Act Number:	09-059	
Bill Number:	1089	
Senate Pages:	1965-1968, 2006-2007	**6**
House Pages:	3644-3669	**26**
Committee:	Judiciary: 5020-5026, 5102-5108, 5141-5146, 5174-5175, 5211-5217, 5241, 5243, 5328-5367	**71**
	Page Total:	**103**

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Mr. President, if there's no objection might this item be placed on the Consent Calendar?

THE CHAIR:

Motion is to place the item on Consent.

Seeing no objection, so ordered.

THE CLERK.

Calendar Number 468, File Number 683, Substitute for Senate Bill 1089, An Act Concerning Automatic External Defibrillators, favorable report of Committee on Judiciary. The Clerk is in possession of three amendments.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. I move acceptance of the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Acting on approval and passage of the bill, sir, will you remark further?

SENATOR MCDONALD:

Yes, Mr. President. Mr. President, I believe that the Clerk is in possession of LCO Number 6369. I ask that it be called and I be granted leave to

summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 6369, which will be designated Senate Amendment Schedule A, is offered by Senator McDonald of the 27th District, et al.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. I move adoption of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR MCDONALD:

Mr. President, this is a strike all amendment and would make it clear that in the state of Connecticut whenever somebody provides an automatic external defibrillator for the use in its ordinary course, that individual or entity would be immune from any type of legal action that might result from its ordinary use and any ordinary negligence which might arise from that use.

And Mr. President it makes it clear in this

amendment that it would only apply where the defibrillator was being used to render emergency care.

THE CHAIR:

Thank you, sir.

Will you remark further on Senate A? Will you remark further on Senate A?

If not, let me try your minds.

All those in favor signify by saying, aye.

VOICES:

Aye.

THE CHAIR:

Opposed, nay.

The ayes have it, Senate A is adopted.

Will you remark further on the bill as amended by Senate A?

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. I, too, rise in favor of this bill. A very good friend of mine from the Greater Waterbury area, Brian Gomes, professional basketball player in the NBA, came up here about a week ago and has been working diligently on this. He has a wonderful story about a good friend that he grew up with, and I just wanted to lend my support to the

bill and I'm -- I'm glad we're moving this forward and I appreciate the Judiciary Committee's (inaudible).

THE CHAIR:

Thank you, Senator Kane.

Will you remark? Will you remark further on Senate Bill 1089 as amended by Senate A?

Senator McDonald.

SENATOR McDONALD:

Mr. President, if there's no objection might this item be placed on the Consent Calendar?

THE CHAIR:

Motion on the floor to place the item on Consent.

Seeing no objection, so ordered, sir.

Mr. Clerk.

THE CLERK:

Calendar page 11, Calendar Number 491, File Number 713, Senate Bill 964, An Act Concerning the Connecticut Anti-Trust Act, favorable report of the Committee on Judiciary. Clerk is in possession of four amendments.

THE CHAIR:

Senator McDonald.

SENATOR MCDONALD:

Thank you, Mr. President. Mr. President, I move

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Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate on the second Consent Calendar. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate on the second Consent Calendar. Will all Senators please return to the chamber.

Mr. President, those items placed on the second Consent Calendar begin on Calendar page 2, Calendar 150, Substitute for Senate Bill 895; Calendar page 10, Calendar Number 466, Senate Bill 1028; Calendar 468, Substitute for Senate Bill 1089; and Calendar page 11, Calendar 491, Senate Bill 964.

Mr. President, that completes those items placed on the second Consent Calendar.

THE CHAIR:

You can announce the Consent Calendar sir.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the chamber.

THE CHAIR:

Senator McLachlan. Senator Slossberg. Thank you.

All Senators have voted. Please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 2.

Total Number Voting		36
Those voting Yea	36	
Those voting Nay	0	
Those absent and not voting	0	

THE CHAIR:

Consent Calendar passes.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, just another change in calendar marking, an item on the foot to be removed. Mr. President, Calendar page 48, Calendar 129, Senate Bill 775, if that item might be removed from the foot and marked PR.

THE CHAIR:

Motion is to remove item from the foot. Seeing

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DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Sir. Does that conclude the referrals for today? Is there any objection? Is there any objection? So ordered.

Does that conclude the referrals for today?

Will the Clerk please call Calendar Number 615.

CLERK:

On Page 28, Calendar Number 615, Substitute for Senate Bill Number 1089 AN ACT CONCERNING AUTOMATIC EXTERNAL DEFRIBILLATORS. Favorable Report of the Committee on Judiciary.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor, you have the floor, Sir.

REP. LAWLOR: (99th)

Good afternoon, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Good afternoon, Sir.

REP. LAWLOR: (99th)

Madam Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the Bill in concurrence with the Senate.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is acceptance of the Joint Committee's Favorable Report and passage of the Bill

in concurrence with the Senate. Will you remark further, Sir?

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Madam Speaker. Madam Speaker, the file copy, the underlying Bill provides immunity from lawsuits for persons operating automatic external defibrillators under certain circumstances.

The Senate adopted an Amendment, Madam Speaker, which clarifies the intent of the Bill. The Clerk has LCO Number 6369. I'd ask that the Clerk call and I be allowed to summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

Will the Clerk please call LCO Number 6369, which will be designated Senate Amendment "A".

CLERK:

LCO Number 6369, Senate "A", offered by Senator Williams and Representative Hurlburt, et al.

DEPUTY SPEAKER KIRKLEY-BEY:

The Representative asked leave to summarize. Is there any objection? Is there any objection? Hearing none, please proceed, Sir.

REP. LAWLOR: (99th)

Thank you, Madam Speaker. The Amendment is a strike-all amendment. It in essence rewrites the file

copy to more clearly accomplish the purpose, which I think the proponents had set out for the Bill.

In essence, it amends the existing statute, which is sometimes referred to as the Good Samaritan Law, which basically, the existing statute provides general immunity from liability for trained professionals who provide assistance in an emergency type situation, the classic example being a doctor is attending a wedding, might have had a glass of wine or two. Someone at a nearby table has a heart attack. The doctor intervenes.

The question would be, could the doctor be sued for malpractice because he or she had a few drinks before administering the care, and obviously we want to encourage trained professionals to render assistance in emergency situations.

So that's the underlying statute to which a few changes are being made by this Amendment.

The problem this Amendment seeks to resolve is the increasing availability of these AED devices, which are designed to be used in the case of a heart attack type emergency, which can be applied by people without a lot of training.

I think we all see it on TV. You put it up against someone's chest. You push the button and it either works or it doesn't.

The concern that some people had is that, are they assuming some new liability by actually having these devices on their premises, let's say a business, gymnasium, that type of thing, and they wanted the Legislature to clarify that because I think we can all understand the benefits of having the devices available in an emergency, and at the same time we can understand the concerns people would have about whether or not they're taking on a liability they wouldn't otherwise have by installing these life-saving devices.

So in order to solve that problem, this Amendment makes it very clear that when we're talking about ordinary negligence, in other words, the usual standard that people would have to prove in order to win a lawsuit against someone, that if someone has made available the device in their business or other premises, or if someone is actually using such a device, whether or not they've ever been trained to do so, that they couldn't be held accountable for any

sort of claims of malpractice, assuming we're talking about ordinary negligence.

There would be an exception if it's what lawyers typically refer to as willful and wanton, gross negligence, willful or wanton negligence, but when we're talking about ordinary negligence, such a claim could not be made, and in effect, there would be an immunity.

So the bottom line is, Madam Speaker, whether or not you've ever been trained in using such a device, if you provide the device at your premises, or if you are providing care in an emergency situation only, there could be no liability for an ordinary negligence.

This is limited only to the use of such a device in an actual emergency. So if there was misconduct with the device, people fooling around, joking, doing it as a prank, doing it intentionally to somebody when they're not apparently experiencing a heart attack, then this limited immunity would not apply.

But in the situations where the device is designed to be used, there would be no liability for either the owner of the premises or the person using

the device, assuming we're talking only about an allegation of ordinary negligence.

So I urge adoption of the Amendment, Madam Speaker. I think it does accomplish the goals of the proponents, and I think it would be a helpful addition and would probably end up savings quite a few lives in our state over time.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Will you remark? Will you remark further on the Amendment that is before us? Representative O'Neill, you have the floor, Sir.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. I have just a few questions, if I may, to the proponent of the Amendment, that I believe we are on.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor, prepare yourself for questioning. Representative O'Neill, please frame your question.

REP. O'NEILL: (69th)

As I read the Amendment, it provides that any person who utilizes an AED and would be, have available to them the immunity that was originally, when it is in the underlying Bill, so that what we're

seeing is an expansion of the number of people who would be eligible to receive the immunity. Is that correct?

Through you, Mr. Speaker, Madam Speaker, rather.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor.

REP. LAWLOR: (99th)

Thank you, Madam Speaker. Yes, that's correct.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

And that there is not, even though there was an example given of a circumstance such as a party or a wedding where a doctor had a couple of drinks and that someone fell over with what appeared to be the kind of arrested heart action that this AED is designed to deal with, that it would not be limited just to some sort of social gathering that this would occur in.

Is that correct? Through you, Madam Speaker.

\DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor.

REP. LAWLOR: (99th)

Thank you, Madam Speaker. That's correct. This applies to any premises and it also applies to any individual using such a device in an emergency.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. So if this were to occur, for example, in a clique of some sort, and a medical or trained medical person was applying this device, would the immunity apply to them as well?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor.

REP. LAWLOR: (99th)

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. And when we're talking about ordinary negligence, which is what is provided, where the immunity would apply, with respect to this particular device, what kinds of things would fall into that category?

What are the, are there a couple of examples that could be offered for what represents ordinary negligence in the utilization of this AED device?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor.

REP. LAWLOR: (99th)

Thank you, Madam Speaker. Well, of course, these are just examples coming to mind, and by no means should be read as inclusive, nor am I an expert on this topic, but I can certainly envision some situations, which I think could give rise to an allegation of negligence where I think the immunity provided in this Amendment might protect a proprietor or someone who is using such a device.

So for example, I guess the most likely place to see such a thing would be in a gym. Someone's working out. They're experiencing some pain or something like that. Someone jumps to the conclusion that they're having a heart attack and apply the AED device, when it reality it was gas pain due to indigestion or something like that. I suppose it's possible.

I suppose the person getting jolted with the AED device might then want to bring a claim against the

person applying it in the gym, and I think someone who is just a staff person in the gym might mistake some general complaint of pain or someone passing out for other reasons than a heart attack and use the device. And I think that would be in the category of ordinary negligence.

Contrast that to sort of gross negligence, which would be a situation where I suppose someone, maybe the device, they had never properly installed it or there was no batteries and it had been there for years and just in the closet, and you know, I suppose you get a situation where we're going beyond just making a sort of a simple mistake, getting into much more extreme version of negligence, and I think that's where you get into the gross negligence category.

But you know, these are shades of gray, and I think the decisions are made on a case by case basis. I think there's a lot of case law and what constitutes ordinary or gross negligence in different situations.

But I think the courts are familiar with these standards, and I think judges and attorneys can interpret them based on precedent. So I just came up with a couple of quick examples, but by no means should those be considered exhaustive.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. Supposing an individual collapsed in a health club or school or other public place and an AED device was readily available, and someone who had been trained to utilize it chose not to, and it turned out that the AED device would have been of help to that individual.

Would that constitute an ordinary act of negligence? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor.

REP. LAWLOR: (99th)

Thank you, Madam Speaker. Well, I guess it's possible it could be ordinary negligence, but it's also depending on the factual situation, could be gross negligence, or it could be willful or wanton.

For example, if there was some animosity between the staff member and the person who had apparently been stricken, if the, if you could demonstrate that the staff person intentionally chose not to come to the assistance of that person even though it was readily available, I suppose you could argue that's

willful and wanton type of negligence, as opposed to ordinary negligence.

So I think it would be fact specific, depending on the situation and the examples are about as numerous as one could imagine, I suppose, factual examples.

But it could be either, depending on the circumstances.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. It certainly in the public hearings that we've had, it appeared as if the machine itself is almost idiot proof in terms of, it's not supposed to operate when the person isn't having the condition that the machine is designed to alleviate, and it will operate when it is, and basically there's very much room for judgment.

So I'm not sure how many examples there could be where an individual would misuse this piece of equipment, other than to decide whether or not to use it at all. It seems to me that's the key decision that someone has to make, plus the decision about to

maintain or not properly maintain the piece of equipment over time.

Although again, my understanding is if the equipment's not properly maintained, it's not supposed to do anything at all. It's just going to sit there and not give too much of a shock or too little of a shock, that sort of thing.

I believe the Amendment does go a bit further than the Bill. I think that we've been getting these pieces of legislation now for a while, and I would encourage the House to support it. Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Representative Perillo, you have the floor.

REP. PERILLO: (113th)

Madam Speaker, thank you very much. I rise very briefly in support of the Amendment, which will become the Bill.

As someone who's worked for a long time to try and get defibrillators out to the public for public access, they're greatest thing that inhibits buildings, companies, from installing them is the concern of liability.

This Bill will go a very long way in alleviating that concern, and I think as a result of this Bill you'll see more defibrillators out in the community for public access, and I believe you'll see more lives saved because of that access, and I applaud the Judiciary Committee for it leadership on t his, and I urge adoption of the Amendment and passage of the Bill.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Representative Hetherington, you have the floor.

REP. HETHERINGTON: (125th)

Thank you, Madam Speaker. A couple of quick questions to the proponent, if I may.

With the question of whether or not it's ordinary negligence or aggravated negligence, would that be a jury question? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor, prepare yourself for questioning. Do you need that to be repeated, Sir? Please proceed.

REP. LAWLOR: (99th)

Thank you, Madam Speaker. Well, ultimately all these questions are jury questions if they get that

far. Obviously, there could be, there are intermediate steps where a party to a lawsuit could move to dismiss a claim if it doesn't state a claim upon which relief could be based.

And you could certainly, if this proposal were to become law, you could certainly make the assertion that even if you believe the allegations of the plaintiff, it would amount only to ordinary negligence and then a judge would get to decide that.

So it's possible a judge could, in effect, dismiss a case because of this language, or it's possible this could get to a jury and the jury could ultimately decide that there's no liability based on the protection, which would be provided in this statute were it to become law.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON: (125th)

Thank you. Through you, Madam Speaker, would the standard of care be different for example, a physician who was attending a party and one of the guests apparently had a heart attack.

Would the standard of care to determine the negligence be different in the case of the physician than it would be for an ordinary, a lay person, an untrained bystander who attempted to apply the defibrillator?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor.

REP. LAWLOR: (99th)

Thank you, Madam Speaker. Yes, there would be a different standard. A trained professional is held to a different standard than an untrained person or a lay person, so the answer is yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON: (125th)

Through you, Madam Speaker, as a matter of information, is there a certification from the Red Cross or the Heart Association that shows a person has completed a course of training that qualifies that person to handle a defibrillator?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lawlor.

REP. LAWLOR: (99th)

Thank you, Madam Speaker, I don't know the answer to the question. There obviously are training programs for EMTs and other medical professionals who are trained to provide emergency care in an emergency situation.

I'm sure using a defibrillator is part of that training. I don't know whether or not there's a discreet training program just for the use of a defibrillator to someone who's otherwise untrained in the provision of emergency care. I just don't know the answer to that question.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON: (125th)

Thank you. Through you, Madam Speaker, the last question. Would this Bill operate to protect--

DEPUTY SPEAKER KIRKLEY-BEY:

We're on the Amendment, Sir. Are you speaking to the Amendment or the Bill?

REP. HETHERINGTON: (125th)

Okay. Thank you, Madam Speaker. I will then hold my comments or questions when the Amendment is disposed of. Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Sir. Representative Coutu, you have the floor, Sir.

REP. COUTU: (47th)

Thank you, Madam Speaker. I just want to say, this Amendment is welcomed. Somebody in my district actually has been a big advocate for this, and they've provided many AEDs to numerous organizations.

Unfortunately at times, some of the organizations are concerned about their liability in being sued, so they have to deny accepting a gift in memory of their son.

This will save a lot of lives in the future, hopefully, and this is something from a bad situation that has resulted in our community having a lot of different events in support of this cause to bring these AEDs into our society and make a difference in the lives of our community.

So this is a good bill, and thank you, Madam Chairman.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Representative Fritz, you have the floor, Ma'am.

REP. FRITZ: (90th)

Madam Speaker, I would rather wait and speak on the amendment Bill, please.

DEPUTY SPEAKER KIRKLEY-BEY:

All right. Will you remark? Will you remark further on the Amendment that is before us?

If not, let me try your minds. All those in favor please indicate by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER KIRKLEY-BEY:

Those opposed, Nay. The Ayes have it. The Amendment is adopted.

Will you remark further on the bill as amended? Representative Carson, you have the floor.

REP. CARSON: (108th)

Thank you, Madam Speaker. I rise very happily today to support this Bill. For at least the ten years that I served on the Public Health Committee, we've heard year after year just really very, very bad stories about people's lives who were affected. The families would come back and plead with us.

And I am so, so pleased that the Judiciary Committee this year was able to find a way to put, to reach consensus and to bring this forward.

Frankly, you know, we've have many bills before us over the years, and some that were mandates, some, you know, none of which that I think we'd ever see today after experiencing the 10-year wait, honestly. I didn't know if we'd ever reach this day.

So I just want to thank all of the advocates, certainly the Judiciary Committee, and all of the people have just worked so hard, the American Heart Association and Red Cross to really try to move this forward over the years.

So thank you so much to everyone who's involved. I know it's going to make the folks in my community very pleased, and I think it will certainly provide more access to these defibrillators as the years go by. So thank you so very much.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Madam. Representative Fritz, you have the floor, Ma'am.

REP. FRITZ: (90th)

Thank you, Madam Speaker, I rise in strong support of this Bill, and I would like to begin by thanking the Chairmen of the Judiciary Committee for finally getting it through.

I have been a long-time supporter of AEDs because of a personal relationship with a family in Wallingford where a young boy named Michael Papale who was a senior basketball star in high school collapsed at the rec center, and thank God next door there happened to be a volunteer fireman who came over and used an AED on him.

And they really thought he was gone, but he survived, graduated from high school. Could not play sports again, ended up being the manager of the Quinnipiac University basketball team.

But I have to tell you, his family has been one of the driving forces behind all the AED bills that have come before us, and finally it's happening.

His mother was so determined that she convinced the Wallingford Board of Education, that does not like to spend a dime, to put an AED in every single school in the town.

Additionally, Wallingford became what's known as the heart safe town, because they recognize the value of AED, because it's young people who die from this terrible disease.

So personally, I would like to thank the Papale family. Your day has finally come. And again, to thank the Chairmen of the Judiciary Committee.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Madam. Representative Hurlburt, you have the floor, Sir.

REP. HURLBURT: (53rd)

Thank you, Madam Speaker. I also rise in strong support of this Bill and would like to first thank the Chairman and the Vice-Chair of the Judiciary Committee for their leadership over the past three years with this proposal, and also Representative Fritz, who's been in this fight a lot longer than I have.

I believe that making AEDs accessible and more organizations and more buildings will clearly be, provide a much safer State of Connecticut.

I also represent a heart safe town, the Town of Tolland, and they've taken that task upon themselves. But I think this Bill will provide the coverage that a lot of entities have been looking for to exempt them from the liability associated with these life-saving devices.

So thank you very much, Madam Speaker, and I urge my colleagues to adopt.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Sir. Representative Dargan, you have the floor, Sir.

REP. DARGAN: (115th)

Thank you, Madam Speaker. I rise in support of this Bill. I know there was a couple questions asked to the Chair of the Judiciary earlier today in referencing training, and usually in the fire service underneath EMTs, that training is in excess of two hours, and usually the research for firefighters is usually a 24-hour period on that.

A lot of the training that's done through athletic coaches and through the State CIAC, which is our governing board of amateur high school sports in the state, is done through the assistance of the American Heart Association, the coaches, athletic directors throughout our state, and they've been getting used widely more so in our communities, in our schools, and they're really a simple device with a minimum amount of training.

And it's a tool that saves lives and I'm glad that the good Members of the Judiciary and the legal minds of that Committee have really seen how important

this equipment is, and the liability issue that's been resolved, and I thank you very much, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Sir. Will you remark? Representative Ritter, you have the floor.

REP. RITTER: (38th)

Thank you, Madam Chair. I also want to join the chorus of thanks to the Judiciary Committee for the work they've put in on this Bill.

The Committee on Public Health has, as Representative Carson explained to us, for many years looked at this, and there is a companion bill, that it is my hope that this General Assembly will be voting on, hopefully very soon, very soon, that strengthens our ability to bring more AEDs into schools, equally important and together with this Bill, I think will go a long way to accomplishing the goals that many in this Chamber have worked for, for years.

Thank you very much.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative. Will you remark? Will you remark further on the Bill as amended? Representative O'Neill, you have the floor, Sir.

REP. O'NEILL: (69th)

Ever so briefly, Madam Speaker. I would urge a yes vote on the Bill as amended. Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Sir. Will you remark? Will you remark further on the Bill as amended?

If not, staff and guests please come to the Well. Members take your seats. The machine will be opened.

CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber.

The House is voting by Roll Call. Members to the Chamber.

DEPUTY SPEAKER KIRKLEY-BEY:

Have all Members voted? Have all Members voted? Please check the board to see that your vote has been properly cast.

Representative Cafero.

Have all Members voted? Please check the board to see that your vote has been properly cast. The machine will be locked and the Clerk will prepare the tally.

The Clerk will please announce the tally.

CLERK:

Senate Bill Number 1089 as amended by Senate "A" in concurrence with the Senate.

Total Number Voting	144
Necessary for Passage	73
Those voting Yea	144
Those voting Nay	0
Those absent and not voting	7

DEPUTY SPEAKER KIRKLEY-BEY:

The Bill as amended passes in concurrence with the Senate.

Will the Clerk please call Calendar Number 170.

CLERK:

On Page 32, Calendar Number 170, Substitute for House Bill Number 5521 AN ACT ELIMINATING CREDIT REPORTS AS A BASIS FOR EMPLOYMENT DECISIONS. Favorable Report of the Committee on Judiciary. The Committee recommends passage with House "A".

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lesser, you have the floor, Sir.

REP. LESSER: (100th)

Thank you, Madam Speaker. Madam Speaker, I move for acceptance of the Joint Committee's Favorable Report and passage of the Bill as amended.

DEPUTY SPEAKER KIRKLEY-BEY:

JOINT
STANDING
COMMITTEE
HEARINGS

JUDICIARY
PART 16
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2009

bills on the agenda, but we also have a number of claims that are on the agenda as well. And I believe that there are several members of the public who have come to testify about the particular claims that have been filed. I believe, as well, that all of the members of the Committee should have a synopsis of the claims that were prepared by our staff and they should have been distributed. If they haven't been, please let me know and we will get you a copy. The files themselves are also in the Committee Room, if anybody wants to look at the files in more detail. But the first person to testify is Tim Phelan. Is Mr. Phelan here? Okay. Then, and I apologize if I mispronounce this, Joni Czajkowski? Good morning and then Matthew Kata, you'll be next.

JONI CZAJKOWSKI: Senator McDonald, Representative Lawlor and members of the Judiciary Committee, my name is Joni Czajkowski and I'm the senior director of (inaudible) and advocacy for the Heart Association.

We're here to support Senate Bill 1089 an Act Concerning AEDs. While the AHA is pleased to learn that the Judiciary Committee has raised the bill on the placement of AEDs (inaudible) protections for those who own and operate the life saving device. The AHA respectfully submits substitute language for consideration.

On behalf of the Heart Association, I would ask members to strip sections one through three of the current bill, leaving section four, which would result in a stand alone Good Samaritan bill, alleviating any (inaudible) associated with the current bill as written. And I did provide substitute language.

To understand the importance of the life

saving device is to first understand sudden cardiac arrest. Sudden cardiac arrest is death resulting in an abrupt loss of heart function. It is not a heart attack. The victim may or may not have been diagnosed with heart disease and it occurs within minutes from onset of the symptoms. The heart beats when electrical signals move through it. Ventricular fibrillation is a condition in which the heart's electrical activities become disorganized. Sudden cardiac arrest can also be described as a chaotic quavering of the heart without any effective heart pumping. In order to improve the chances of survival for sudden cardiac arrest, the victim must be defibrillated within approximately five minutes. That response time can be difficult on many of those occasions unless an AED is on site.

But, unfortunately, many sites still here in Connecticut don't have AEDs, due to liability concerns. These liability concerns result in a lack of good AED placement and increased response time. An AED is extremely easy to use and is effective. And we're going to have a paramedic come in today and actually do a quick demonstration for the group. The AED is meant to save lives but if they are not on the scene, they cannot be effective. I urge the Committee to support the proposed amendment that we're providing here to day and help make Connecticut better prepared to save the lives of the sudden cardiac arrest victim. Thank you.

SENATOR MCDONALD: Thank you. So you're proposing that section one, two and three all be stripped from the bill?

JONI CZAJKOWSKI: Yes.

SENATOR MCDONALD: Could you just go through your reasons for that proposal on each of those sections?

JONI CZAJKOWSKI: We actually worked with a few legislative champions on the Judiciary Committee earlier this year and we provided stand-alone Good Sam (inaudible) and that's what ended up coming out in the form of the raised bill, was pretty much the same bill that came out of the Judiciary Committee last year, with Senate Bill 687. It's not something that we necessarily want to work on this year, in terms of getting AEDs in health clubs, institutions of higher ed, we really are just focusing our priority nationally on getting Good Sam protection for the entity by 2010, and that's nationwide. And so our thought this year is really to go after that one section in alleviating any concerns associated with fiscal notes and really just getting the businesses comfortable with purchasing the device rather than getting AEDs in health clubs and whatnot. And that's what sections one through three --

SENATOR MCDONALD: Okay. Well there's no fiscal note, it wouldn't be a fiscal note unless I'm reading it wrong with respect to Section one, okay?

JONI CZAJKOWSKI: I believe -- yes. I believe the fiscal note was associated with it for institutions of higher ed.

SENATOR MCDONALD: Right.

JONI CZAJKOWSKI: Which I don't -- I don't have the bill in front of me so I can't --

SENATOR MCDONALD: Do you know what that fiscal note would be?

JONI CZAJKOWSKI: No. Last year there was a fiscal note associated with it and there's the number (inaudible) provided, so I could grab that.

SENATOR MCDONALD: And you said -- you and I hadn't worked on this bill together, so with who on this Committee were you working?

JONI CZAJKOWSKI: Representative Fritz, Representative Hurlburt.

SENATOR MCDONALD: Okay, thanks very much. Senator Kissel.

SENATOR KISSEL: Thank you very much. Well, believe it or not, I never thought I'd live to see the day, but I actually saw one of these in action and bring someone back from death. It was a very scary situation. A gentleman had just given a presentation to a community group in the town of Enfield. Not a super older gentleman, probably in his late sixties or early seventies, sat down and, next thing you know, the chair went crashing and, apparently, he had a heart attack right there. And luckily, members of local fire departments were there to respond. (inaudible) of the (inaudible) Fire Department, all neighbors, assisted Chief and they sprang into action along with Chief (inaudible), the Enfield Police Department. So that's a real life story and I know that they used the external defibrillators to bring that person back and get a pulse and it was something to behold, I will tell you that. And so I know it works. And he is a beloved teacher in the Enfield Community and he pulled through. So I know it works, and luckily those folks who were in

attendance and they had the equipment in their truck. Later on, emergency medical technicians came and followed through and they deserve an awful lot of credit as well. I can't rattle off their names as well as I can speak highly of those other individuals.

I appreciate the fact that you're willing to take out the portions that would result in an unfunded mandate to our communities. Clearly, tons of pressure on our communities if they want to go ahead and make that initiative, if they have the wherewithal, hopefully, to do that, or even if a community group wanted to help raise the money. So the goal is absolutely laudable. I guess my big question is I know with the smoke detectors in buildings, fire departments want us to go ahead and have those located in certain places. They were willing to get them, put them on certain buildings and the big issue was the Good Samaritan and liability issues. And they had to really sit down with folks from the Connecticut Trial Lawyers Association and work out those issues. Have you sat down with representatives of the Connecticut Trial Lawyers and have those issues been worked out?

JONI CZAJKOWSKI: Last week I actually submitted -- we, as an association, looked at the Connecticut statute. And our national partners, as well as myself, looked at tightening up the language, (inaudible). Apparently, they did run it up the flagpole and it appears that the trial lawyers did support the substitute language that I've outlined.

SENATOR KISSEL: That's a very good sign. Thank you very much for your testimony and hopefully all the parties can work out their differences

and we can move on this legislation.

SENATOR MCDONALD: Representative Fox.

REP. FOX: Thank you, Mr. Chairman and thank you for your testimony. I know this issue's been bouncing around for a few years now and one of the questions I would have -- I realize you discussed taking out the language dealing with health clubs and institutes of higher ed, but how much would it cost, to actually put in defibrillators in a health club?

JONI CZAJKOWSKI: The average cost of an AED right now is between a thousand and twelve hundred. So I don't know how many health clubs would (inaudible)

REP. FOX: Okay. And the ones that I see where they're pretty much up against the wall and you have to break the glass, kind of like --

JONI CZAJKOWSKI: Some companies actually -- the Heart Association, for instance, in our lobby we don't have ours in a glass case, it's actually on the wall in the lobby. Other companies have taken on having glass cases installed.

REP. FOX: But they're pretty well set out in the different buildings the way they are -- whether they're in glass cases or not, are they --

JONI CZAJKOWSKI: Yes. And then we always recommend (inaudible) response plan in place which includes the company that houses the device to have signage provided and so it's very visible to anyone who walks in.

REP. FOX: And you said you're going to have a

demonstration later?

JONI CZAJKOWSKI: Yeah. Actually, he's driving in from Rhode Island but he will be here. He's a paramedic, in a previous life, but he will be here to provide a demonstration.

REP. FOX: And as I understand it, these are really fairly simple to use and you don't really need much training, it's just a matter of following the instructions (inaudible).

JONI CZAJKOWSKI: Depending on what kind of device you purchase, some of the devices have -- they'll walk you through it in terms of pictures on the face of the AED. And they're all audio. So you just listen to the prompts and you do it using -- you just follow the directions.

REP. FOX: And that brings another question. You said depending upon the type of device. Have the devices changed a lot over the course of the last, say, five or ten years?

JONI CZAJKOWSKI: I don't know, in terms of the size and whether or not they have become smaller and more compact. I can't speak to that but we do have, like I said, a paramedic coming in and he'll be able to speak more to that because he's really in the field in terms of training, so he'd be more the appropriate person to answer that question.

REP. FOX: Okay. Thank you very much.

SENATOR MCDONALD: Other questions? Thanks very much. Matthew Kata, followed by -- is Stacey Rogers here? You'll be next.

MATTHEW KATZ: Senator McDonald and Representative

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SHERRI THERRIEN: I'm from Bridgeport, Connecticut originally. I currently reside in Maine. I have for the last 11 years.

SENATOR GOMES: Oh, all right. I thank you.

SENATOR MCDONALD: Is there anything further? If not, thanks for your testimony. Dr. Nathan Greenwald, followed by Ernie Titell.

JONATHAN GREENWALD: Thank you, Senator McDonald and hello, Representative Lawlor and members of the Committee. Before my 180 seconds start ticking away, I just want to make one correction and ask a question. The correction is my name isn't Nathan. Nathan is a very nice name. But my name is Jonathan and that's a great name. So I'd like that to be put on the record, okay?

The question is this, especially considering that we're talking about Senate Bill 1089, which concerns defibrillators. Does anybody in this room -- and I don't know the answer, does anybody in this room know where the nearest defibrillator is and the nearest person who knows how to operate one? It's just a question. I'm bringing it up to make a rhetorical point, I suppose.

SENATOR MCDONALD: We'll take it as a rhetorical question, please proceed.

JONATHAN GREENWALD: Now the official part and we'll start counting the seconds. My name is Jonathan Greenwald. I practice cardiology and internal medicine in Norwalk. And I'm on the staff of Norwalk Hospital Department of Medicine, section of cardiology. I represent just myself but also the concerns of parents and Parent Heart Watch. And just like the

last person you heard up here at this microphone, my concern is about kids. And I'm interested in having something turned into law. I've written a three-page testimony that I'm going to jump around in because I'll never be able to read it in time. And what I want to do is say, first of all, that I enthusiastically support Senate Bill 1089. I have strong reason to see the bill amended in one particular respect, however. And with my statement today and some supporting material that I've included in folders that I hope some of you received, maybe all of you, I hope you'll agree with me and add the appropriate language.

So, if you have that testimony in front of you, when you go down to the bottom of page two, I want to read this into the record. I offer the following as an addition to the current text of Senate Bill 1089: As of some date in 2009, in Connecticut, an automated external defibrillator, within arm's reach of the certified athletic trainer or a designate of the certified athletic trainer who is equally certified to perform cardiac resuscitation and operate an AED, shall be on the home bench, the home bench, at all intercollegiate events which are defined as a contact or collision sport or a track and field event within a confined area. And additionally, an AED in the immediate proximity of a certified athletic trainer or a designee of that trainer, equally certified to perform cardiac resuscitation and operate an AED, shall be present at all practices and training locations for these sports.

This recommendation that I've just read in, should be (inaudible). It should be identified in the final text of SB1089 as an

initial program or an initial step, if you will, or phase, as alternatives to the (inaudible) program, if you prefer. Keeping in mind that the issue it addresses exists every much as in the schools. And will, I hope, lead to further legislation in that regard with these exact parameters I have described. I think it belongs in section 2, but I'm going to leave it up to you as to the final placing and working. I earnestly hope that it does become law. And I just want to make a couple of points rather quickly. Texas has a bill that passed in the year '07 after four kids died in one month in Houston, Texas -- I guess the rest of it -- anybody have any questions?

SENATOR MCDONALD: Yes, well I appreciate that, Doctor. You and I have had a chance to talk to about this before. I don't know. Were you here when the lady from the American Heart Association asked us to remove section one, two and three?

JONATHAN GREENWALD: I was, I was here earlier today.

SENATOR MCDONALD: What's your concern?

JONATHAN GREENWALD: My concern is that section 2 is talking about the schools and the colleges and, by the way, this particular bill goes beyond Texas 7 because Texas 7 does not include colleges. So if this bill, as it is, becomes law, it puts us ahead of every state in the country. And if this bill incorporates my language, it is the vanguard, beyond the vanguard, for having law catch up to science. I have evidence that I've put into the folders and here in text that I haven't had time to read that explains how important it is for the

five minute time frame, time window be drastically reduced in kids who are between the ages, let's say, of 17 and 21, 22 years old.

SENATOR MCDONALD: Here's the concern I have, at least. The only reason this bill is really in the Judiciary Committee is because there's a immunity provision included in it that would apply to anybody who is utilizing the AED in rendering emergency care. So frankly, a lot of the rest of this would be something that would be generally debated in the Public Health Committee. And there are concerns about the expenses for higher education facilities and the rest of it. Frankly, I think that there's a risk that the whole bill might go down if it goes beyond this immunity. It might go down because of the immunity as well. But I wanted to get your opinion on that.

JONATHAN GREENWALD: May I answer that question? First of all, there's no training costs because the certified athletic trainers are built in. They have to be in the colleges, they have been taught CCR, if you will, cardiocerebral resuscitation, they been taught cardiopulmonary resuscitation, there's no extra expense there. In terms of the defibrillators themselves, as Joni Czajkowski said, individual ones you can get between a thousand and twelve hundred. When you start buying them for a whole state program, and you get 25 or 30 of them, they cost about $700, $800 a piece. This is a small outlay, considering the benefits to be derived. I mean, I'm perfectly willing to have this go to the people in Public Health, but I've spoken to you in your office and so I have made it my point to come up here and talk about this.

The point I have to make is that I'd like it to become law. And that's another reason why I thought maybe the Judiciary Committee was a good place to talk about it.

The thing that I also would like to say is that -- and I didn't have a chance to say this, but the situation inside these kids hearts is chaos, chaos compared to the average person who goes down with a cardiac arrest. The average person goes down with a cardiac arrest has, if you'll take a look at one of the slides, so to speak, that I have in the folders, there's a slide and I'll just show it right now, just try to show it to you in some way or another. This is a slide, it's microscopic and on this side is the way a person who has an ordinary cardiac arrest has his muscle fibers, nice and even. And these kids who go down, this is the way it looks, on the right side. And when that happens, you don't have the time, and generally speaking, you don't have the success rate at all that you have with a 65 year old bunch of people with coronary artery disease. These kids go down and they stay down longer. The evidence has shown that if you can get to them within the first minute or, at most two minutes, you're going to go from saving five percent of these kids to saving 80 to 85 percent of these kids. That's how important it is that law catches up with science. And the medical profession has been slow about this. Nobody's gotten it together. I don't have any horse in this race. Nobody in my family ever died this way. The people in Parent's Heart Watch, they have kids who died this way. And I sympathize with them tremendously.

SENATOR MCDONALD: Okay. Are there any other questions? Representative Fox.

REP. FOX: Thank you, Mr. Chairman. Thank you, Doctor, for your testimony. I have a question regarding the AEDs in general and the criteria for making them over the course of the past decade. Have they improved?

JONATHAN GREENWALD: Sure.

REP. FOX: What kind of changes have we seen?

JONATHAN GREENWALD: Well, you can walk through them more easily. Training for people who haven't been trained is much easier, much quicker. Anybody with a reasonable modicum of intelligence can follow the circle of rotating -- there are pictures that light up with each step to tell you what to do, there are AEDs that even speak to you, and so on. And none of these AEDs can go off by accident. If the AED doesn't recognize ventricular fibrillation, which means chaotic cardiac activity, it isn't going to go off. So nobody can make a mistake. And they're much lighter, they're more portable and they're cheaper.

REP. FOX: Now do the older versions also have that same --

JONATHAN GREENWALD: Well, depending on how far back you go, certainly they did last few years. At one point, all you had was ventricular defibrillators which were big, cloddy things and then the AEDs were the first step in trying to make this accessible to the public. As a matter of fact, they're also known as public access defibrillators. That's another name for them. And they're in every airport about every 300 feet or so. They're mounted on walls. And they're much, much easier to use, but you've got to have somebody

-- that's why I made that rhetorical point, you've got to have somebody around who knows, at least, the first thing about them.

REP. FOX: So if somebody doesn't know anything about them saw somebody suddenly go into cardiac arrest --

JONATHAN GREENWALD: I think if somebody doesn't know anything about them, they might, if they're really, really quick and sharp, they might be able to take it and do something properly, but they should take a course. I mean, one of the things you have to know, you have to know how to rip the clothes off, you've got to get the thing down to the chest, all sorts of things you have to know what a patient looks like who's having cardiac arrest. People who are having cardiac arrest can look like they're having seizures. And I think, therefore, are never even begun to be defibrillated. When you're sophisticated enough to know that that kid who is having a seizure is not having a seizure, that he's having ventricular fibrillation, you don't hesitate. You rip the shirts off, you put the paddles down, you see what's going on and you go ahead and defibrillate if the machine reads that the patient's in fibrillation. But they're much easier and lighter and more portable than they used to be.

REP. FOX: And has the cost also gone down over the years?

JONATHAN GREENWALD: The cost has definitely gone down, well down, way down. I have that in the appendix to what I -- you know, the folder contains a whole bunch of stuff.

REP. FOX: Okay, thank you very much. Thank you,

grandsons in their basements. about landlords who could reasonably or not reasonably have known which tenant was doing what. About whether -- there was just a whole range of potential linkages there when the underlying statute was done. And I don't know -- I think that your question was really helpful because I don't really know how that would apply in this situation. It seems to me a secretary who didn't do the books, it would be unfair. But others, yes, it would be.

SENATOR MCDONALD: Thank you very much for your testimony. Rachel Moyer? How about Hillary (inaudible)? Evelyn Prontbriant?

EVELYN PRONTBRIANT: Good afternoon, Chairman McDonald, Chairman Lawlor and members of the Judiciary. (inaudible). My name is Evelyn Prontbriant from Norwich, Connecticut and I'm here as a parent. My husband and I are testifying to you today about raised bill 1089, an Act Concerning Automated External Defibrillators or AEDs. As founders of a non-profit that purchases and raises AEDs, we wish to insure that both our donors and our recipients are comfortable with Connecticut Good Samaritan protections concerning AEDs. While we thank the Judiciary Committee for raising the bill on AED placement and Good Sam protections, we cannot support bill 1089 as written. Instead, we agree with the American Heart Association substitute language and their request to strip sections one through three of the bill, eliminating fiscal notes, and to keep section four, resulting in a stand alone Good Samaritan bill. We can't speak to you as experts in the field of AEDs, but we can speak to you as parents who witnessed their own son's cardiac arrest.

This is our son. This is our son, Larry. And he's 15 years old. He's a conditioned athlete, a high honors student and girls love those curls. He's on his way to (inaudible) in this picture to play with his select lacrosse team in a tournament. In less than a month's time, he would be dead. In this picture over here, Larry is laughing and stretching with his friends before a run. Does he look like he's about to have a cardiac arrest? Well, he did, fifteen minutes later, right in front of us. Halfway through a three mile fun run. It didn't happen at a health club or at a school. It happened in the town park. Larry was completely unresponsive, 911 was called, CPR was performed. A nurse was there, she took this picture. But there was no AED. Brain damage from lack of oxygen starts at four to six minutes. Only defibrillation can reverse a cardiac arrest. When the EMT shocked Larry with a defibrillator, his heart returned to a normal rhythm but too much time had elapsed. Larry was declared brain dead three days later at Connecticut Children's Medical Center on August 19th, 2007. As nuclear medicine technologists, both my husband and I did brain death studies. It was hard enough to do them and to witness them on strangers.

Had an AED been at the park, Larry might still be with us today. Through the Larry Prontbriant Athletic Safety Fund we set up in Larry's memory, we have set up 52 AEDs so far in schools and on athletic fields. And would you believe that some of these donated AEDs are turned down even in Norwich where Larry collapsed. The schools are not the problem. Where some AEDs are turned down is at the sports organization level. The refusal is usually over liability concerns. Our police

athletic league turned down an AED because, as the league stated, we can't afford to have that liability problem. We are also told youth organizations have a hard enough time getting volunteers to coach. Add to it the responsibility of CPR and AED training and a liability concern, and prospective volunteers would be driven away. Larry played for (inaudible). All I can say is you have three minutes to react to an unresponsive individual before problems from lack of oxygen occur. EMT arrival can be delayed due to traffic, inadequate directions and just panic. CPR, though necessary, will not reverse a cardiac arrest. Clubs have also question the possibility of a lawsuit coming back to sue the organization's officers. We could see where current Good Sam language extends them protection.

Still another liability concern that we found is with physician oversight and it's a good recommendation to have physician oversight for a successful and viable AED program. Any of the physicians I've asked, really, nobody has actually come forward. And I asked a nurse why that could be the possibility and she stated that basically, it would put their license on the line. Medical oversight for an AED program is not required by Connecticut law, but if we want a good working program with its members comfortable with the way in which it's run, we need to cover the participants. And our fund's focus is AED placement in schools and athletic fields, but other community gatherings have now also begun to ask for our help. And all I can see is, as awareness grows, so will concern over liability.

So in conclusion, a downturn in the economy

unfortunately doesn't mean a downturn in the number of cardiac arrests. They can happen any time, anywhere, to anybody. But people can't afford to get sued. And the state's economic atmosphere could very well turn the responsibility of AED placement over to communities and to grassroots or organizations like our own. We're asking you to please consider the AHA's substitute language for bill 1089. This will result in stand alone Good Sam protection for AEDs that's clear and concise enough in its content to eliminate any doubt over who is covered.

SENATOR MCDONALD: Thank you very much. How old was your son?

EVELYN PRONTBRIANT: 15.

SENATOR MCDONALD: -- very sorry for your loss and being there -- I can't imagine any of us could ever imagine that pain. Let me -- I was confused a little bit by your testimony. You want the -- you are opposed to having the bill include requirements to have the AEDs in health clubs and at institutions of higher learning for athletic departments?

EVELYN PRONTBRIANT: We are supporting what the American Heart Association was talking about. There is another bill in Public Health on putting AEDs in schools. Unfortunately last year when tying together Good Samaritan protections along with the businesses like a health club, when that was put forth, those bills fell through. So that's why we were supporting the Heart Association's stand concerning this bill.

SENATOR MCDONALD: Okay, and I've heard about the concern for liability. From what I have seen

in the demonstration of AEDs, it's almost impossible to misuse them. They talk you through the whole process, right? And it's not exactly a difficult process to understand. I mean, I've heard about the theory of liability but have you ever actually seen or heard of a specific case where somebody was actually sued for misusing an AED?

EVELYN PRONTBRIANT: Not that I'm aware of, but there could very well be cases out there. I don't know offhand. But in attending, we attended Norwich Youth Lacrosse's meeting. Their officers, we brought an AED with us, we gave them a demonstration of exactly what this device is like, they had concerns and they had issues over the officers possibly being sued. The --

SENATOR MCDONALD: I've just never understood what that would be. I think it's a fear but I'm just trying to figure out if it's a rational fear or an irrational fear.

EVELYN PRONTBRIANT: I don't know. I don't know what their insurance policies cover them as far as a sports organization goes. I don't know. Maybe it doesn't cover them. With some of the other organizations, they're covered under a U.S. organization, and in many instances, those programs would be covered -- like U.S. Lacrosse might cover their youth leagues as well. National Football League may cover their youth football league programs too, under their insurance policies. Then there's not too much fear.

There were some points I just wanted to clarify a little bit. Dr. Greenwald had stated in his testimony that cardiac arrest in a young individual could look like a seizure.

Larry had collapsed from cardiac arrest right in front of us. It didn't look like a seizure. It looked like he was running. It looked like a runner who was fatigued, possibly somebody who is dehydrated, he wasn't. He just simply collapsed. In other instances, a lot of people have been sitting after a practice or after a run, just sitting and relaxing, and I don't know how many times I've read where they looked like they're just dosing off and people have left them alone, not realizing they had a cardiac arrest. It comes in many different forms. It looks different with different people. Just in the reading that I've come across, it can take many different forms, but that's what happened with Larry. And just to let you know, it was just forwarded to me not too long ago, apparently last night in South Windsor, there was a middle schooler, an eighth grader who collapsed and died. I don't know what the circumstances were other than that he was playing a basketball game. I don't know if it was cardiac related. But all the more reason, if that was the case, all the more reason to get AEDs into the schools.

SENATOR MCDONALD: Okay. Thanks for your testimony. Chris Gallagher, followed by Mike Neuberg.

SB1137

CHRIS GALLAGHER: Good afternoon, Mr. Chairman. Chris Gallagher, attorney with the law firm of Victoria T. Ferrara in Fairfield, Connecticut. Attorney Ferrara is present also. Mr. Chairman, members of the Committee, I want to begin by thanking you for giving me the opportunity to speak on behalf of this important legislation, which seeks to clarify the provisions of the Connecticut general statute 748, as it relates to the issuance of replacement birth certificates for intended

me and seen my leg, they would not have said this was a scab when that is what the physician said. No, it is in writing, there's a whole process, there's someone in the department who reviews it. And then it goes -- I know that they're really careful and that they're really following all the regulations that have been put in place but I think it's time for us to question whether those are the right regulations.

SENATOR MCDONALD: And so presumably, there are some complaints that are lacking in merit. But the problem is the same system is being used regardless of the merits of the particular complaint and I'm trying to figure out if the department had some compelling reason why the complainant shouldn't be in the room, if there's anybody else who could be in the room, I don't know, the health care advocate or somebody to be making sure that the right questions are being asked and that there be some kind of intervention right at some stage for the complainant.

JEAN REXFORD: It would be a wonderful thing.

SENATOR MCDONALD: All right Well --

JEAN REXFORD: I was delighted to see this bill. It was a wonderful surprise.

SENATOR MCDONALD: Well, thank you for your testimony. Are there any questions? If you like the bill, you can thank Mrs. Bennett for bringing it to my attention. Thanks very much, Jean. Amy (inaudible), followed by Barry Hawkins? Is Mr. Hawkins here?

SB 1089

DAVID BOOMER: Mr. Chairman, I'm David Boomer with the Kowalski Group and Ms. (inaudible) wasn't

able to be here, but she's with the International Health, Racquet and Sports Club Association, (inaudible), which we represent and we would like to make just brief comments on Senate Bill 1089, which deals with automatic external defibrillators. We submitted a statement for the record to you and I would just make a couple of points, if I could. That a lot of health clubs have AEDs. They're marvelous devices. We very much appreciate that the bill provides liability protection to the entities and the staff at the health clubs. The reservation we have, and we've had some discussion on this over the last several years, is over the issue of non-use, that there be a protection in the case where the AED is not used. And we hope that you can add that in and we've referenced a possible amendment there. So with that, I'd be happy to answer any questions.

SENATOR MCDONALD: Thank you. Are there any questions? You were testifying in lieu of her, correct?

DAVID BOOMER: Yes.

SENATOR MCDONALD: Barry Hawkins followed by Almina Southern, is Almina here?

BARRY HAWKINS: Good afternoon, Senator McDonald, Representative Lawlor, members of the Judiciary Committee. Thank you for the opportunity of allowing me to comment on House Bill 6628. My name is Barry Hawkins. I reside in Bridgeport, Connecticut. I'm a partner in the law firm of Shipman and Goodwin in the Stamford office. It has been my honor for ten years to serve as one of the Uniform Law Commissioners of the state of Connecticut. And as an aside, the Uniform Law Commission is

that these contracts have been struck down.

REP. FOX: Well, thank you again for your testimony. Thanks again for coming here this afternoon and I'll turn it over to the Chairman, your Senator.

SENATOR MCDONALD: I apologize. I missed the first part of your testimony, Lew. I will -- I was in another meeting. Are there any other questions? Thanks for coming all the way up here. I believe, actually, Catherine Creager has testified previously, so that would mean Vicki Graham is next, followed by Kathy Emmett.

VICKI GRAHAM: Good afternoon, Senator McDonald and members of the Committee. Thank you for this opportunity to speak today on behalf of Senate Bill 1089, an Act Concerning Automated External Defibrillators.

I'm Vicki Graham and I represent the Connecticut Athletic Trainers Association. And we would like to thank you for your awareness for the need for AEDs for groups that are at high risk for sudden cardiac arrest. The CATA is acutely aware of the incidents of sudden cardiac arrest in physically active, apparently healthy populations.

However, it's extremely important to understand that sudden cardiac arrest can happen to anyone, anywhere, at any time. It happens to infants, young kids, teenagers, college-age people and adults of all ages and all physical conditions. You've heard the statistics from other people testifying so I'm not going to continue this. It's in my written testimony, but I think that you have a

good understanding of why we need automated external defibrillators in public places.

The CATA is asking the Committee to amend the bill to include simply the Good Samaritan protections for the entity. We believe that this important provision will have a better chance of passage without all the other sections of it included. And a major impediment to any type of public access AED program in Connecticut has been the lack of Good Samaritan protection for the entity. There have been health clubs, churches, youth sports leagues, private schools that have wanted to put AEDs in or get AEDs and they haven't done so because of -- they've gotten legal advice that says you don't have Good Samaritan protection so you should not do this. They've actually turned down donations. And you heard Mrs. Prontbriant testify to that earlier. The real irony is that the Prontbriants' fund, because there are no Good Samaritan protections for the entity that has the device or donates the device, the Prontbriants could, ironically, actually end up being sued someday because this provision isn't in the law.

Earlier, Senator McDonald asked the question whether or not people have actually been sued. Part of the problem is the law is kind of black and white as we've been hearing here this afternoon. When someone says we want to put an AED in, what's the law in this, are we protected, the fact of the matter is their attorney is going to give them legal advice that says, no, actually, you are not. So churches and sports groups and other entities don't put AEDs into their facilities for that very reason. So it's sort of a perception problem, but the fact is they're truly not

protected.

So we would, again, like to ask you just to address the Good Samaritan issue. We are in agreement with the Heart Association's proposed language, which you have from them and I've given it to you again in my written testimony. And my understanding is that they've come to an agreement with the Trial Lawyers Association on that language this year.

I would, in conclusion, just like to, again, say that we're pleased you've addressed the issue of AEDs and are looking at this legislation and we would strongly encourage you to just give the Good Samaritan protection for the entity. Thank you.

SENATOR MCDONALD: Thanks very much. Let me ask you a question. And you may not know the answer, but do you know of any situation where somebody was actually utilizing an AED was ever sued for it?

VICKI GRAHAM: Well, there are cases where people have been sued. I'm not sure that there's actually been a court verdict. I think some cases have settled out of court.

SENATOR MCDONALD: In Connecticut?

VICKI GRAHAM: I don't know of any in Connecticut. I know that there have been some cases around the country, but as far as Connecticut, I am not aware of that at this point.

SENATOR MCDONALD: Well, first of all, it would seem that anybody that has insurance would have insurance coverage, at least ,for hiring a lawyer to defend any claim, even if one were

brought. But if the cause of action would be a claim of negligence in utilizing the AED in some fashion, I guess what my question keeps coming back to is, in order to have a claim of negligence, there's got to be some kind of duty to do something that is breached in some way, and actually causes harm and there are damages. So I've just never understood that if there's a law that requires the positioning of an AED at a particular facility or location, that's all it would require. It actually doesn't require anybody to utilize it. So there's no duty to utilize it. That's why I'm just trying to figure out if anybody has ever been successfully found liable in a claim of negligence for doing something that they have no duty to do?

VICKI GRAHAM: I'm not sure the answer to that question. But I can give you some examples of times where people might be sued. I mean, obviously, whether there's Good Samaritan protection for the entity or not, if it's a case of negligence, then, obviously, somebody hasn't maintained the device, the battery's dead when people go to use it or the pads are expired and they don't work properly when someone goes to use it. That would be clear negligence. And the Good Samaritan wouldn't extend to plain negligence, correct? If it's pretty clear cut negligence, it would not extend, that is my understanding.

SENATOR MCDONALD: Well, yeah, that brings up a different point. I was contemplating somebody utilizing the AED and not utilizing it correctly as the basis for a claim of negligence, but you bring up a good point. Failure to maintain it might be a basis for a claim of negligence. That you didn't have it charged or have it properly serviced.

VICKI GRAHAM: It's really hard to use one incorrectly. It's virtually impossible to use one incorrectly because the pads -- when you place the pads, they're going to read a rhythm or not and it's going to tell you if it's a shockable rhythm. So if you slapped them on someone's leg, it's not going to read the rhythm correctly. It's not going to find a heart rhythm. You can't shock someone accidentally. It's pretty hard to use them improperly because some of them are automatic and the only thing that you can do is not hit the button when it tells you to hit the button, if it's a semi-automated unit. Some of them will automatically say clear, stand clear to deliver the shock now and it will deliver the shock. Some of them require you to press a button. So the only other things that could happen is someone freezes and doesn't press the button.

But I think that it's such a litigious society. That some instances are; you use the AED, you use it properly, the person dies anyway and someone says, well, you know, Dunkin Donuts, you had this on your wall and somebody didn't respond fast enough or you didn't train your staff well enough or they bring some issue like that up. And then the other thing that also happens is it gets utilized but the person for whatever reason, has some long term damage so perhaps they've got some permanent brain damage and the family decides that they're going to sue and say that it wasn't used properly or that it wasn't deployed quickly enough or something like that. So those are instances where people might turn around and they're going to sue anybody they can. They're going to sue the restaurant, the health club...

SENATOR MCDONALD: But the point is that even if you have the Good Samaritan law in there, it doesn't prevent somebody from suing. It only prevents somebody from recovering on that lawsuit. But it seems to me that that's somewhat the same as saying we have to have fire extinguishers in buildings. We don't have an immunity for anybody who wanted to have a fire extinguisher in the building, it's just expected. You don't need to comment, if you have any comments...

VICKI GRAHAM: Well, I think, the tide is sort of turning in our country as far as defibrillators because a lot of people expect that they're going to be there. You walk through Bradley Airport and they're every -- seems like every other gate there's an AED on the wall. You go anywhere you see AEDs and it's sort of become an expectation but it's not gotten, certainly, to the extent of fire extinguishers.

SENATOR MCDONALD: All right Any other questions? Representative Fox.

REP. FOX: Thank you and thank you for your testimony. You testified that it's pretty hard to use one of these devices incorrectly. My question that I have, and I asked this of a couple of people today, have the devices changed significantly in the last, say, ten years?

VICKI GRAHAM: I don't think that they really have. I mean, I think, generally, they haven't. People have -- different manufacturers have improved their devices so that they -- some of them self test in a more efficient manner. One manufacturer has pads that there's a self

test for the pads. Other ones don't have that.

So I think the biggest changes have been things that help people maintain them better. Because you could place one on a wall and someone still needs to go over to it once a month and check the batteries and make sure it's working. A lot of them have developed things so that it has an audible alarm when the battery is starting to die. So I think there are more safety features and maintenance features that have been improved than just the guts of the device as far as how you or I would use one. Does that --

REP. FOX: Yes, so if an office building had an AED that's nine or ten years old, they still would be able, somebody who'd never been trained in it, they would still be able to pull it off the wall --

VICKI GRAHAM: Yes, they all have voice prompts that tell you exactly what to do.

REP. FOX: Okay. Okay. Thank you. Thank you, Mr. Chairman.

SENATOR MCDONALD: Thanks for your testimony. Next is Kathy Emmett, followed by Maureen (inaudible). It's good to see you, Attorney Emmett. It must be Stamford Day here at the Capital.

KATHY EMMETT: Well, we're glad to be here. Senator McDonald, members of the Committee. I am here, I am Kathy Emmett, current president of the Connecticut Trial Lawyers and I'm here to speak on behalf of two bills, raised bill 1099 concerning certain appeal procedures in workers compensation and raised bill 6642,

could walk right over these gases and not see them, but they'll be there. It's a transparent gas.

SENATOR KISSEL: Well, I appreciate your persistence --

MARK CIRIELLO: I appreciate your listening.

SENATOR KISSEL: Thank you.

MARK CIRIELLO: Thank you. Have a good day.

SENATOR MCDONALD: Next is Joe Marrione, followed by Dr. Bill Ehlers.

SB 1089

JOE MARRIONE: Good evening, Senator McDonald. My name is Joe Marrione. I'm the immediate past president of the Connecticut Trial Lawyers Association. We know that to be true because of the fact that I come after Kathy Emmett and it's at the end of the day. I'm here to talk about raised bill 724 and Senate Bill 536.

The raised bill 724 has to do with expanding immunity for individuals who volunteer. And on its face, it suggests that individuals who volunteer should have some form of immunity for the conduct that they may engage in. I've filed written testimony and it talks about general public policy about granting immunity, that we should hold people accountable. And especially in certain circumstances involving volunteers where there might be children involved, we need to have that measure of protection in place. When I got here, I realized, I saw that there was an opposition for -- not an opposition, but a support paper filed by the -- there is a paper in support, I don't have it in front of me. But it claims that the reason for support of the passage is

SB724

SENATOR MCDONALD: Thank you. Thank you very much, Joe. Let me ask you -- actually, not about those two (inaudible) -- I'm sure you learned a lot and I'm going to -- apparently, you are the designated immunity guy from the CTLA --

JOE MARRIONE: I don't get immunity from that?

SB 1089

SENATOR MCDONALD: No. Do you know if the CTLA had any position on the Good Samaritan provision of the AED bill?

JOE MARRIONE: Yeah, we testified on that last year. And I'm saying that I'm being consistent by saying we're okay. We worked long and hard on that last year. We testified in support of that.

SENATOR MCDONALD: I appreciate your generosity in answering a question on a bill that you weren't testifying on. Are there any questions?

JOE MARRIONE: I would ask -- I'm going to file a supplemental on the written testimony just to direct you to the federal act which is actually a terrific statute.

SENATOR MCDONALD: That'd be great. Thank you very much. Dr. Ehlers and then Dr. Jeffrey Sandler.

SB1004

BILL EHLERS: Good afternoon, Senator McDonald, Representative Lawlor and other distinguished members of the Committee. I may be a little out of breath, I just barely got in here. It doesn't have quite the thrill of a buzzer beating half court shot but it got my heart rate up anyway.

JOINT
STANDING
COMMITTEE
HEARINGS

JUDICIARY
PART 17
5266 - 5611

2009

Members of the Judiciary Committee

I am writing to urge the state of Connecticut to pass SB 1089: To establish requirements and immunity for the use of automatic external defibrillators in health clubs and athletic facilities of public high schools and institutions of higher education.

Our Foundation strongly recommends legislation that would improve and strengthen existing Good Samaritan Laws in the states. Passage of SB1089 to update existing Good Samaritan laws would provide for the coherent use of full volunteer service at all levels in the event of a cardiac emergency. Good Samaritan protections for rescuers are especially important when sudden cardiac arrest occurs and seconds count. Unless CPR and defibrillation are provided within minutes of collapse few attempts at resuscitation are successful. It is estimated that the chance of survival drops by 10 percent for every minute that passes.

My son Louis was a freshman high school lacrosse goalie playing in his first game of his high school career. In the second quarter he was struck in the chest by the ball. He was perfectly healthy; however by being struck in the chest during the exact moment of his heart cycle, commonly called Commotio Cordis, he immediately went into sudden cardiac arrest. EMS arrived in 12 minutes but that was too late, he died on the field, March 25, 2000. Had an AED been available to Louis he would still be with our family today.

On May 7,2002 Governor Pataki, of the state of New York passed Louis Law requiring all public schools in the state to have AEDs on school site and available to all who enter a school. This powerful law has saved the lives of 44 people in public schools that we can document and countless others that the Foundation has only heard about.

It is a sad fact that an estimated 350,000 Americans die every year from sudden cardiac arrest. AED's are becoming a standard piece of equipment in public places. We now need good citizens able and willing to react in the event of an emergency without fear of being sued for their good deed.

The Good Samaritan Law should provide rescuers with the peace of mind that their heroism will be protected. I cannot imagine someone walking away from a tragedy for fear of being sued. Please grant immunity to your good citizens of Connecticut.
No one should die for the lack of an AED or the fear of being sued trying to save a life...
Please understand the urgency of this bill, lives can and will be saved because of this life saving law.

Sincerely,

Karen Acompora, President
Louis J. Acompora Memorial Foundation
P.O. Box 767
Northport, NY 11786

American Heart Association | American Stroke Association

Learn and Live.

TO: Judiciary Committee

FROM: Joni Czajkowski, Sr. Director of Government Relations and Advocacy

DATE: March 20, 2009

RE: S.B. 1089, An Act Concerning Automated External Defibrillators

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Good morning Senator McDonald, Representative Lawlor and members of the Judiciary Committee. My name is Joni Czajkowski, Sr. Director of Government Relations and Advocacy for the American Heart Association.

The American Heart Association is a national voluntary health agency whose mission is to support and advocate for public policies that will help build healthier lives, free of cardiovascular diseases and stroke with an impact goal to reduce coronary heart disease, stroke and risk by 25 percent by 2010. The AHA's 2009 Policy Goals for Connecticut include Tobacco Control, Stroke, and Access to Care, Obesity Prevention, Quality and Availability to Care, Women and Heart Disease and Chain of Survival.

The American Heart Association would be hard pressed to achieve its 2010 impact goal to reduce CVD and risk by 25% if chain of survival were overlooked. A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies. The four links to the chain of survival include Early Access (call 911), Early CPR, Early Defibrillation (AED) and Early Advanced Care (highly trained EMS personnel). S.B. 1089 speaks directly to the Early Defibrillation link.

While the AHA is pleased to learn that the Judiciary Committee has raised a bill on the placement of automated external defibrillators (AEDs) and immunity protections for those who own and operate the life saving device, the AHA respectfully submits substitute language for consideration. On behalf of the Association, I would ask members to strip sections 1-3 from the current bill and leave section 4. The elimination of section 1-3 will remove any fiscal note associated with the bill as drafted and will result in a stand alone Good Samaritan bill.

Sec 52-557b. "Good Samaritan law" substitute language offered by the AHA:

", a medical technician or any person operating a cardiopulmonary resuscitor, an automated external defibrillator, or renders cardio pulmonary resuscitation or, any person, entity, partnership, corporation or firm that, purchases, donates, facilitates implementation, provides training and/or makes available an automated external defibrillator, or a person who voluntarily and gratuitously renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person rendering the emergency care, ..."

To understand the importance of an AED is to first understand sudden cardiac arrest (SCA). SCA is death resulting in an abrupt loss of heart function. SCA is not a heart attack. The victim may or may not have

~over~

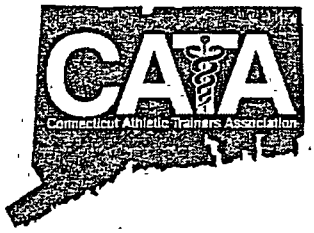
been diagnosed with heart disease and it occurs within minutes after symptoms appear. The heart beats when electrical signals move through it. Ventricular fibrillation is a condition in which the heart's electrical activity becomes disordered. SCA can also be described as a chaotic quivering without any effective heart pumping. This is very serious as collapse and SCA will follow in minutes unless medical help is provided immediately. If treated in time, the extremely rapid heartbeat can be converted into a normal rhythm. This requires shocking the heart with and AED. The sooner a shock is administered the better the victim's chances of survival. For every minute that passes between collapse and defibrillation, survival rates from SCA decrease 7% to 10% if no CPR is provided. When CPR is provided, the decrease in survival rates is more gradual and averages 3% to 4% per minute from collapse to defibrillation.

In order to improve the chance for survival of sudden cardiac arrest, the victim must be defibrillated within approximately 5 minutes. That response time can be difficult in many locations unless an AED is on site, but unfortunately, many sites are unwilling to place AEDs due to liability concerns. These liability concerns result in a lack of needed AED placements, and increased response times. Ultimately helping result in a current 95% death rate of those suffering sudden cardiac arrest and approximately 250,000 deaths per year in the United States.

An AED is extremely easy to use and effective. They verbally walk a responder through the process, read the heart beat, determine if a shock is needed and will not shock a victim unless the AED determines it is necessary. But, true public access to AEDs can not happen until those who want to implement an AED program are covered under state statute with liability protections.

The AED is meant to save lives, but if they aren't on the scene in time, they can't effective. I urge the committee's support of the proposed amendments and help make Connecticut better prepared to save the life of a sudden cardiac arrest victim.

Thank you for your time and attention.



CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

To: Judiciary Committee

From: Vicky Graham, Connecticut Athletic Trainers' Association

RE: Raised SB 1089: "An Act Concerning Automatic External Defibrillators."

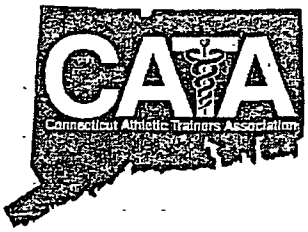
Date: March 20, 2009

Good afternoon. I would like to thank Senator McDonald, Representative Lawlor, and the members of the Judiciary Committee for this opportunity to speak regarding SB 1089, "An Act Concerning Automatic External Defibrillators." My name is Vicky Graham and I represent the Connecticut Athletic Trainers' Association (CATA). I would like to thank you for your awareness of the need for Automated External Defibrillators (AEDs) to be accessible for groups at higher risk for sudden cardiac arrest.

The CATA is acutely aware of the incidence of sudden cardiac arrest in physically active, apparently healthy populations; however, it is important to understand that sudden cardiac arrest can strike anyone, at any time. Sudden cardiac arrest is not the same thing as a heart attack. It results from an electrical disturbance in the heart that causes the heart to go into an abnormal rhythm (ventricular fibrillation) and cease to function. This can occur to infants, young children, teenagers, college students, and adults of all ages and physical conditions. The grim statistics include the fact that approximately only 5% of victims of sudden cardiac arrest survive. This is due in no small part to the fact that most people do not receive defibrillation within 3 to 5 minutes. Without early defibrillation, the survival rate will not improve. It is unrealistic to expect that an ambulance or other emergency crew will be able to provide defibrillation in this time period, so the necessity for automated external defibrillators (AED's) in public places, including health clubs and schools, is clear.

We are asking the committee to amend this bill to include simply the Good Samaritan protection for the entity. We believe that this important provision has a better chance of passage if the bill includes only this section. A major impediment to public access AED programs in Connecticut has been the lack of Good Samaritan protection for the entity that provides or donates the device. This has resulted in health clubs, churches, youth sports leagues, private schools and colleges, and others who want to make an AED accessible, not to do so. Many have actually turned down donations of AEDs, because of legal advice regarding the lack of Good Samaritan protections for the entity. We suggest the following substitute language for consideration specific to sec. 4. Subsection (a) of section 52-557b of the general statutes:

(a) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section



CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or an automatic external defibrillator, or renders cardiopulmonary resuscitation or, any person, entity, partnership, corporation or firm, that purchases, donates, facilities implementation, provides training and/or makes available an automatic external defibrillator, or a person who, voluntarily and gratuitously renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result in acts or omission by such person rendering the emergency care, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross m willful and wanton negligence.

A bill that addresses the issue of AEDs in public schools was raised in the Public Health Committee and passed that committee recently. For this reason, we respectfully suggest that at a minimum, section 3, lines 90-121, related to interscholastic athletics in high school, be stricken in its entirety.

In conclusion, the Connecticut Athletic Trainers' Association is pleased that the Judiciary Committee has introduced legislation that is related to requiring automated external defibrillators (AEDs) for groups that are in higher risk categories for sudden cardiac arrest. We request that you consider amending SB 1089 to include simply Good Samaritan protection for the entity that provides or donates the device or, alternatively, that Section 3 be stricken in its entirety, as there is another bill that addresses this issue.

Thank you.

1089

March 20, 2009

Chairman McDonald, Chairman Lawlor and Members of the Judiciary Committee·

My name is Evelyn Pontbriant from Norwich, CT, and I'm here as a parent I'm speaking for both my husband Larry and myself. We are testifying to you today about Raised Bill 1089, An Act Concerning Automated External Defibrillators or AEDs. As one of the founders of a non-profit that purchases and places AEDs, we wish to insure that both our donors and our recipients are comfortable with Connecticut Good Samaritan protections concerning AEDs.

While we thank the Judiciary Committee for raising a bill on AED placement and Good Sam protections, we cannot support Bill 1089 as written. Instead, we agree with the American Heart Association's substitute language and their request to strip sections 1-3 of the bill, eliminating fiscal notes, and to keep section 4, resulting in a stand alone Good Samaritan bill.

We can't speak to you as experts in the field of AEDs but we can speak to you as parents who witnessed their own son's cardiac arrest. This is our son Larry: 15, a conditioned athlete, a high honors student, and girls loved those curls. He's on his way to Hofstra in this picture to play with his select lacrosse team in a tournament. In less than a month, he would be dead

In this picture, Larry's laughing and stretching with his friends before a run. Does he look like he's about to have a cardiac arrest? Well, he did, 15 minutes later, right in front of us, half-way through a 3 mile fun run It didn't happen at a health club or at a school. It happened in the town park. Larry was completely unresponsive, 911 was called, CPR was performed, a nurse was there (she took this picture), but there was no AED. Brain damage from lack of oxygen starts at 4 to 6 minutes. Only defibrillation can reverse a cardiac arrest. When the EMTs shocked Larry with their defibrillator, his heart returned to a more normal rhythm but too much time had elapsed. Larry was declared brain dead 3 days later at Connecticut Children's Medical Center on August 19th, 2007. As Nuclear medicine technologists, both my husband and I did brain death studies; it was hard enough to witness them on strangers. Had an AED been at the park, Larry might still be with us today.

****

Through the Larry Pontbriant Athletic Safety Fund we set up in Larry's memory and with help from our local hospital, we have placed 52 AEDs so far in schools and on athletic fields We do this because we don't want what happened to Larry to happen to anyone else, not if we can help it. With what we know now, it would be irresponsible of us NOT to act. And would you believe that some of these donated AEDs are turned down, even in Norwich where Larry collapsed?

Schools are not the problem. One school initially hesitated accepting an AED because it did not want to favor one school over another but it quickly reversed that decision.

Where some AEDs ARE turned down is at the youth sports organization level. The refusal is usually over liability concerns. Our Police Athletic League or PAL turned down an AED for their youth leagues because, "it becomes a liability to have (an AED) on the premises. (The league stated) we can't afford to have that liability problem." We were also told youth organizations have a hard enough time getting volunteers to help coach; add to it the responsibility of CPR/AED training AND a liability concern, and prospective volunteers would be driven away. Larry played for PAL. All I can say, is you have 3 minutes to react to an unresponsive individual before problems from lack of oxygen occur EMT arrival can be delayed due to traffic, inadequate directions and just panic. CPR, though necessary, will NOT reverse a cardiac arrest

Another example of liability we've found was at a Norwich Youth Lacrosse meeting. The club questioned the possibility of a lawsuit coming back to sue the organization's officers. We couldn't see where current Good Sam language extended them protection. Fortunately, US Lacrosse covers the youth teams through their insurance policy and now Youth Lacrosse and Youth Football share an AED. But not all leagues have that coverage.

Still another liability concern we've found is with physician oversight. It is a good recommendation that a physician or healthcare provider (a nurse or EMT) offer medical support and oversight for a successful and viable AED program, i.e., oversee initial implementation, offer guidance, insure training is current, answer any questions, etc When I've asked physicians to provide their oversight for a sports team's AED program, no one readily came forward. I asked a school nurse why this could be so and she said the healthcare provider's license would be on the line. Medical oversight for an AED

program is not required by Connecticut law but if we want a good, working program with its members comfortable with the way it which it is run, we need to cover participants.

Our fund's focus is AED placement in schools and athletic fields but other community gathering places have now begun to ask our help. All I can see is as awareness grows, so will concern over liability.

In conclusion, a downturn in the economy, unfortunately, does not mean a downturn in the number of cardiac arrests. They can happen anytime, anywhere, to anybody. But people can't afford to get sued. And the state's economic atmosphere could very well turn the responsibility of AED placement over to communities and grassroots organizations like ours. We are asking you to please consider the AHA's substitute language for Bill 1089. This will result in a stand-alone Good Samaritan protection bill for AEDs that is clear and concise enough in its content to eliminate any doubt over who is covered.

Thank You.

Larry and Evelyn Pontbriant
Norwich

International Health, Racquet and Sportsclub Association

Statement to the Judiciary Committee
March 20, 2009
Senate Bill 1089

Senator McDonald, Rep. Lawlor and members of the committee:

The International Health, Racquet & Sportsclub Association (IHRSA), which has member facilities in Connecticut and throughout the world, would like to offer comments relating to Section 1 of Senate Bill 1089, *An Act Concerning Automatic External Defibrillators.*

- ***Health Clubs are not opposed to AEDs***

IHRSA agrees that automatic external defibrillators are wonderful devices. They save lives. Health clubs have not opposed them—in fact, a number of clubs in the state have already installed them with an AED available for use if needed. Our only concern has related to liability issues.

- ***SB 1089 provides some of the liability protections needed***

We very much appreciate the fact that Senate Bill 1089 provides immunity to the facility management ("entity") as well as staff if an AED is used. The bill, however, does not provide this same protection in the event an incident occurs and the AED is *not* used. We believe this could leave health clubs open to crippling lawsuits. The bill as currently drafted flatly prohibits liability protection in non-use situations (lines 147-150).

- ***The committee should adopt the Massachusetts model law***

IHRSA would like to propose that the committee adopt the approach enacted into law by the Commonwealth of Massachusetts in 2006. Their law provides liability protection for health clubs regardless of whether the AED is, or is not, used. This law received the endorsement of the American Heart Association and IHRSA.

We would like to request that you strike the non-use prohibition language in lines 147-150 and replace that with the text of the Section 3 of the Massachusetts law: *Absent a showing of gross negligence or willful or wanton misconduct, no cause of action against a health club or its employees may arise in connection with the use or non-use of a defibrillator.*

In conclusion, you are considering the creation of a significant new precedent in requiring Automatic External Defibrillators to be placed in a specific category of commercial venues. This is a very important bill since it will set the precedent for any future additions that might be made to the mandate. As SB 1089 works its way through the 2009 session, IHRSA believes it is possible to enact a law that provides better access to these devices while also providing reasonable liability protection to health clubs at the same time.

Thank you again considering the views of IHRSA on this issue.

Dear Sen. McDonald, Rep. Lawlor, Sen. Handley and Rep. Fox, March 19, 2009

I would like to thank the Judiciary Committee for their continued work on improving access to emergency care in Connecticut with S.B 1089. I am writing to support the changes to the bill recommended by the American Heart Association. While the goal of SB 1089 is important, to improve availability to AEDs and outcomes from cardiac arrest, I believe there are better ways to achieve this goal. I am an interventional cardiologist at Stamford Hospital and have been leading an effort called, Hands For Life, to teach "hands only" CPR to improve the outcomes of cardiac arrest. Our advisory board includes hospital and community leaders, as well as representatives form the City of Stamford, the department of public health, local emergency medical services and the AHA and American Red Cross. We currently have 40 nurse and physician volunteers.

As we have been developing our program, we noticed an anomaly in our "Good Samaritan Law" (CGS § 52-557b) that does not provide immunity to bystanders who are not trained to the "standards" of the American Heart Association or the American Red Cross. Unfortunately, there are two key problems with this approach. First, the "standards" are based upon the ILCOR 2005 guidelines which are being continually updated but due to concern about the mandate imposed by the use of the word "standard" the AHA is only developing "guidelines." Although we can train people in accordance with the newest guidelines, assurance of training to a standard cannot be assured. Second, we have noticed a stong reluctance for people to perform CPR and utilize AEDs because they might not be covered by CGS § 52-557b. This is especially true for AED placement where a group may feel the have potential liability if a device placed on their premises is used by an uncertified rescuer. AEDs are designed to be used by untrained bystanders. The current ILCOR and AHA guidelines recommend increased access to these devices as well as 911 dispatcher instructed "just in time" training.

The current bill up for consideration, S.B. 1089, does not address these very important issues. I believe we can increase access to these life saving techniques and devices by strengthening our current "Good Samaritan Law" instead of the narrow approach to mandating AED placement in health clubs alone. The AHA has recently advocated for changes in the wording of the current law that would be better suited to that goal by eliminating the confusing language. I strongly believe that this change will improve access to AEDs thoughout the region, improve the ability to train our citizens in these life saving techniques, improve the utilization of bystander CPR and ultimately improve outcomes from cardiac arrest.

In summary, I would strongly support the changes recommended by the American Heart Association to SB 1089 and the CT Good Samaritan Law. Thank you again for working towards the goal of making Connecticut a leader in treatment of cardiac arrest and the safest state in the nation for heart disease.

Thomas Nero, M.D., F.A.C.C.
Stamford, CT

Senator McDonald, Representative Lawlor and distinguished members of the Judiciary Committee:

Thank you for the opportunity to speak today. My name is Paul Shipman. I am Senior Director of Communications and Government Relations for the Charter Oak Chapter of the American Red Cross, representing the American Red Cross Chapters of Connecticut in expressing our support for passage of S.B. 1089, AN ACT CONCERNING AUTOMATIC EXTERNAL DEFIBRILLATORS

More than 300,000 Americans suffer from sudden cardiac arrest each year and less than 10 percent of them will survive.

Prompt administration of cardiopulmonary resuscitation (CPR) can help. But CPR cannot restart a heart by itself. In more than two-thirds of all cardiac arrests, an electric shock, known as defibrillation, is needed. Studies show that prompt CPR followed by early defibrillation can reduce death from sudden cardiac arrest. The links in the cardiac chain of survival include early activation of the emergency medical system (EMS); prompt CPR; early defibrillation; and advanced cardiac life support (post-incident care provided in a hospital setting). Weakness in any link lessens the chance of survival.

By enacting legislation to support the use of Automated External Defibrillators (AEDs) and by increasing the number of individuals that are trained to respond, the survival rate can be increased significantly. Some studies indicate early CPR and defibrillation can double survival rates for sudden cardiac arrest that occurs outside hospital settings.

Based on the facts above, it is clear that increased availability of AEDs in public places will save lives. Health clubs and schools are two excellent examples of places that would make a life-saving difference by having AEDs on site. Health clubs have high concentrations of people engaging in strenuous physical activity. Having an AED on site and a staff person trained in its use could be the difference between life and death for someone who suffers sudden cardiac arrest at a health club facility. Likewise, our elementary and secondary schools and institutions of higher learning host large concentrations of students and employees during operational hours and are the sites of athletic and other community activities throughout the day. Enacting this legislation will make schools in the State of Connecticut safer places to learn, work and play.

Thank you again for the opportunity to express our support of this important bill.

Sincerely,

Paul D. Shipman
Senior Director, Communications and Government Relations
American Red Cross
Charter Oak Chapter of Connecticut
209 Farmington Avenue
Farmington, CT 06032

Jonathan G. Greenwald, M.D.
148 East Avenue, Suite 1-D
Norwalk, Connecticut 06851
(203) 866-7000
Fax (203) 866-7778

Fellow, American College of Physicians

Fellow, American College of Cardiology

Testimony re SB 1089
March 11, 2009

My name is Jonathan Greenwald. I practice cardiology and internal medicine in Norwalk, and am on the staff of Norwalk Hospital, Department of Medicine, and Section of Cardiology.

I enthusiastically support Senate Bill 1089, which concerns automatic external defibrillators (AED's). Nevertheless, I have strong reason to see the bill amended in one particular respect. With my statement today and the appended, supporting material each of you should receive, I hope you will agree with me and add the appropriate language.

Even without any change SB1089, should it become law, will put Connecticut in the vanguard of legislation enacted by only a few states in the country, and will undoubtedly result in more lives saved. **With** the change I propose, Connecticut will take a step beyond all other states, and properly reflect the most up to date thinking of the leading experts in the field of cardiac resuscitation. Put another way, Connecticut will set an example for the rest of the nation and probably beyond.

There's so much that's worth mentioning and so little time, which is why I have given each of you a folder. In the folder, there are 4 "batches" arranged in the order in which I will refer to them. When you have a relatively quiet period, please review them carefully.

Batch #1 concerns Texas Senate Bill 7, enacted September 1, 2007. The first page lists the essentials of the bill, which has already made a profound difference. The final events which led to its creation were 4 deaths, in 2006, among high school and college athletes in the Houston area, all occurring within 4 weeks. The rest of the batch consists of email correspondence I have had with Laura Friend, of Parent Heart Watch (PHW), of which you have heard or will hear about in connection with SB1089. Connecticut has some very active members of PHW, among them Evelyn and Larry Pontbriant and Joan Papale. The Texas bill does not include colleges: SB1089 **does**.

Even though I don't want to dwell on any of these batches right now, please look at the top page in batch #2. You will immediately note that it shows a stark contrast, left side vs. right. Even though most or all of you have no familiarity with pathology slides, do any of you have any doubt as to which side is chaos and which is normal?

The rest of batch #2 consists of brief accounts of several victims of "sudden cardiac death", only one of whom, Matthew Keene, survived. (I say a few words about Antwoine Key and Nathan Crowell).

The last page contains a quote from the founder of the Hypertrophic Cardiomyopathy Association, which underscores the **current** frustration of using electrocardiograms to weed out the "safe" from the "unsafe" athlete.

On January 18th of last year, Dr. Jonathan Drezner of the University of Washington convened a symposium entitled "Prevention of Sudden Cardiac Death in Young Athletes". Batch #3's first page depicts the cover and the sponsorship behind the symposium. [Please note that PHW was a cosponsor]. What follows that page are slides from the symposium, and excerpts of pertinent literature that show, among other data, that the male, the African American athlete, and both competing and training settings have been the individuals/locales for the overwhelming percentage of sudden cardiac deaths (SCDs). Not mentioned here, but in a personal communication I received from Dr. Drezner is the fact that the majority of all SCDs occur among competitive basketball and football players.

The first page of batch #4 succinctly shows recommendations regarding AED's and amateur competitive athletic programs. This is taken from the 2005 Bethesda Conference on Sudden Cardiac Death, convened every 10 years under the auspices of no less than the American College of Cardiology, of which I am a fellow. The recommendation of a response time of "less than 5 minutes" is woefully inadequate. The Texas Legislature's 2007 law improves slightly on this, but there is more improvement to be made, without doubt. Mehdi Razavi, a research scientist at the Texas Heart Institute, in speaking of the young competitive athlete said, in 2006, "If there isn't an AED on-site, the chances of survival are probably less then 5 percent." Razavi said "By the time the EMT arrives, it's way too late. But if it's on-site and you defibrillate the victim within the first minute of collapse, your chances of bringing (the person) back (are) upwards of 80 to 85 percent."

Batch #4's 2nd and 3rd pages speak to the same point. The 2nd page is from an article written in 1993 (!), and applies to **ALL** victims of SCD. The point is all the **more** imperative in the young competitive athlete.

The few words on page 3 are so important that I will restate them here: **We often don't act adequately on what we know.** The "we", in regard to SB1089, is the medical profession. And that's why I am here today.

So, with regard to SB1089, I offer the following as an **addition** to the current text: As of _____ _____, 2009, in Connecticut, an automated external defibrillator (AED) within arms reach of a certified athletic trainer (C.A.T.) or a designee of the C.A.T. who is equally certified to perform cardiac resuscitation and operate an AED, shall be on the **home bench** at all **intercollegiate** events which are defined as a contact/collision sport, or a track and field event within a confined area. Additionally, an AED in the immediate proximity of a C.A.T., or a designee of the C.A.T. who is equally

certified to perform cardiac resuscitation and operate an AED, shall be present at all practices and training locations for these sports.

This recommendation should be identified in the final text of SB1089 as an "initial program" ("step" or "phase" are alternatives to "program" if you prefer), keeping in mind that the issue it addresses exists every bit as much in the schools and will – I hope – lead to further legislation in that regard, with the exact parameters I describe. It probably belongs in section 2, but as I am not a legislator I leave it up to you as to the final placing and wording. I earnestly hope that the final wording is true to what I wrote.

I want to thank Vicky Graham, President elect of the Connecticut Certified Athletic Trainers Association, for coming up with the perfectly descriptive phrase "arms length" to emphasize the virtual umbilication of the C.A.T. to the AED at the venues of competition, and who, along with Doug Casa, Director of the C.A.T. training program at UCONN – had an opportunity to review my proposal, as did state Rep Jason Perillo, of whom I made mention earlier in discussing Nathan Crowell.

For now and the foreseeable future, we won't be able to save all of the young athletes who suffer SCD. A few will die, far from the field or the training room. That said, I have no doubt that the mortality rate in this particular subset of competitive teenagers and young adults will decline dramatically. You and other legislators around the country, and eventually the U.S. Congress, will determine how rapidly this will happen.

In regard to this last point, I want to mention Dr. Lance Becker of the University of Pennsylvania, , probably **THE** preeminent researcher in the sudden death field, and who saved the man pictured on the cover of the famous, July 2007, issue of Newsweek. After I read the accompanying story, I sent him an e-mail – in which I asked if my reasoning was sound, and should I pursue it, considering the huge amount of time it would require to bring my concept to fruition. His reply, in toto, was "Pursue, pursue, pursue. You will save lives."

Thank you for your attention.

Respectfully,

Jonathan G. Greenwald, M.D.

Texas Senate Bill 7

September 1, 2007

- All elementary, middle, high school, charter and private schools will be required to have a PAD program and AED reasonably placed and available (within 3-5 minutes)
- Coaches, band and choir directors, and athletic trainers will be required to be CPR/AED trained
- High school seniors will require CPR/AED training prior to graduation

Jonathan G. Greenwald

From: "Laura Friend" <laura@parentheartwatch.org>
To: "'Jonathan G Greenwald'" <jgghld@optonline.net>
Sent: Friday, March 06, 2009 8:37 PM
Subject: RE: Connecticut AED bill public hearing

Yes. A freshman football player at Univ of Houston was saved and there could be more I'll go through my database this weekend Promise

---

From: Jonathan G. Greenwald [mailto:jgghld@optonline.net]
Sent: Friday, March 06, 2009 4:39 PM
To: Laura@parentheartwatch.org
Subject: Re: Connecticut AED bill public hearing

well then, the question at this point is: given that most colleges have aed's have you heard of any SAVES as a result?

> ---- Original Message ----
> **From:** Laura Friend
> **To:** 'Jonathan G Greenwald'
> **Sent:** Friday, March 06, 2009 9:29 AM
> **Subject:** RE: Connecticut AED bill public hearing
>
> Yes 5 losses in college. Right, the colleges are not included in the law. Sad. We had 1 loss in elementary school (11 yr old) and one in high school (17 yr old) I don't have the exact ages of all the saves with me but as I recall they ranged in ages 5 yrs old (Kindergarten collapsed from septal defect) to age 17.
>
> Our colleges do not require aeds but most of them have them Our college kids that have suffered death collapsed in dorm rooms, rec basketball, on campus.
>
> The two young kids that suffered death at schools, we are not sure what happened. We understand there were aeds but rumors are that battery was dead and unrecognizable sca on the part of the staff.
>
> Hope this helps.
>
> ---
>
> **From:** Jonathan G. Greenwald [mailto:jgghld@optonline.net]
> **Sent:** Thursday, March 05, 2009 10:22 PM
> **To:** laura@parentheartwatch.org
> **Subject:** Re: Connecticut AED bill public hearing
>
> sorry to bother you laura, especially after replying so promptly, but as your first paragraph now reads, i am confused. you mean 5 losses in colleges and NO saves, or do you mean something else? are you saying thst colleges are not included in the law, and therefore they suffered in comparison to schools? also. how many losses in schools, and what were the ages of both the school kids who made it and those who did not?
>
> thanks again, jonathan
>
> > ---- Original Message ----
> > **From:** laura@parentheartwatch org
> > **To:** Jonathan G Greenwald
> > **Sent:** Thursday, March 05, 2009 10:07 PM
> > **Subject:** Re: Connecticut AED bill public hearing
> >
> > I am hoping that all the CT legislators will see the light. We had on record 16 deaths of kids at schools in 2005 and the law went into effect June 2007. We've had 13 saves in schools and 5 losses

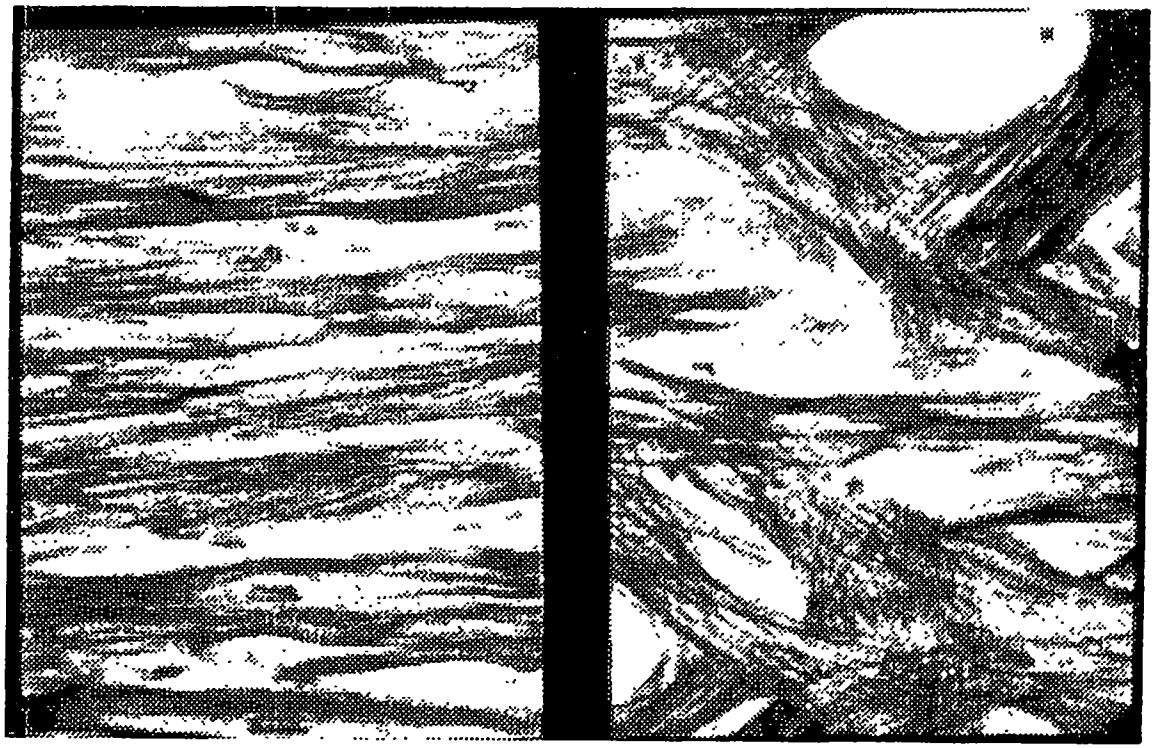
in college since August 2007.

We were losing on average 16 kids at our schools each year.

We are so thrilled with the law!

Keep me posted!
Laura

HYPERTROPHIC CARDIOMYOPATHY



Rx – symptoms, prevent complications

Antwoine Key of MA died on 1/20/05 at the age of 22.

005345

Antwoine A. Key's death after collapsing in the first few minutes of a basketball game last month at Worcester State College was unthinkable. A leader on and off the court, the 22-year-old senior from Eastern Connecticut State University had just scored five of the team's seven points. Five days before, he had broken his own record for the second straight game.

After making a layup he fell to the floor, got up and crumpled again at midcourt while his teammates, coaches and the Worcester team — including three of his friends — watched in confusion that quickly turned to horror. Attempts to revive him were made on the court, in an ambulance and at St. Vincent Hospital at Worcester Medical Center, where he was pronounced dead later that night.

Defibrillator device's location unknown on day athlete died

By JOHN MCCLOSKEY
Copyright 2007 Houston Chronicle

Although an automated external defibrillator was on the junior college campus near Waco where a former area athlete died suddenly during halftime of a basketball game, no one knew where to find it Wednesday night, one school official said.

The potentially lifesaving device was not accessible to student trainers summoned to aid Grayson County College's Mike Ndiribe, who died less than an hour after he collapsed during a game at Hill College.

Paul Brown, the athletic director at the Hillsboro school, said today that the campus had at least one AED, but he did not know where it was located.

CONNPOST.com
CONNECTICUT POST

Student killed during Shelton hockey game

KATE RAMUNNI Staff wnter

Article Last Updated 10/26/2007 11 51 47 PM EDT

SHELTON — A 22-year-old University of New Haven student died Thursday night after he was hit by a puck and collapsed while playing hockey at The Rinks of Shelton on River Road.

Nathan Crowell, of Portsmouth, R.I., was brought to Bridgeport Hospital shortly after 11 p.m. Thursday, where he was pronounced dead, hospital spokesman John Cappiello said Friday

While it appears that the trauma caused by being hit by the puck caused Crowell to go into cardiac arrest, it's not yet known for sure, officials said

"They are still trying to determine the exact cause of death," Cappiello said "It could be a number of things "

Crowell was playing defense on one of the men's league teams at the rink, according to Howard Saffan, one of the owners of the facility He was trying to block a slapshot by an opposing player when the puck struck him in the chest above padding he was wearing, said Saffan, who also is president of the Bridgeport Sound Tigers, an AHL team

There was only three seconds left in the game when Crowell was struck, Saffan said.

An emergency room doctor playing in the game immediately began treating Crowell, Saffan said. "The injury was a lot more serious than anyone thought," he said "If you have a traumatic injury to the chest, it can stop your heart and cause cardiac death," Cappiello said. "It has happened in other sports, especially baseball "

A police investigation into the incident continues, said police Detective Sgt Kevin Ahern, but "all factors indicate the death was nothing more than a tragic accident "

Echo Hose Ambulance Chief Jason Perillo said when his crew was dispatched to The Rinks, "some of the players and bystanders were giving him CPR "

"Witnesses told us that he had been struck in the chest by a puck," Perillo said

"It looked like a lot of the folks there tried to help him immediately," he said, "and when we got there we took over his care."

The staff at The Rinks is "devastated" by the death, Saffan said "Obviously it's very tragic for us It's a tough day for us

"You build a rink for the community and to make a positive impact in the community and to have something like this happen is devastating," he said "It has sent shock waves throughout the facility "

Saffan said he talked to the referee on the ice at the time, who was devastated by the death, as is the player who made the shot

"He is tormented by what happened," Saffan said

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New Hampshire Athlete Saved by CPR, AED

By DAVID TIRRELL-WYSOCKI
Associated Press Writer

As a football lineman, baseball catcher and hockey goalie, Matthew Keene is used to taking hits and bouncing back.

He's bouncing back again this time because his school was prepared for a hit no one could see coming - a hit that kills healthy athletes across the country every year.

Keene collapsed during football practice Oct. 18 of sudden cardiac arrest. The 17-year-old high school student wasn't breathing and had no pulse when coaches and trainers rushed to his side, performed CPR and shocked his heart into beating with a portable defibrillator.

That was the difference between life and death. Now Keene wants this lifesaving device in all schools.

"I don't want to hear this happen to anyone and have them not survive," he said.

Source: EMS Responder.com 12/05/06

hibitive. "The U.S. health care system does not have the mechanisms to pay for an ECG for every athlete," says Lisa Salberg, who has HCM and founded the Hypertrophic Cardiomyopathy Association. "Nor do we have enough trained professionals to evaluate the results. There would be a lot of athletes placed on alert for no reason, and a lot of missed diagnoses."

PAUL SAKUMA/AP (HERRION); JENNI GT

Prevention of Sudden Cardiac Death in Young Athletes

Friday
January 18, 2008

Benaroya Hall
200 University Street
Seattle, WA

Sponsored by:

The University of Washington School of Medicine
- *Department of Family Medicine*
- *Office of Continuing Medical Education*

In Collaboration with:
- *Parent Heart Watch*

UW Medicine
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Parent Heart Watch
PROTECTING KIDS FROM SUDDEN CARDIAC ARREST

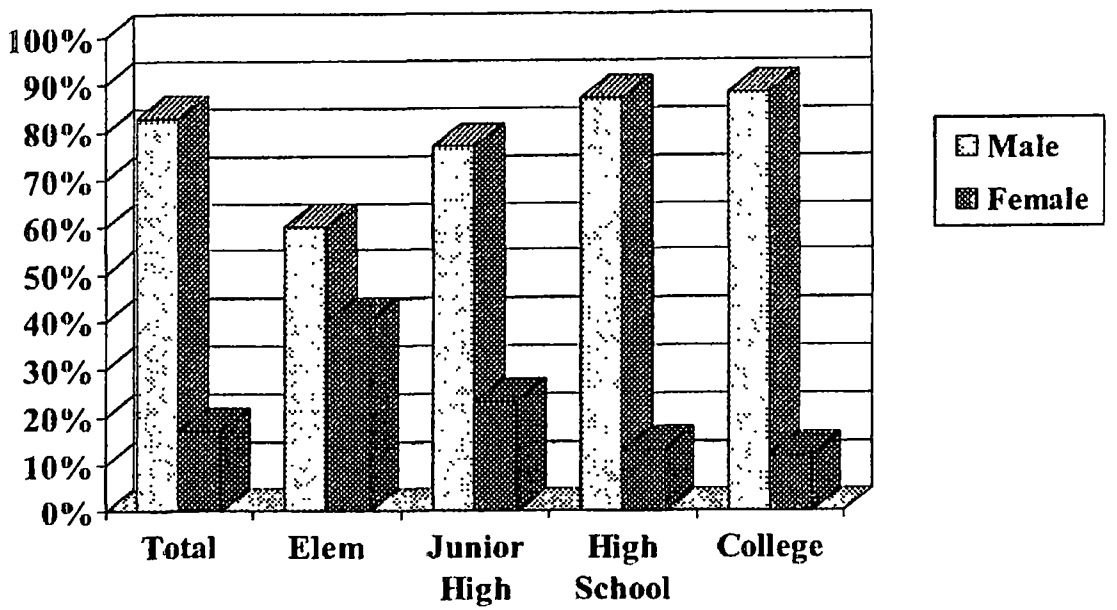
005351

SCA in Athletes

- Vigorous exercise is a trigger for lethal arrhythmias
  - 90% of SCD occurs during training or competition
    Maron; *NEJM* 2003

Gender Differences in Exercise-related SCA

[5:1 male to female]



005353

0% of SCD in athletes affects basketball and football alone. his is from Barry Maron's registry over the last 15-20 ears, and this trend has held. Some argue that 60% of ases are in basketball and football because they are the ıost popular sports played with the most athletes.

his may be true, but I think those sports also may have an t risk group of athletes. As you know SCD is 5-9 times igher in males and disproportionately higher in African mericans.

onathan Drezner, MD Personal Communication 8/27/08

In the US one competitive young athlete dies **at least every three days** from an unrecognized cardiovascular disorder. Also, death is the **first clinical manifestation** of cardiac disease in up to 60-80% of young competitive athletes with SCD.

J. Drezner, editorial, BMJ July 08

CPR/AED Ineffective in SCD in Athletes?

- 9 intercollegiate athletes with SCA and witnessed collapse
  - 4 basketball; 2 football; 2 lacrosse; 1 swimming
  - 7 occurred during practice, 1 competition, 1 weight training
- CPR initiated with 30 seconds in 6 and by 1 minute in 2 additional
- AED applied in all 9 (7 VF had AED shock within an average of 3.1 minutes
- 8 of 9 died
- 5 had HCM; 2 commotio cordis; 1 MI
  - Survivor had no SHD detected

Drezner JA, Rogers KJ. Heart Rhythm 2006;3:755-759

Survival trends in the United States following exercise-related sudden cardiac arrest in the youth: 2000–2006

Jonathan A. Drezner, MD, Jordan S.D.Y. Chun, MD, Kimberly G. Harmon, MD, Linette Derminer

From the Department of Family Medicine, University of Washington, Seattle, Washington and Parent Heart Watch, Geneva, Ohio.

BACKGROUND Sudden cardiac arrest is the leading cause of death in young athletes. However, limited studies have examined survival rates after exercise-related sudden cardiac arrest in the youth.

OBJECTIVE The Purpose of this study was to monitor exercise-related sudden death in the United States and to assess survival trends following exercise-related sudden cardiac arrest in the youth.

METHODS From January 1, 2000, through December 31, 2006, exercise-related sudden death events in young individuals were identified through a systematic search of public media reports. Media reports were reviewed to clarify case circumstances and relation to exercise, cause of death, outcome, and use of a defibrillator. The study used an observational cohort design with weekly searches and updates to the database.

RESULTS During the 7-year period from 2000–2006, 486 total cases of exercise-related sudden cardiac arrest were identified in elementary school (age 5–11 years), middle school (age 11–14 years), high school (age 14–18 years), and college (age 18–22 years) individuals in the United States, with an average of 69 cases per year (range 48–96 years). Eighty-three percent (405/486) of victims were male and 17% (81/486) were female, with a male-to-female ratio of 5:1. Overall survival during this time period was 11% (55/486), with a range of 4% to 21% survival per year. There was a statistically significant trend toward improved survival in recent years ($P = .035$). Females were more likely to survive sudden cardiac arrest than were males (21% vs 9%, $P = .001$).

CONCLUSION Survival following exercise-related sudden cardiac arrest in the youth has been universally poor over the last 7 years in the United States, despite a recent trend toward improved survival. Improved reporting systems are needed to accurately monitor these events, and strategies to improve outcomes from exercise-related sudden cardiac arrest in the youth, such as improved emergency response planning and public access defibrillation programs, should be considered.

KEYWORDS Sudden cardiac death; Sudden cardiac arrest; Survival; Athlete; Sports; Defibrillator

(Heart Rhythm 2008;5:794–799) © 2008 Heart Rhythm Society. All rights reserved.

Introduction

Exercise-related sudden death in young individuals is a catastrophic event with far-reaching emotional and social impact on communities.[1–3] The vast majority of these sudden deaths are due to a variety of structural cardiovascular abnormalities (i.e., cardiomyopathies) and primary electrical diseases (i.e., channelopathies) that go undetected in otherwise healthy appearing athletes.[1–9] Although such cardiac events are reported to be uncommon, the true incidence of exercise-related sudden cardiac arrest (SCA) is unknown.[2,10,11] In the United States, evaluation of SCA in young athletes is limited by the lack of a mandatory reporting system for juvenile sudden death Studies to date have relied on survey or nonmandatory reporting systems that likely underestimate the true incidence of SCA in athletes.[2,3,7] Available studies have estimated the annual incidence of sudden cardiac death in high school-aged athletes to be 1:100,000 to 1:300,000 and 1:65,000 to 1:69,000 in college-aged athletes.[2,4,10–12] More recently, intensive search of public media reports and other electronic databases has identified a larger number of cases of SCA in athletes than previously established. The Sudden Death in Young Athletes Registry in the United States has identified approximately 115 cases of SCA per year in young competitive athletes, or about one case of sudden death every 3 days in the United States in organized youth sports.[13] Thus, with approximately five million competitive high school athletes and 500,000 competitive collegiate athletes, a more accurate estimate of the annual incidence of SCA in young athletes is approximately 1:50,000 athletes.

Dr. Drezner is on the Medical Advisory Board for Parent Heart Watch, the Medical and Scientific Advisory Board for the Sudden Cardiac Arrest Association, and the Scientific Advisory Board for Heart Screen America, for which he also is a partial stockholder. Dr. Drezner is the Director of the National Registry for AED Use in Sports and has received grant funding from the National Operating Committee on Standards for Athletic Equipment to study emergency planning and sudden cardiac arrest in the athletic setting. Mrs. Derminer is the Executive Director of Parent Heart Watch. Address reprint requests and correspondence: Dr. Jonathan A. Drezner, Department of Family Medicine, University of Washington, Box 354775, Seattle, Washington 98015. E-mail address: jdrezner@fammed.washington.edu. (Received October 20, 2007; accepted March 1, 2008.)

1547-5271/$ -see front matter © 2008 Heart Rhythm Society. All rights reserved. doi:10.1016/j.hrthm.2008.03.001

Recommendations:

1. The AEDs should be available at educational facilities that have competitive athletic programs (including intramural sports and conditioning classes), stadiums, arenas, and training sites, with trained responders identified among the permanent staff. Devices should be deployed so as to provide a response time of less than 5 min.
2. The initial response to a suspected or identified cardiac arrest should be to contact emergency medical services (e.g., 9-1-1), followed immediately by, or concomitant with, initiating CPR and deploying the AED.

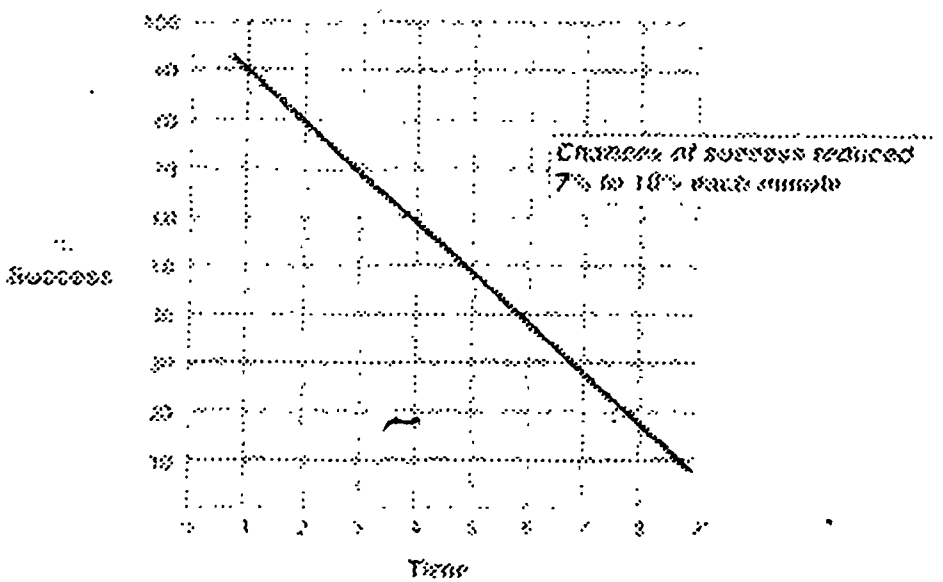
doi:10.1016/j.jacc.2005.02.017

Source: JACC Vol. 45, No. 8, 2005
April 19, 2005:1369-71
Myerburg *et al.* Task Force 10

005358

Time to Defibrillation:

Every Second Counts



Larsen; *Ann Emerg Med* 1993

Probability of successful defibrillation for VF SCA diminishes rapidly over time.

WE OFTEN DON'T ACT ADEQUATELY ON WHAT WE KNOW.

Barbara Kellerman,
Center for Public Leadership,
Harvard Kennedy School

005360

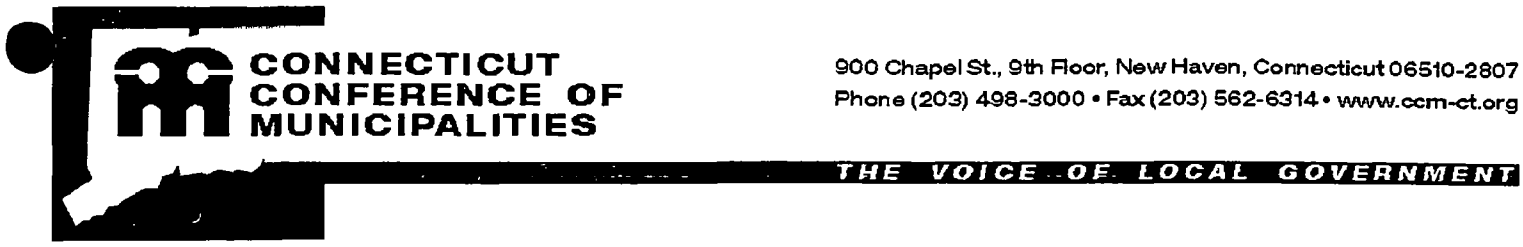
Additionally, an AED in the immediate proximity of a C.A.T., or a designee of the C.A.T. who is equally certified to perform cardiac resuscitation and operate an AED, shall be present at all practices and training locations for these sports.

As of _____ __, 2009, in Connecticut, an automated external defibrillator (AED) within arms reach of a certified athletic trainer (C.A.T.) or a designee of the C.A.T. who is equally certified to perform cardiac resuscitation and operate an AED, shall be on the **home bench** at all **intercollegiate** events which are defined as a contact/collision sport, or a track and field event within a confined area.

AED's –

- $1,295 (one)
- $1,195 (two – twenty three)
- $1,095 (24 or >)
- In major bulk $900-$925
- 7 year warranty from most manufacturers

005363



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TESTIMONY

of the

CONNECTICUT CONFERENCE OF MUNICIPALITIES

to the

JUDICIARY COMMITTEE

March 20, 2009

The Connecticut Conference of Municipalities is Connecticut's statewide association of towns and cities and the voice of local governments - your partners in governing Connecticut. Our members represent over 93% of Connecticut's population.

We appreciate this opportunity to testify before this joint committee on the following bill of interest to towns and cities:

S.B. 1089, "An Act Concerning Automatic External Defibrillators"

This bill would require that boards of education develop and implement polices regarding the "availability and use" of automatic external defibrillators (AED) during high school sports activities.

In addition, school boards would be responsible, among other things, to ensure that someone trained in AED is on the premises at all times during sporting events.

CCM understands the intent behind this proposal. However, it will result in administrative and fiscal costs. We urge the Committee to make funds available to municipalities to implement this proposal.

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If you have any questions, please call Ron Thomas or Gian-Carl Casa of CCM at (203) 498-3000.

Members of the Connecticut Senate Judiciary Committee:

SB 1089

My name is Rachel Moyer.

I am the mother of a fifteen-year son who died from sudden cardiac arrest (SCA) while playing Varsity basketball for his high school team. There was no automated external defibrillator (AED) available. Gregory was never given the opportunity for what could have been a second chance at life if there had been an AED available that night.

His father, one of his sisters and I watched Greg die and we could do nothing to save him. We had no idea, at that time, that we had a responsibility to know CPR or to make sure that some one that was responsible for teaching, coaching or chaperoning our child needed to know CPR and also have access to an AED.

There was no one there that night, including one doctor, three nurses, an athletic trainer and athletic director that would start CPR and to this day we don't know why.

They waited, like everyone else, the forty minutes for the first ambulance to arrive. Were they, as trained professionals, afraid of the consequences of being a Good Samaritan to our son? We don't think so, we think they knew an AED was needed and that they couldn't save Greg without one.

We know now that if CPR is not started in the first couple of minutes after someone goes into SCA and if an AED is not used within the first 3-5 minutes of collapsing, then the victim will probably die.

The access to an AED when someone goes into SCA in 2009 should be as common to the public as are fire extinguishers. Do you seriously wonder if a person, no matter what their credentials might be, would hesitate to put out a fire, especially if someone's life was at stake? The answer is "no!"

In New York City, in 1911, a little less than 100 years ago, 146 young people died from a fire that destroyed the Triangle Shirtwaist Factory building. People in NYC and throughout the country were appalled that such horrific working conditions existed which included exit doors that were locked. The investigation and the results of this tragedy reformed this country and have saved countless lives.

Today, fire evacuation plans are posted in all public buildings, fire extinguishers are publicly and readily available, exits are clearly marked, water sprinklers are in ceilings, there are audible and visual fire alarm systems and fire drills are held in schools.

It is your time in Connecticut to make a statement by passing SB 1089. Children and adults have died in your health clubs, in your schools and in your public facilities when an AED may have saved them. Their families will never know, just like our family, if someone had just reacted with such simple skills like CPR and the use of an available AED, our son would probably be alive.

We know that in the United States, more than 900 people die each day from sudden cardiac arrest. This is 751 more people than those that died that fateful day in a fire that changed safety standards throughout the country!

Yet we continue to watch people die from heart conditions when we could be saving lives with a device that fourth graders have been taught to use. I have personally taught 4th, 5th and 6th graders CPR/AED usage through the American Heart Association's Friends and Family program.

Can they really use these skills? I would bet my life on it.

Can an AED save every one? No, but the American Heart Association believes we could save 50,000 lives a year if AEDs were publicly accessible.

What is wrong with this country when the worry of a law suit is more significant to someone than the possibility of saving a life?

I also believe that buying an AED after someone dies in a public facility is like putting on your seatbelt after you have been in an accident, it just doesn't make sense.

I have trained thousands of people since my son died, in how to do CPR and use an AED, but like most people that I train, I had hoped that I would never have to use these skills in an actual emergency.

This changed four weeks ago when a woman sitting in a chair near me in a public facility, went into SCA. She looked as though she had fainted, but I immediately realized that she was not breathing, moving or showing any signs of circulation. Two of us lifted her onto the floor at the same time I asked someone to call 911 and get an AED. I then started CPR immediately and I was soon assisted by a security guard. The AED arrived in less than a minute because this public facility had an AED and we attached the electrodes and it assessed this woman to see if she was in SCA.

It took ten minutes for the EMS to arrive on the scene.

When she left the building, this seventy-year old woman was breathing and had a pulse, unfortunately, she died in route to the hospital .

Did I ever personally think at that time or even later, that I could be sued for using my CPR skills or attaching the electrodes from the AED to the woman's chest? Then watching the AED analyze, stating no shock advised and then continuing CPR until EMS arrived and contemplate if I could do any harm. The woman was dead, she only had a chance if someone opened her airway, helped her breathe and gave chest compressions that she had any chance at life!

I was not trying to be a hero, I was trying to be a Good Samaritan.

During the school year, approximately 20% of this country's population finds itself on a school campus at some point during the school day. You will find students, teachers, administrators, coaches and school staff. You will find parents, grandparents, neighbors and friends picking up or dropping off kids. You will find spectators at games, deliveries being made and after school activities being held.

I have had people tell me that they have been administrators in a school for thirty years and have never had an incident of sudden cardiac arrest. Then I ask how many fires they have witnessed. They will also admit that they have never had a fire either. So does, this mean that we get rid of the fire extinguishers or stop fire drills? The answer is an unequivocal "NO!"

I cannot bring my son back or the other loved ones that have died from sudden cardiac arrest.

However, I can encourage each of you to pass a bill that will provide AEDs in all schools and public places. Ironically, New York State passed the first AED law that mandated that all schools have an AED on site and at all school activities. Since this law took effect on December 1, 2002, there have been more than 60 survivors of SCA by school owned AEDs.

This has been an extremely difficult battle and I am just one of many that have committed themselves to educate people about SCA because they have lost a loved one to SCA.

Ryan Gomes of Waterbury lost his team mate and his friend, Stanley Meyers to SCA during a summer basketball league. Ryan committed to making a difference that if ever made it to the NBA, he would keep Stanley's spirit alive and educate people about SCA. He has played for the Boston Celtics and is now playing for the Minnesota Timberwolves. He has given away over forty AEDs and established Hoops for Heart Health. The citizens of CT should be so proud! Ryan has made a difference just as this committee can do.

How can members of the Senate or House justify AEDs in your state prisons here in Connecticut but not have them in your schools and in your public places?

Unfortunately, it usually takes a tragedy before people react. Please do the right thing and allow people to be Good Samaritans and make sure AEDs are available.

There is no greater loss than that of a child to SCA when it may have been prevented unless it is the loss of a second child to SCA.

Thank you.