my last duty station, Fort Hood, Texas, I was living near the interstate at it was about 0330 in the morning. I had just walked out to my car to go make sure my soldiers were up for PT when I heard a horrendous crash. I grabbed my Combat Lifesaver Bag, and ran down toward the highway where I saw a single car that hit one of the large light posts that was on the highway near the exit. I ran to the car to find the driver pinned beneath his wheel, semi-conscious and bleeding profusely from a wound in his leg caused by debris from his vehicle. I fashioned a tourniquet (we did not have CAT tourniquets at that time), packed the wound and applied a field pressure dressing. I found out later the driver was the manager at the local Applebees, had fallen asleep while driving, and did not die because I had stopped the blood loss.

9. In order for the Stop the Bleed program to work, it requires two things. It requires that people get trained, something the ACS provides for free, and it requires that there be appropriate Trauma Kits to use in the event of an emergency. Just as we have fire extinguishers and AEDs in State owned buildings, this bill would provide a vehicle to get the appropriate kits.

10. These kits would include, at a minimum, a Combat Application Tourniquet (CAT), a hemostatic bandage, a pressure dressing, nitrile gloves, trauma shears, a permanent marker and an instructional booklet and would be inspected on a regular basis in the same manner as fire extinguishers and AEDs for completeness and serviceability.

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11. This bill is only the beginning in addressing the issue of needless loss of life from blood loss. We still need to encourage and promote education and we still need to bolster our supply of available replacement, or banked, blood. But it is a VERY important first step.

12. I respectfully encourage a unanimous vote of "Ought To Pass".

Respectfully,



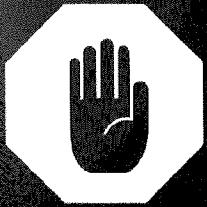
Rep. Chad R. Perkins
District 31

CF:

Committee Chair Senator Baldacci
Committee Chair Representative Salisbury
Committee Members

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STOP State THE BLEED® Legislation

A victim can die of
blood loss within
several



Minutes

7 The average
amount of
time for 1st
responders
to arrive
Minutes

The Issue

According to the National Institutes of Health, the average time for emergency responders to arrive on scene after a 911 call is 7 minutes. For rural and underserved areas, the wait increases to 14 to 30 minutes or longer. Victims with traumatic bleeding can die from blood loss within several minutes.

The Solution





STOP THE BLEED® kits contain items that can dramatically reduce mortality by enabling bystanders to save lives during the crucial minutes immediately following a traumatic bleeding injury. Training for STOP THE BLEED® is supplied free to all by Department of Defense training partners, including the American College of Surgeons which has trained over 4.1 million people to date. STOP THE BLEED® training teaches participants how to safely use direct pressure, pack wounds, and place tourniquets to control life-threatening bleeding.

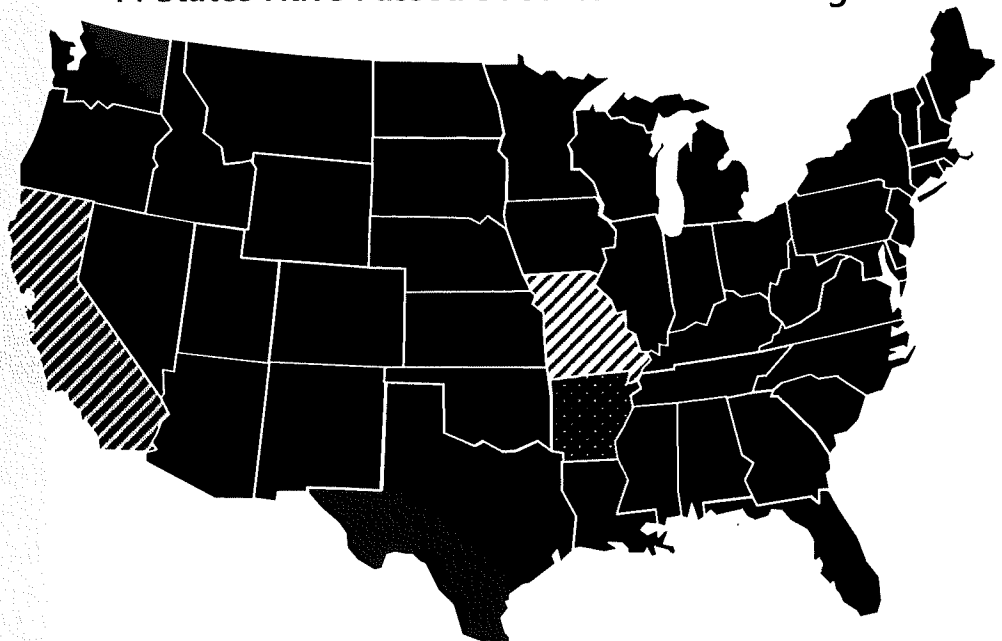
In Your State

Representative Chad Perkins (R-31) has introduced LD 774 "An Act to Require Bleeding Control Kits in State-owned Buildings". The Maine Chapter of the ACS appreciates Rep. Perkins interest in this life-saving legislation

14 States Have Passed STOP THE BLEED® Legislation

Map Key

-  No STB legislation
-  STB kits in schools
-  STB kits in public buildings
-  STB training for school students



Talking Points

- Severe bleeding injuries can result from falling, vehicle crashes, farming accidents, natural disasters, gunshot wounds, sporting injuries, and more.
- Like public AEDs, providing visible, public access to **STOP THE BLEED®** kits is an effective way to allow the public to render first aid to assist victims suffering from severe bleeding injuries while waiting for emergency responders to arrive.
- Promptly controlling life threatening bleeding is essential to increasing the chances of patient survival.
- The ACS provides **STOP THE BLEED®** training for free and has trained over 3.2 million people to date.
- **STOP THE BLEED®** kits contain items not typically found in standard first aid kits and are designed to be used by most age groups.

State Model Legislation

To be supported by the ACS, all proposed state legislation should include:

- 1 Requirements for placing **STOP THE BLEED®** kits in public places, including schools
- 2 Specifications of **STOP THE BLEED®** kit contents
- 3 Requirements concerning the use & maintenance of each **STOP THE BLEED®** kit
- 4 Immunity from civil liability in the event of using the **STOP THE BLEED®** kit (Good Samaritan Law)

For more information regarding state **STOP THE BLEED®** legislation, please contact Catherine Hendricks, State Affairs Manager, at chendricks@facs.org.

Each **STOP THE BLEED®** kit must include the following supplies:



Tourniquet*



Scissors



Compression Bandage



Gloves & Marker



Instructions**



Bleeding Control Bandage

*Developed by the **STOP THE BLEED®** national awareness campaign of the US Department of Homeland Security or the ACS Committee on Trauma

**Tourniquet must be endorsed by the Committee on Tactical Combat Casualty Care