Act Number:	09-094	
Bill Number:	981	
Senate Pages:	2126-2147	**22**
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of the Waterbury Democratic Town Committee, in fact, to the time of his passing he served in that capacity.

And so it is with great sadness that we learned of his passing and would like to recognize his service to the City of Waterbury and to the State of Connecticut which he did in such an exemplary fashion and so I would ask the members of the circle to join with me in recognizing his service for a moment of silence if you might Mr. President.

THE CHAIR:

Would the members please rise in observance of a moment of silence for former State Senator Don Rinaldi.

Are there further announcements or points of personal privilege?

Seeing none, would the Clerk please return to the call of the calendar?

THE CLERK

Calendar page 11, Calendar Number 543, File Number 833, Substitute for Senate Bill 981, AN ACT CONCERNING THE AVAILABILITY OF AUTOMATIC EXTERNAL DEFIBRILLATORS IN SCHOOLS, favorable report of Committees on Public Health, Education and Appropriations. The Clerk is in possession of amendments.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you Mr. President. I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Question is acceptance and passage. Would you remark further?

SENATOR HARRIS:

Thank you Mr. President I would. Mr. President we do a lot of important things in this chamber. We actually do some that are really not so important but this bill, Mr. President, is about life or death, about the life or death of our children. It's about providing automatic external defibrillators in our schools. Mr. President in the Public Health Committee we heard so much testimony, poignant testimony, about children who had lost their lives on school grounds, on athletic fields.

One stood out. A very active couple in this area, Evelyn and Larry Pompreonce whose son, Larry, Jr. at age I believe 15 collapsed and, because no AED was available, died. His friends from the Norwich Free Academy came and talked about Larry's life and what it meant to loose him and how with such a simple and relatively cheap device their friend could still be there.

We heard stories from Caitlin Gingeri's family, from Louis Acapora's family, from Greg Moier's family and the list goes on. As a matter of fact over 400,000 people in the United States of America every year will suffer from sudden cardiac arrest and fewer than 10 percent of those people will be discharged from the hospital alive.

Another way to look at it over 1,000 of our family members, friends, neighbors, citizens die every day from sudden cardiac arrest. CPR is not enough. I know we all watch on television and someone passes out and someone quickly comes over and just starts thumping on their chest and miraculously they come back to life. That's not enough.

CPR plus prompt defibrillation from an AED is what makes it. The AED needs to be there within about three to five minutes for it to really be effective. And actually for every minute after the child or an adult collapses without an AED, survival rates decrease, plummet, seven to ten percent for every single minute after collapse. When you add CPR into that Mr. President with the AED the situation improves. CPR plus AED, survival rates only decrease by about three to four percent every minute after collapse.

This bill Mr. President is trying to address that situation by requiring our schools to have AEDs and plans to use them available. Just so for the record that people know AEDs are a fairly simple machine, easy to use, it walks you through exactly how to use it. They are now at about $1,300 per unit and that price has been coming down as we see with technology and will continue to decrease.

What this bill specifically does is say local and regional school boards must require an AED in each school if funding is available. The bill specifically says you have to have an AED, you have to have staff trained in the use of the AED, you have to have staff trained in the use of CPR and you have to have an emergency action response plan both on school grounds, for the area around the school, and a specific one for athletic events.

These AEDs must be available along with the staff trained and the plan during school -- during school sponsored events that are not within school hours and during all athletic events and athletic practices.

Now it says if funding is available because the school boards are allowed under this bill to accept a donation of an AED, just an in kind donation. They're allowed to accept gifts, donations, other in kind types of contributions, any type of grant they can get, any type of

charitable contribution. And that's for the purchase of the AED, for the maintenance of the AED and for the training of the personnel to use the AED combined with the CPR.

There's a lot of funding that is available out there Mr. President because the bill basically says that unless funding is available, state, federal or otherwise, then the schools do not have to do it. We have the ability to get the AEDs through the state purchasing pool, thereby lowering that $1,300 cost because of bulk purchasing.

Larry Pompreonce's parents have a fund, the athletic safety fund, in Larry's honor. Louis Acapora, his parents started a fund in his memory and Greg Moier, another child that died because an AED was not available, there's a fund there. So there are a lot of funds available out there for schools to get this done.

Just one state since 2005 which has required AEDs in their schools 16 children when I last looked were saved, sixteen children in one state because of having a small piece of equipment, some training and a plan to save lives.

Mr. President I urge passage of the bill.

THE CHAIR:

Thank you Senator Harris.

Will you remark further?

Senator Prague.

SENATOR PRAGUE:

Thank you very much Mr. President. Mr. President I rise to strongly support this bill. The Pompreonce family lives in Norwich and they were watching their son run through Mohegan Park in a school activity in a school run and he dropped during the run. I cannot imagine anything more horrible than that for parents and they didn't have an AED and consequently their son died. This Bill as Senator Harris said is going to prevent the deaths of or most precious possessions, our children. The issue last year of liability stopped the Bill from passing, but the Judiciary Committee this year took care of that issue of liability so with the passage of the legislation that Senator Harris has brought forth, we will have legislation on the books and we will save the lives of children in this state. So, through you Mr. President, thank you Senator Harris for the time and effort you have put into this. This is probably one of our best bills. Thank you.

THE CHAIR:

Thank you, Senator.

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, first I, too, rise to support this Bill. I believe a lot of school

districts have already done this voluntarily. All the schools in my districts have AEDs and I agree with Senator Harris that this is going to save lives. I'd like to thank him for his leadership on this, especially because this has come up with a very innovative section, Section D, that attempts to make this a non-unfunded mandate, if that's a real word. We trying to make this not an unfunded mandate and just for purposes of legislative intent, Mr. President, through you a few questions to Senator Harris.

THE CHAIR:

Please frame your questions.

SENATOR DEBICELLA:

Mr. President, through you Section D of this Bill seems to say that if there is no funding available from the state, federal or private sectors, that a school would not have to put an AED in place from their own funding. Is that correct, through you, Mr. President?

THE CHAIR:

Senator Harris, if you care to respond.

SENATOR HARRIS:

Through you, Mr. President, that is correct.

SENATOR DEBICELLA:

Thank you, Mr. President. And then just to clarify, in the event that say the State of Connecticut in our budget deliberations put aside $1 million for AEDs to be

installed in schools then presumably the mandate would go into effect and every school would have to put them in place. Is that correct, through you, Mr. President?

THE CHAIR:

Senator Harris, if you care to respond.

SENATOR HARRIS:

Through you, Mr. President, I believe that's correct because then state funding would be available.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President and I agree with the Senator. I think that's the case. The question then would be if we put that funding in place and then took it away, so in the case that we've actually done that this year with a number of our deficit mitigation packages, if we put that $1 million in place and then nine months later took it away and took it down to zero would the mandate then not be in effect, or the mandate still be in effect? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, I don't believe it would be in effect because then the funding would then not be available under the terms of the Bill.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Fantastic, thank you, Mr. President. I thank Senator Harris for the answers to my questions and urge passage of the Bill.

THE CHAIR:

Thank you, sir.

Senator Meyer.

SENATOR MEYER:

Just briefly colleagues, I do want to speak in support of the Bill by sharing with you an experience that I've shared with some of you already. On August 30, 2002 I was playing in a tennis tournament on the third set in the City of New Haven and had a cardiac arrest. I'm told that people rushed out on the court, administered CPR and the CPR was not successful. Indeed one of the people administering the CPR turned to my wife who was in the gallery watching the match and said, (quote) I'm afraid Ed is gone (end of quote). Somebody else watching the match called the fire department when I went down and they arrived with a defibrillator I was told within about four minutes of my

collapse and that defibrillator is why I'm here today. So, the more we deal with this the better. Thank you.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Frantz.

SENATOR FRANTZ:

Thank you, Mr. President. I stand in support of the Bill as proposed and have a comment. Thank you.

THE CHAIR:

Thank you. Please proceed.

SENATOR FRANTZ:

Thank you. Once again technology as it advances has come to the rescue. These units have become very compact, very small and if you've ever seen a demonstration with these you'll know exactly what I'm talking about when I tell you that it's an incredibly simple thing to -- to operate and when you're considering what important level of service it's providing on someone like our own Senator Meyer here, it's quite remarkable, it's very easy, it walks you through these step by step with an audible voice that actually tells you what to do next and -- and it makes it almost, almost fool proof. These machines are becoming ubiquitous as they come down in price. They're in a lot of different state facilities. I did a quick glance before

this Bill came out today in this very building here, Mr. President, I didn't notice any AEDs and if there was a place where we should have AEDs in -- in all seriousness it should be in this building and eliminate a tongue in cheek, it's something that in -- in my last three and a half months here would have come in handy based on what has come out on this floor.

In addition to that the value of passing this Bill today, I think, goes beyond just making it possible for municipalities to include these in school facilities. It also sends out a message. There's always a marketing opportunity in any new legislation like this because it makes people much more aware of what the issue is, how affordable these kinds of machines are and how every municipality or school, or whatever the case might be, should consider having one of these because they are affordable, they're very, very effective and very easy to use. You don't need an expert there and time, of course, is always of the essence when you're dealing with this kind of a medical situation. So I stand in favor of it and hope that you all do as well. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President. Mr. President, I also rise in support of -- in support of the Bill. Mr. President, there was a -- a young gentleman in Wallingford who was playing basketball who testified in front of this committee about his experience. He was playing basketball, he was a junior in high school and he went into cardiac arrest. When the 911 call went out fortuitously there was a volunteer fireman who was in the store right next to the gym, he got it over the radio, came in with the AED, they revived him and but for that he would not have survived. He has testified twice in front of this -- in front of the committee on both occasions trying to press hard so I'm sure that he will be happy as -- as I think everyone in the circle would be happy with the passage of this Bill. Thank you, Mr. President.

THE CHAIR: Thank you, Senator.

Senator LeBeau.

SENATOR LEBEAU:

Thank you, Mr. President. I also want to stand in support of this Bill. I have a couple of questions for the sponsored bill.

THE CHAIR:

Please frame your question.

SENATOR LEBEAU:

Through you, Mr. President.

The question I have is regarding the training piece, Senator. Does the training piece only come into effect if there is a -- the -- the training of the school personnel only come into effect if there is funding available or -- or does it come into effect in any case?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I believe it would only come into effect if there is funding in place because the training is keyed on the acquisition of the AED. So once you have the AED, you're required to have personnel trained in use of the AED and in CPR.

THE CHAIR:

Senator Lebeau.

SENATOR LEBEAU:

If I could follow-up, Mr. President.

THE CHAIR:

Please proceed.

SENATOR LEBEAU:

Through you, Mr. President. What about the policies regarding the -- the emergency procedures that must take place under a situation like this? Is that -- is that contingent upon the -- the dollars being available also?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes, I believe it would be because it all is contingent upon acquisition of the AED and I just also want to say for the record that of our 166 school districts currently, about 1,000 schools in the State of Connecticut, 64 percent of those districts, so about 640 schools, I guess doing the math in that way, have AEDs already available.

THE CHAIR:

Senator Lebeau.

SENATOR LEBEAU:

Thank you, Senator. Through you, Mr. President. I would like to very strongly speak in favor of this Bill. I doubt if there will be any votes against it today, but this is a wonderful Bill. I thank Senator Harris for bringing this forward. I think we probably, each and every one of us has probably had some instance within our own districts of having this situation occur. I know we lost a -- a young man from South Windsor last year in a similar situation and one never knows whether that young man's life could have been saved, but for the small expenditure that we could possibly make, this -- we could -- we could have saved his life it would have been a tremendous accomplishment. So, and -- and it's -- it's important as you -- you pointed out

in situations like this when a person's heart is stopped that every single second is important, every single second you're -- you're dying and your cells are dying and it's important to get that help to that -- that person whether it's a young person or an older person, it's important -- it's important to get that help to them as fast as possible because it will make -- if he is saved or she is saved it would make all the difference in the world and the quality of life that will occur after this incident. So I, again, I thank the Senator for bringing this Bill forward. I think it's a -- a great Bill and this is truly, I think, one of the better bills we are going to be voting on this year. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. I rise in support of the Bill, but more importantly to assure Senator Frantz that there is an AED in the LOB. Last year when we were -- through you Mr. President, last year when we were working on this bill I went around and checked and there is one in the -- in the police officer's room on the first floor of the LOB. So it's not that far away.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President. Great to see you up there this afternoon.

THE CHAIR:

Always good to see you.

SENATOR KISSEL:

First of all I'd like to compliment my good friend and colleague, Senator Harris, for bringing this Bill forward. As a dad, who has a 13 year old and 5 year old sons, I cannot imagine what those parents went through and in particular the ones that happened to be watching the foot race or the competitive event. When you son or daughter appears so strong and healthy and full of life and then something like a bolt of lightening just strikes them down and so as a -- an apt legislative tribute to those lives and as we so often do to try to take something that is fundamentally tragic and turn it into something good. I think this piece of legislation does just that and Senator Harris does deserve an awful lot of credit for moving this Bill forward. Also, my birthday is August 30 and pretty much every year at that time my family is giving me a cake or saying happy birthday and I'm very pleased that somewhere seven years ago when I was celebrating my birthday, Senator Meyer was being brought back to be with

us after a momentary lapse which could have been so horrifically tragic and my life wouldn't be the same if he weren't here, Senator, so I'm glad that you're here with us.

Just a few months ago in the middle of winter I was at a community gathering "Voices for Thompsonville" in the Town of Enfield and a gentleman, a beloved teacher in the Town of Enfield, Doc Taylor, who during campaigns would come out and take pictures and actually would work with young people at Enfield High School to set up debates between Senate candidates and House candidates and the like. He came based upon his background as being well knowledgeable of the history of Enfield and north central Connecticut and spoke to this community group which we're trying to turn Thompsonville around a little bit and bring life back into it and was talking about the story past of that part of Enfield and he really put his heart and soul into the presentation there at the Polish Home off of Alden Avenue in the Town of Enfield and when he was done he came and he sat down at the table I was at, one of those circle -- circular tables that you will find in schools or community centers throughout the State of Connecticut and he was sweating a little bit and the gentleman, maybe in his late 60's or early 70's, but certainly didn't evince any kind of unhealthiness and he turned to the gentleman

that was next to him and said (quote) can I get a soda? (end of quote) and as that gentleman got up to get him a soda, and I'm as far away from him as I probably am from Senator Handley, he turned over and he collapsed right there. Luckily at the Voices for Thompsonville meeting that we had that evening, Chief Carl Sferrazza of the Enfield Police Department along with Chief Frank Alaimo, the Chief of the Thompsonville Fire Department and Assistant Chief Paul Nabors were there and in the blink of an eye they moved, we moved that table away, gave that man some air and the two Chiefs began working on him to try to get some CPR and as with Senator Meyer's case the CPR did not work on the beloved teacher Doc Taylor.

And so because we had firefighters at this meeting, just by happenstance they were interested in the community event, they rushed out to their fire truck and had the AED and I can tell you I was an eyewitness to someone whom I would say was dead who was brought back to life because they were checking the pulse and I'm ten feet away and I'm hearing them say there's no pulse and so I was a witness to how that device works and as Senator Harris indicated and others, Senator Frantz, they walk you right through it, it talks to you, that's how advanced these machines are and it will not for those who might be watching on CTN who were not aware, it will not send the shock if it detects any

kind of heartbeat. It won't do that, but if there is nothing there it works if done exactly as directed and I can tell you I watched them bring Doc Taylor back to life. I saw it happen and by the way I don't know if this is always the case or if this is the case with young people or just humans, but when they're in that state and they are brought back they are so disoriented, so feisty, just because they don't know where they are, what is going on, anything. Very difficult to try to mobilize and handle. We were concerned. He was brought up, I believe to Bay State Hospital up in Springfield, but I saw it happen with my own two eyes just a few months ago. And last I heard Doc Taylor has made a pretty much full recovery and he's out there doing the things that he loves.

The moms and dads who are thinking but for that device not being present, their son or their daughter can't share another holiday with them, another birthday with them, that at the moment that their life is about to blossom it is now gone, how can we not pass this legislation? How can we not afford that opportunity? How can we not utilize technology which God has given us to try to make sure that it's as available as possible so that these miracles can occur. So, I wouldn't have believed it had I not seen it. I've seen demonstrations here in the legislative office building. I've seen folks really pushing this technology,

but it is yet another thing to actually witness it there in front of you and watch someone come back to life. Senator Harris, I strongly support this Bill and I commend you and all those other advocates for pushing this measure forward. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Are there any other Senators who care to remark on this Bill? Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. If there is no objection I ask that this matter be place on the Consent Calendar.

THE CHAIR:

Request is to place this matter on the Consent Calendar.

Is there objection? Seeing none, so ordered.

Mr. Clerk.

MR. CLERK:

Mr. President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes thank you, Mr. President. Mr. President if the Clerk might call the Consent Calendar.

THE CHAIR:

Will the Clerk please call the Consent Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate 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. Mr. President, those items placed on the first Consent Calendar begin on Calendar Page 9, Calendar Number 524, Substitute for Senate Bill 876, Calendar Page 10, Calendar 538, House Bill 5277, Calendar Page 11, Calendar 543, Substitute for Senate Bill 981, Calendar Page 13, Calendar 585, House Bill 6410, Calendar 590, House Bill 5674 and Calendar Page 27, Calendar Number 191, Substitute for Senate Bill 809. Mr. President, that completes those items placed on the first Consent Calendar.

THE CHAIR:

Members have heard those items identified as on the Consent Calendar. The machine will be open.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the chamber? The Senate is now voting by roll on the Consent Calendar. Will all Senators please return to the chamber?

THE CHAIR:

Members, please check the board to see that your vote is properly recorded. If all members have voted the machine will be closed. Would the Clerk please take a tally and announce the tally.

THE CLERK:

The motion is on adoption of Consent Calendar #1: total number voting 35, those voting yea, 35, those voting nay, zero, those absent/not voting one.

THE CHAIR:

Consent Calendar #1 is passed.

SENATOR LOONEY:

Mr. President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes thank you, Mr. President. Mr. President, I believe the Clerk is in possession of Senate Agenda #1 for today's session.

THE CHAIR:

Is the Clerk in possession of Senate Agenda #1?

THE CLERK:

Mr. President, the Clerk is in possession of Senate Agenda #1, dated Wednesday, May 13, 2009, copies have been distributed.

THE CHAIR:

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Please check the machine to make sure your vote has been properly cast. The machine will be locked, and the Clerk will prepare the tally.

The Clerk will announce the tally.

THE CLERK:

Senate Bill 6306, as amended by House A and B

Total number voting	140
Necessary for Passage	71
Those voting Yea	140
Those voting Nay	0
Those absent and not voting	11

DEPUTY SPEAKER KIRKLEY-BEY:

The bill, as amended, passes.

Will the Clerk please call Calendar Number 620?

THE CLERK:

On page 23, Calendar 620, Substitute for Senate Bill Number 981, AN ACT CONCERNING THE AVAILABILITY OF AUTOMATIC EXTERNAL DEFIBRILLATORS IN SCHOOLS, favorable report of the Committee on Appropriations.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter. You have the floor, ma'am.

REP. RITTER (38th):

Thank you, Madam Speaker.

Madam Speaker, I move for 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 on acceptance of the Joint Committee's favorable report, passage of the bill in concurrence with the Senate.

Will you remark further, ma'am?

REP. RITTER (38th):

Thank you very much, madam Speaker.

Madam Speaker, this bill requires a school board to have at each school in its jurisdiction, only if funding is available, an automatic external defibrillator, or AED, and school staff trained in its use and, in addition, trained in cardiac pulmonary resuscitation or CPR.

The bill allows school boards to accept donated AEDs, under certain conditions, and it allows boards to accept gifts, donations and grants to acquire AEDs and train their staffs. It also requires each school to develop emergency action response plans, addressing the appropriate use of school personnel to respond to individuals who may be experiencing sudden cardiac arrest or similar life threatening emergencies.

Madam Speaker, this bill first came to us in Public Health and has been through the Committees on

Education and Appropriations with only a single negative vote. I urge the Chamber -- I move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is on passage of the bill. Will you remark?

Representative Giegler, you have the floor.

REP. GIEGLER (138th):

Thank you, Madam Speaker. I rise in support of this legislation. We've heard year after year heart-wrenching stories about students in our high schools and our middle schools that have dropped on the playing fields and AEDs were not available to them.

This bill was helped along by Senate Bill 1089, which provided civil immunity for acts out of person's and entity's negligence which had been at a concern with many of our schools. This bill also allows for a board to accept donations, as the Chair made reference to, and it also allows the boards to accept gifts and donations and grants for these, as long as it -- they meet with the US Food and Drug Administration standards. And I urge my colleagues support. Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Will you remark further on the bill before us?

Representative Perillo, you have the floor.

REP. PERILLO (113th):

Madam Speaker. Thank you very much. If I could a couple of questions for the proponent, through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter, prepare yourself.

Representative Perillo, please proceed.

REP. PERILLO (113th):

Thank you, Madam Speaker, through you. On line 10, the bill refers to quote, normal operational hours as the time in which an AED needs to be accessible. A question is what exactly are normal operational hours? If that could be clarified?

Through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker. Madam Speaker, in looking at the bills, I would define normal operating hours to be hours in which there is an ongoing activity at the school. As a representative may know, there are many times when schools are simply locked and closed, for example, during the night time hours.

While there may be a janitor present, there are no students and there are no activities occurring in the school. So I would -- as I said, define normal operating hours in that manner.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, madam Speaker. And just a follow-up question to that just for clarity, through you.

Obviously, during the summertime, there are no students in a school but there are administrators in the school and there are janitors in the school and there maybe construction workers in the school, et cetera, et cetera, et cetera. There is operations occurring so would those be considered normal operational hours? Through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Representative -- or thank you, Madam Speaker.

Representative Perillo, as I understand it, you're asking further questions about other -- other hours when those schools may or may not fall under the requirements of normal operating hours. And I

understand that particularly in the summer there are cases when there are administrators and other employees in the schools doing school business. But, if you look carefully at the bill, under -- starting on line 14, it's clear that each school must develop an emergency action response plan that addresses the appropriate use of school personnel to these incidences requi -- when an individual might experience a sudden cardiac arrest. And so it would be during those times also that those emergency plans would be expected to be operative.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you. And I thank the gentlelady for her answers. So to clarify -- so those times when there aren't students there, but there are -- there is business being conducted it would be expected, A, that the AEDs made available; B, that individuals who are trained in the use of the AEDs and in CPR be available; and, C, that the -- any plan that's construct -- and I have some questions about that as well -- but any plan that is designed would also be designed to meet the needs of these times of the year where there are no students but there are

still personnel in the school. Through you, Madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. And, again, through you, again a little bit about when the AEDs would need to be accessible. Just for legislative intent and -- and for clarity on my part, as well. The bill does refer to school-sponsored events that do not occur during normal -- normal operational hours, but there are, of course, many instances where an event takes place at a school after hours, but it is not necessarily a school event. Organizations may rent out a school, would -- would that be -- would those times for nonschool events -- would AED access be required and would people who are trained be required to be available?

Through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Madam Speaker, through you. Those instances would be required to be addressed through the plan and through the board of ed.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, madam. And a follow-up, so then it would be up to the school board to determine whether or not the AEDs would be available? Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you.

And, again, I thank the gentlelady for her answer.

A few questions, if I may, about the emergency action response plans that are required in lines 15 through 18. If the gentlelady could -- could offer some guidance to us as to what those plans would entail, what is the expectation of this bill that a board of education would put in writing as to a response plan?

Through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Madam Speaker. It's the expectation or intent of the bill that the school must develop these emergency action response plans that would address the appropriate use of school personnel to respond to the var -- individuals that may experience a sudden cardiac arrest or a similar life threatening exp -- emergency while on the school grounds.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you. So that would entail, you know, things like identifying who is at -- appropriately trained when those individuals are in the school, who would be responsible for calling 911, who goes to the AED, who starts CPR, et cetera, et cetera; is that correct? Madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. Just -- just again for some clarity on that. We talked about the accessibility of the AEDs and, obviously, if there's going to be an AED that's accessible, we would also expect that there be personnel who are trained to use the AED. So we've covered all those times of day that the AEDs must be accessible: during normal business hours, in the summer when there is staff there, after hours for an event and then other times that may or may not be decided in this plan by boards of education.

So if the AED is available, are we then to assume that any time it is available, any time one of these events is going on, that there must be a certain number of individuals in the school who are appropriately trained to use it and who are appropriately trained to perform CPR?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Madam Speaker. The answer would be yes as stated in the plan.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. So a follow-up to that. So I understand that the bill is very clear on the funding in terms of the purchase of AEDs and on the training. And we are making it such that only if funding is available but I can envision circumstances where school boards may be required to pay people overtime to ensure that they are in the building -- these individuals who are trained to use the AED say if it's an after school event or if it's even over the summer -- there -- they would have to ensure -- a school board would have to ensure that somebody who knows how to use the AED and somebody who knows how to perform CPR is in the school, and I could envision where that, perhaps, could be an unfunded mandate. Is that an accurate assessment?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker. If I'm correct in understanding your question, Representative Perillo, you are contemplating that there could indeed be a

time when a board of education is required to staff a school in a way that it would not have to under any other circumstances to meet the requirement of this bill. And, while the legislation is not overly prescriptive on this, Madam Speaker, I would submit that that would be contained in the plan that the board of education would be responsible for putting together.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

So I -- I think that gets to the heart of my only real concern with this bill is that even though it seems that we have taken great strides to try and ensure that this is not going to be -- that this is not going to mean added costs to our boards of education, it is conceivable that boards will have to hire and retain individuals that they otherwise would not have to hire and retain and would have pay them for hours that, again, they otherwise would not have paid them.

REP. RITTER (38th):

Correct.

REP. PERILLO (113):

Simply in order to meet the needs of this bill

and in order to ensure that an AED is both available and that trained personnel are available; is that an accurate assessment?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Madam Speaker, I would correct that perception somewhat. As many people here know, the use of an AED -- and I know Representative Perillo knows this well from his experience -- is not something that is particularly overly technical or requires a huge amount of technical training. Schools now are already required to have personnel present for school sponsored activities and the ability to locate and use an AED is really the intent of that plan not that there be significant extra training.

I would also like to add that many of the activities that the Representative is contemplating have to do with school sponsored athletic events or events at which there would be expected to be in the normal conduct of the events, teaching and school professional staff. Athletic trainers, particularly, are now required to be trained already in the use of AEDs and so there would be no extra burden on the

school for that.

I would also like to remind Representative Perillo that last week, as Representative Giegler has pointed out to us, we passed a companion of bill -- companion bill, Senate Bill 1089 that would make it clearer that any additi -- that any people able to assist may assist in an -- in an instance of the type of emergency, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you. And -- and I respect that answer, especially in terms of the athletic events because, obviously, if there's a trainer there, they're going to have the knowledge and expertise available to utilize the AED. That's actually not the -- the focus of my question, though.

The focus of my question is, particularly, in high schools and middle schools whether it be after school plays, performances, musical events, things of that sort, it's not necessarily going to be expected that there be a teacher there at hand who is trained in AED usage so what might a school be able to do in order to ensure that someone is there in a manner that doesn't necessarily increase their costs? I -- I

don't ask that because I want to be an obstructionist, but I'd like to be able to offer the schools some options as to how they might structure their plans. Again, there is no guidance in here as to how to structure an emergency plan. I'd like to get some guidance to school boards and superintendents as to how they might do this is a way that is most cost effective, through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker. Madam Speaker, the bill, quite frankly, leaves that to the discretion and to the flexibility of the respective board of education. In many cases here in the legislature, we do tend to be a bit overly prescriptive and look for the one size fits all solution. That's for one reason or another cannot work efficiently in any given schools. And the intent behind this is to allow the schools that particular flexibility.

I would also submit to the Representative's question that there is in almost any instances I'm aware of when there is an organized school event, there are required to be at that event representatives or employees of the school system or the board of

education.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you. I would agree with that. And, actually, I think what many schools might choose to do that would be most cost effective is what has actually been done in my home school district which is to instruct the janitors because there always does need to be a janitor present at the school, and it would seem appropriate that provided that individual is there and is available, they would be able to make sure that they have access to the AED.

I have just one or two more questions. The first refers to funding of AEDs and funding for training. I can envision a circumstance where a school board would be able to gain access to some funding or some in-kind contributions that meet some of the school districts need in terms of an AED in every school but not the entire districts need because it wouldn't necessarily outfit every school. Would a school board be able to put an AED in some of its schools as funds became available but not all of them? And would there be any potential liability in that choice?

Through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, yes. A school would be able to put an AED in some but not all of its schools. And the answer to the second question as I understand it is no.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

I -- I thank you, madam. I asked that question specifically because I could see where some school boards might be a little bit leery about having to choose. I'll put one in the high school but not in the middle school and then two months later somebody has a heart attack in the middle school and is the board at fault? And -- and I do think that the companion bill to this has taken away some of the liability that could go along with this.

Just one final question if I may, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Please proceed.

REP. PERILLO (113th):

I believe that, currently, public access to

fibrillators must be registered through the Department of Public Health. Would these -- or I should say "may" be registered to the Department of Public Health. Would school boards be required under this bill to notify the state Department of Public Health as to where their defibrillators are and register with the Department of Health in any way shape or form that there are individuals trained to use them? I just want to understand the scope of the bill. Through you, madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker. Not to my knowledge.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

And, actually, I apologize. I do have one more question. As it goes -- through you, Madam, as it goes to athletic events. Typically, almost every practice that -- that a school would see is one that's a sanctioned practice. But I do know that in many circumstances, especially at the high school level, many sports teams have what they call captain's practices those are typically when the team gets

together under the oversight of the student captains of the team. There are no coaches there. There is no staff there. Would those captain's practices be subject to this bill or would they be outside the scope of this bill? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker. Any -- any event that would qualify under the policies and procedures set by the school and the state Department of Education as a school-sponsored event and that would include school sponsored athletic practices and athletic events taking place on school grounds would qualify. Anything else it's my understanding would not be so contemplative.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam, thank you. And, again, just to clarify on that point. So if -- if the students -- the student athletes of a team decide that under the auspices of their captain they're going to get together during their -- the late summer months and play some football or play some soccer or whatever the fall sport may be

and it hasn't gone through the school and they happen to be utilizing school grounds that is not a school sponsored event and would not trigger the requirements of this bill? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker.

Madam Speaker, that would -- it's my understanding not qualify as a school event. There would be no coach or trainer present -- school-sponsored event, excuse me.

DEPUTY SPEAKER KIRKLEY-BEY:

Excuse me. Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, I thank you.

And I thank the gentlelady for her answers. Thank you very much.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Hetherington, you have the floor, sir.

REP. HETHERINGTON (125th):

Thank you, Madam Speaker. If I may, I have several questions to the proponent.

DEPUTY SPEAKER KIRKLEY-BEY:

Please proceed.

REP. HETHERINGTON (125th):

Thank you. This indeed does seem to be a good plan. I wonder we would want, I assume, in the unanticipated absence of a qualified person as defined here -- we would want anybody, I guess, with access to the defibrillator to try to -- to use it to save a life, through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

I'm assuming, Madam Speaker, that that is a question. And would we want --

REP. HETHERINGTON (125th):

Yes.

REP. RITTER (38th):

Anyone to be able to use a defibrillator and the answer is, yes, we would.

REP. HETHERINGTON (125th):

Thank you. And -- and that's -- brings me to the reference to 1089, which the gentlelady referred to.

I recall that that provision provides some lever -- level of protection from liability in the case of a good faith effort to use the defibrillator in aid of a

victim; is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, that is also my understanding.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank -- thank you. And I believe it's appropriate to say for legislative intent, would you anticipate that that same immunity, to the extent it it's immunity, would apply in the case?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, that is also my understanding.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Okay. Thank you. Now as far the appointed school personnel who are supposed to be trained and

capable to use the defibu -- defibrillator, in the event that there is a mistake in the application by one of the authorized personnel, is there any protection for that person?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, it is my understanding that school employees and personnel are already provided that shelter.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you. So that and I'm -- I'm sorry if I'm being redundant but so that it's -- it's the lady's understanding that even the staff members who are trained would enjoy some level of immunity for good faith efforts that result in misapplication?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, yes, that is my understanding.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

And -- and, through you, Madam Speaker. Would -- would any immunity apply to protect the school board, generally, in the event of negligence in the application by one of the school's designated personnel?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, I'm not sure of the answer to that question. I believe that indeed the school would be protected, and I am not an expert in school law on these things. It is my understanding from our discussion last week on Senate Bill 1080 that, yes, that would be the case.

REP. HETHERINGTON (125th):

I see.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you. I -- I appreciate the -- the gentlelady's thoughtful response and candor.

I certainly intend to support this. I think it's a very worthwhile step. My only concern is that if it is not absolutely clear that there is a high degree of immunity for school boards in the case of the use of the defibrillator, I'm concerned that there will be added insurance costs to municipalities. And, in that respect, there will be an unfunded mandate as a result. I -- I don't know that -- have any idea how much that would be whether it would be significant or not significant, but I would note that, as a matter of concern, that I would hope would be addressed at some point.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Klarides, you have the floor.

REP. KLARIDES (114th):

Thank you, Madam Speaker.

Madam Speaker, I have a few questions to the proponent of the bill, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

Please proceed, ma'am.

REP. KLARIDES (114th):

Thank you, Madam Speaker. I know that my -- my

colleague from Shelton had asked some questions about Section 1 in which we're using the word "shall" to connote a mandate of schools using AEDs, but I also understand in Section D, we're giving people the out -- giving schools the out saying they're not required if they cannot get the funding available. Is that -- is that an accurate representation?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. And, through you, just to address Sections B and C, I know that my colleague from Shelton asked some questions about those two sections. Could the proponent of the bill be a little clearer or just repeat her answer if she may on the composition of those two plans that must be developed?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker.

Through you, the bill requires that by July 1, 2010, each school must develop an emergency action response plan. And that the plan address the appropriate use of school personnel to respond to individuals who may experience a sudden cardiac arrest or a similar life-threatening emergency while on the school grounds.

When you asked for two plans, I'm not sure if I'm answering the first of your plans or the second of your plans because I'm not sure of the reference.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. Maybe just -- I'm sorry if I wasn't as clear. I know in Subsection b, it says each school shall develop and emergency action response plan. And, then, in Subsection C, it says, each school with an athletic department or organized athletic program shall develop an emergency action response plan. Now are those two separate plans or are those -- I'm just a little confused on those, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker. It's my understanding that that distinction was made because there are some schools that have an athletic department or an organized athletic program and some schools do not. But that essentially those plans would cover the same instances.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. So and I -- I appreciate the Chair on those answers. I'm still just a little bit confused. In -- in Section b, we talk about each school shall develop an emergency action response plan so I would think that that would cover each school if we take it literally. And, then, in D we have -- we address the schools with an athletic department or organized athletic program so I'm just unclear still as to why there was a need for Section C?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker. The section in

Section C continues to address the requirement that the plan cover events that might happen while attending or participating in an athletic practice or event on the school grounds. In Section B, a school that might not have an athletic department or participate in those events, would never have those instances. So I hope that that answers the Representative's questions.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. So just for clarification's sake, in sub -- Subsection b, we're talking about an individual experiencing sudden cardiac arrest or similar life threatening emergency while on school ground. And, in Subsection C, an individual experiencing sudden cardiac arrest or similar life threatening emergency while attending or participating in an athletic practice or event while on school grounds. So the difference, it would seem to me, would be off-site. Is that the difference between the two, because they both say school grounds? And the only difference is Subsection C adds while attending or participating in an athletic practice of event. Because I would assume a -- a field would be

considered school grounds, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. I thank the chairwoman for answers on -- on those issues.

My next question would be as -- as far as those -- those two plans or one plan goes -- who actually puts those plans together and what -- what constitutes a plan? What are the parameters and who puts the plans together?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker. Thank you, Madam Speaker. I apologize for the delay. The bill requires that each local and regional board of education to have at each school -- I'm sorry -- I will rephrase myself. The board requires that each school in conjunction with its local board of -- local

or regional board of education have these plans developed.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. But I understand we have -- that -- that it -- says we have to have the plans developed but what is the plan? What -- what -- what constitutes a plan under this -- this subsection?

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker. The actual composition of the plan would be left up to the local or regional school and its board of education.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker.

And who actually puts together this plan? I -- I know it addresses the school -- the local school board but who would actually put together a plan? I mean the school board, the superintendent, the principal. I don't -- I'm not really clear on who would put that

plan together, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker.

Through you, Representative Klarides, I would guess that that would probably depend on the school, the system that it's in, the size of the school, the board of education, the composition of the board of education, the size of the region and the anticipated use and requir -- and the personnel that the school already possesses.

Most schools I am aware of have either emergency plan committees who are responsible for doing this often in conjunction with the principals and superintendents or through the board of education of that school system. I know they vary widely.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides, you have the floor.

REP. KLARIDES (114th):

Thank you, Madam Speaker.

Through you, I -- I -- you know, I think this is a very laudable idea that something that's -- I think that most people support, and I -- I certainly would support it. I guess my concern comes in in that

that's a very vague -- those are -- that's very vague language in our statute. And if we're trying to put together a plan that addresses people indiv -- experiencing sudden cardiac arrest or similar life-threatening emergencies, I guess I would find it difficult to feel comfortable with the fact that John Doe who sits on our board of education, who happens to be an accountant during the day, who although is -- is volunteering his time and it's a very laudable time spent. I would have difficulty with somebody like that or people that aren't experienced in this very serious. I mean by the definition in the -- in the bill life-threatening situations, putting together a plan. And I -- and I think that that language maybe too vague.

So, through you, Madam Speaker, if -- if the Chairman -- woman of the committee had any idea more specifically as to how these plans would be done and insofar as who would be writing them. It would -- it would appear to me that that -- those plans -- to be -- need to be written by somebody with specific expertise in this area.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Madam Speaker.

And I too would expect these plans to be written with a level of expertise. Fortunately, in our school systems, we have superintendents and principals of schools who are responsible for seeing that that happens. In addition, school nurses -- there's a variety of people that maybe called on to participate in those plans. Again, that would be up to the school, the system and the superintendent and the board.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides, you have the floor.

REP. KLARIDES (114th):

Thank you, Madam Speaker.

And I thank the Chairwoman for her answers. I certainly believe that this bill was written with -- with every good intention, and it's a concept that I certainly support and have supported throughout time, but my concern is, as I mentioned before, that if we are charging our school districts with putting together a plan that by its very language in this bill talks about sudden cardiac arrest or life-threatening emergencies while on school grounds that doing it willy-nilly by calling on a school nurse or a superintendent or anybody else who may or may not have

specific knowledge of putting together a plan like that is not our most responsible way to make legislation. And, going a step further, to bring somebody in that would actually have that expertise would clearly cost money, which would add a fiscal note to this bill, which doesn't have it right now, and it's a very big concern of mine.

Obviously, our biggest concern, as a legislature, is developing public policy that is in the best interest of the citizenry of this state and taking their health and safety into -- into concern in everything we do. And I don't think this bill does that. I think this bill can do that. I think it's just vague on that issue.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

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 compliment Representative Ritter and all the members of the Public Health Committee. This is an issue that we've been striving and working on and trying to get to -- for three or four years. And I think the passing of

1089 a week ago was significant in allaying the fears of many.

And, last year, in the Judiciary Committee, we were very, very fortunate in a hearing on AEDs to have a demonstration of an AED. And the -- the demonstrator put the box or the AED on the table, opened it up and it began to speak to you. It gave you very concise, very clear instructions. Anybody who heard those instructions would be able to use an AED. So I would like to allay the fears of people that somebody had to be thoroughly trained in the use of an AED. The AED will give -- take you on the right path and make sure that the person that the AED is used -- is being used on will survive. Thank you, Mrs. Speaker -- Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Alberts, you have the floor.

Will you remark? Will you remark further on the bill that is before us? Will you remark on the bill that is before us? If not, staff and guests please come to the well. Members take your seats. The machine will be opened.

THE 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, please.

DEPUTY SPEAKER KIRKLEY-BEY:

Have all members voted? Have all members voted? Please check the machine to make sure your vote has been properly cast. The machine will be locked, and the Clerk will prepare the tally.

Will the Clerk please announce the tally?

THE CLERK:

Senate Bill Number 981, in concurrence with the Senate

Total number voting	142
Necessary for Passage	72
Those voting Yea	140
Those voting Nay	2
Those absent and not voting	9

DEPUTY SPEAKER KIRKLEY-BEY:

The bill passes.

Are there any announcements or points of personal privilege? Are there any announcements or points of personal privilege before I go to the next bill? Seeing none, I will move on.

Will the Clerk please call Calendar Number 219.

THE CLERK:

On page 32, Calendar 219, Substitute for House

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where maybe half of their squad is EMTI have decided not to provide those services because they can't provide them 100 percent of the time, the state says you can't provide them at all.

Now that disappoints me, because if I'm sick and someone arrives at my house who has the skills, the states says you can't use them, even though you're certified to use them, because you can't provide them 100 percent of the time at 100 percent of the calls.

And that, there are reasons for that, but they don't comport with the kind of common sense that we run into on the street every day. So anyway, thank you. I've taken a lot of the Committee's time, but I'm grateful for your attention.

REP. RITTER: Thank you, Senator, and certainly I appreciate your last example, because that was very clarifying, I think, for many of us here on the Committee. Are there any more questions from the Committee? Thank you very much, and we do miss you.

SENATOR RORABACK: Thank you. Maybe next year.

REP. RITTER: We've reached the end of our hour for official testimony, so we'll start and alternate, and I'll take the first person, a member of the public who has signed up, and that is for Senate Bill Number 981, An Act Concerning The Availability Of Automatic External Defibrillators In Schools, and our first speaker is Joni Czajkowski. She will be followed by Lenny Guercia.

JONI CZAJKOWSKI: Good morning, Senator Harris, Representative Ritter and members of the Public Health Committee. My name is Joni Czajkowski,

and I'm Senior Director of Government Relations and Advocacy with the Heart Association.

I am pleased to be here today to offer the Association's full support of Senate Bill Number 981 An Act Concerning The Availability Of Automatic External Defibrillators In Schools.

What I want to do is just quickly go through what the bill is. The bill is a bill that would allow AEDs to be in our schools, as well as to have schools accept donations.

You're going to hear later today from some parents who have been working on this issue that some schools are hesitant to receive these devices.

What the bill is not, is an unfunded mandate. We worked very creatively to make sure that this bill would not put any economic pressures on towns and cities and in Section 2 of the bill, it actually talks about creative ways in which we have looked at, as well as other states have actually implemented to encourage schools to get AEDs, including looking at grant opportunities for profit and nonprofit organizations assisting schools with those purchases.

A strong chain of survival can improve chances of survival and recovery for victims of heart attacks, strokes, and emergencies. The four links of the chain of survival include early access, which is calling 911, early CPR, early defibrillation, which is the use of an AED, and early advanced care, which is EMS or hospital.

Senate Bill Number 981 speaks directly to the early defibrillation link. The AHA has identified schools as one of the top ten

locations where sudden cardiac arrests are likely to occur.

Schools are an ideal location to have AEDs due to the sheer number of students, faculties, parents and other community members who step foot into the facility.

Less than a month ago, a 10-year-old Stamford boy was saved with an AED by the school's nurse and janitor, and just a few weeks ago Wesleyan University had its own sudden cardiac arrest day.

While working out, Chester Arnold, an alum from class of '77 went into sudden cardiac arrest while riding on a treadmill. Due to the fast thinking of Wesleyan's wrestling coach, who happened to also be working out in the same facility, (inaudible) and student Jamal Ahmed, Mr. Arnold was given two rounds of CPR, two shocks of an AED and was taken to Middlesex Hospital and transferred over to New Haven and later recovered. He's with us today due to that AED.

Would you like me to summarize the rest?

REP. RITTER: If you would, please.

JONI CZAJKOWSKI: Thank you, Representative. Sudden cardiac arrest is scary. It can happen to any one of us. Sudden cardiac arrest is not a heart attack. You do not have to have a pre-existing heart condition to go into sudden cardiac arrest.

It is clear that this bill is sorely needed due to the, as evidenced by the sheer number of volunteers speaking today in support of it.

The AJ respectively also offers substitute language, which would also require that the device be maintained according to the manufacturers' guidelines.

On behalf of the Heart Association, I thank you for your time and consideration on this bill.

REP. RITTER: Thank you very much. Are there questions from the Committee? Representative Lyddy.

REP. LYDDY: Thank you. I just have one quick question. You may have touched upon it. I'm sorry if I missed it. How much does it cost to maintain the AEDs?

JONI CZAJKOWSKI: An AED, the purchase of an AED is about $1,000 right now, $1,000 to $1,200, and we do have a vendor here who could probably talk a little more about the specifics in terms of cost.

In terms of maintaining it --

REP. LYDDY: Yes.

JONI CZAJKOWSKI: -- he could speak to the cost of what the batteries are, but I believe they do last a few years. He could probably speak to that a little more clearly.

REP. LYDDY: Great. Thanks so much.

REP. RITTER: Further questions from the Committee? Representative Giegler.

REP. GIEGLER: Thank you, Madam Chair. Just one question. Within the bill, you made reference that it is not a mandate.

JONI CZAJKOWSKI: It's not an unfunded mandate.

REP. GIEGLER: But in the language it says shall.

JONI CZAJKOWSKI: Section 2? I think the word shall is more of an encouraging language. I know. Again, we tried to work very creatively to at least have the bill introduced, and I think that word was probably used.

REP. RITTER: Thank you. And to clarify for the Committee, I believe if they look in Section D, Lines 26 through perhaps 28 or 30 --

JONI CZAJKOWSKI: Shall now --

REP. RITTER: -- it becomes a little clearer.

JONI CZAJKOWSKI: Okay. Thank you. I was going to say you just kind of caught me off guard on that one because I did not remember it reading that way.

REP. RITTER: We all sympathize with that. Don't worry.

JONI CZAJKOWSKI: Thank you.

REP. RITTER: Are there any further questions from the Committee? Senator Prague.

JONI CZAJKOWSKI: Good morning, Senator.

SENATOR PRAGUE: Thank you, Madam Chairman. Just for clarification, are you asking that each school have their own defibrillator, or are you saying that a school system should have it available?

JONI CZAJKOWSKI: The Heart Association would recommend that each school have one. The reason for this is because timing is everything. Our fire, our police, our EMS, for

the most part here in Connecticut do travel with AEDs, but since timing is everything, AEDs can't work unless they're accessible, and if they're in the police car and the car is still 10 minutes away from the scene or a fire, EMS, it's not doing anyone any good being so far away from the scene.

Again, sudden cardiac is much different than a heart attack, and that's what we're trying to get people to understand is that within minutes you will die, and unfortunately, that's --

SENATOR PRAGUE: Thank you for your answer.

REP. RITTER: Further questions? Senator Harris.

SENATOR HARRIS: Thank you, Joni. It's good to see you. Who would have thought when we were on staff that we would be doing this some day.

JONI CZAJKOWSKI: I know. It's a much different environment right now.

SENATOR HARRIS: I just was quickly thinking, it's calling on schools to have an AED, right? And so basically, it's one.

JONI CZAJKOWSKI: Right.

SENATOR HARRIS: Is there any rule of thumb out there as far as it should be a certain number for a facility of a certain size, you know, area-wise perhaps, or number of people? Is there anything out there?

JONI CZAJKOWSKI: I've actually looked into that. I did have a conversation with the Senate President's office, and that did come up in conversation. I went back to our national office. We actually don't have a statement on that.

I think what happens is, depending on the flow of people coming in and out of a building, how many people actually work in a building, that's probably taken into consideration.

The Heart Association in Wallingford has probably about 50 people on staff, though there is never 50 people in the building at one time. The Legislative Office Building has a much different flow of traffic coming in and out, as well as folks working in the building itself.

So it all depends on the facility and the use of the facility, but we personally don't have an official statement that says a corporation or a business that has over 50 or 100 people needs to have one AED per 50 or for every 200 you need to have three. We don't have that.

SENATOR HARRIS: Thank you. And it would seem like it's not just the number of people but sort of the area covered, because again, speed in getting to the victim is important.

JONI CZAJKOWSKI: I would like the Heart Association to have such a statement, but again, three minutes is the response time that is needed and again, to the question of Senator Prague, the sooner the device is present at the scene, the sooner that that device can be utilized.

If it's not there, it's not doing anyone any justice. The folks here at the Capitol Police, they have about four or five, so if anyone went into sudden cardiac arrest today, they could be here in a matter of minutes, which is great news to everyone here. Not all schools in Connecticut have that luxury.

SENATOR HARRIS: Thank you very much, Joni. Thank you and thank the Heart Association for bringing this forward.

JONI CZAJKOWSKI: Thank you, Senator.

SENATOR HARRIS: I will say that I don't think there's anybody in this General Assembly that doesn't support this idea. As you know, the struggle that we've been going through is, in a time when we're trying to help school districts by relaxing certain unfunded mandates to them, to put something else on their plate when they're struggling already is difficult.

But what we've been trying to do to address that is, like we always do, think outside the box to come up with alternative ways to get this funded so that people are safe.

JONI CZAJKOWSKI: And I would also provide the Committee with states that have utilized this creative language to get AEDs in their own schools for the Committee.

SENATOR HARRIS: That would be helpful, and there's a couple of other ideas we're working on that we can talk to you about at a later date.

JONI CZAJKOWSKI: Thank you so much.

REP. RITTER: Thank you, Joni. Any further questions? Representative Esty.

REP. ESTY: Thank you, Madam Chair, and thank you for coming today and all the great support you have.

JONI CZAJKOWSKI: Good morning.

REP. ESTY: This has been an issue we've looked at in Cheshire pretty extensively, particularly in

the athletic contests and I wanted to turn to that because one of the concerns I have I think during school hours, it's hard for me to imagine those school nurses at this point are not already trained in the use of AEDs.

I think when we talked, when we had this concern about unfunded mandates (inaudible). Is there a possibility of working with the American Heart Association or others to help provide training during off hours, because the way the bill's written now, which makes a great deal of sense, nevertheless during any school sponsored activity, including all athletic events I look at, you know, we have a band that has extensive training in off hours.

Well, it isn't clear to me that any member of the band personnel, anyone in the music department is trained in AED training, this then would actually place a requirement --

JONI CZAJKOWSKI: I'm sure we have a training center out there that would love to take on that opportunity, and there's some folks here who are testifying that actually may step up and actually talk to you off line, and let you know that they'll do it.

But we have some really good volunteers that are passionate about this issue, and I'm sure would love to train.

REP. ESTY: All right, because I do think that's, especially when you look at when it's off Session, not medically trained personnel, not even athletic, most athletic trainers are also trained in AEDs I think at this point, but you're also talking plays. You're talking all other kinds of activities that are held and a requirement, a requirement they have someone trained may not seem like much, but in fact in

a small school it could end up discouraging in a way I know we don't want to.

JONI CZAJKOWSKI: Yes.

REP. ESTY: So that trying to partner with you about what we can do --

JONI CZAJKOWSKI: Absolutely.

REP. ESTY: -- to facilitate training, maybe have mandatory, not mandatory, offer training at a convenient time --

JONI CZAJKOWSKI: Yes. On behalf of our --

REP. ESTY: -- in conjunction with conferences of people who are working on theatre issues or sort of subject matter issues that we could provide training to facilitate that at no cost to the individuals who are already often volunteers.

JONI CZAJKOWSKI: Like I said, I know we have some training centers that would just jump at that opportunity, but also here today is the Connecticut Athletic Trainers Association, and they'll also be able to talk more to that point.

REP. ESTY: I'm sure they will. Thank you very much, Joni.

JONI CZAJKOWSKI: Thank you.

REP. RITTER: Further questions from the Committee? Thank you very much for your time and your perseverance on this issue.

JONI CZAJKOWSKI: Thank you.

of the opinion from last year. I'd be happy to do that.

SENATOR HARRIS: Thank you very much. Next, we switch back to the public list, and we have Vicky Graham, followed by Paul Shipman.

VICKY GRAHAM: Good afternoon. I'd like to thank Senator Harris, Representative Ritter, and the members of the Public Health Committee for this opportunity to speak to you regarding Senate Bill Number 981, which is An Act Concerning The Availability Of Automatic External Defibrillators In Schools.

I'm Vicky Graham. I represent the Connecticut Athletic Trainers Association, and we're in full support of this bill.

As I begin, I want to point out that the three minutes' time that I have until the bell rings is the amount of time that we have from the time a person goes into cardiac arrest until they have to have their heart shocked by a defibrillator in order to give that person their best chance of surviving. Time is critical.

Athletic trainers are acutely aware of the incidents of sudden cardiac arrest in physically active, apparently healthy populations because sudden cardiac arrest is the leading cause of death among athletes.

However, it's very important for you 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's caused by an electrical disturbance in the heart that causes the heart to go into an abnormal rhythm and cease to function.

This can happen to infants, to young children, teenagers, college students, and adults of all ages and all physical conditions.

The only treatment for this abnormal rhythm is defibrillation. Because most people don't have access to early defibrillation, only five percent of victims of sudden cardiac arrest survive.

Remember. Three minutes. Time is critical. Brain damage and death can occur in four to six minutes. For every minute that we delay defibrillation, the person's survival chances drop by seven percent to ten percent. Time is critical.

Legislation requiring schools to have AEDs has been implemented in a dozen states. Many lives have been saved by these laws, and it's time for Connecticut to step up and pass our own legislation and start to stabilize here.

I want to note that this bill, again, is not an unfunded mandate. The bill states that if funding's not available from federal, state, local or private sources, schools don't have to immediately comply with the requirement. There are many, many ways for schools to find funding for AEDs.

By passing this bill, our hope is that the Assembly will send a strong signal that an AED is considered an essential safety device in schools in Connecticut. It should be made clear to schools that they should actively seek and identify funding sources, and we also encourage you to require schools to accept donated AEDs, and funds that are donated specifically for AEDs, as the State of Colorado does. Some schools in Connecticut have actually turned down donated AEDs.

As far as accessibility, there's a very real problem of schools that do acquire AEDs and then lock them in the nurse's office or the main office, and perhaps there's a way to change the language slightly to reflect the intent that the devices are immediately accessible at all times.

I made another suggestion in my written testimony regarding maintenance and inspection of the devices, and in closing, just want to remind you that three minutes is the time that we have to save a life.

Let's make sure that everyone that goes through school in Connecticut has the benefit of an AED being available. Thank you.

SENATOR HARRIS: Thank you, Miss Graham. Any questions from the Committee? Representative Bye.

REP. BYE: Thank you, Senator Harris. A question for you, and I'm sorry, because I've been in and out with other meetings, so this may have been answered, so I apologize to the Committee as well.

But is there, do we have the numbers on how many students in school suffer fatalities because, in the United States, because there's not an AED.

VICKY GRAHAM: I don't know if I have the number, but someone in this room may have the number.

UNIDENTIFIED SPEAKER: (Inaudible)

VICKY GRAHAM: That's from one cardiac condition.

SENATOR HARRIS: Can you repeat that just so we have it on the record, Vicky.

VICKY GRAHAM: Thirty athletes a year, and three times that number of students will die each year from one particular type of cardiac condition that causes sudden cardiac arrest, so the numbers are even greater than that.

REP. BYE: Is that the specific sort of cardiac event that the AED is most effective in?

VICKY GRAHAM: Yes. One of them, yes. Yes.

REP. BYE: Okay.

VICKY GRAHAM: That cardiac, what she's talking about is that cardiac condition causes someone to go into sudden cardiac arrest, and yes, that's when it's appropriate to use the AED.

REP. BYE: Okay. And what's the success rate of the AED? Even if we save one life it's important, but I'm just trying to get a sense at a policy level.

VICKY GRAHAM: I don't, I can't give you a percentage. I can tell you that the sooner someone is defibrillated, the more, the better chances are of them recovering, but I don't, I can't give you a percentage.

REP. BYE: Okay, thank you, and I'll listen to the testimony.

VICKY GRAHAM: Joni was here with the Heart Association and I'm not sure she has that figure either.

REP. BYE: Okay. Thank you, Mr. Chair.

SENATOR HARRIS: Representative Lesser.

REP. LESSER: Thank you, Mr. Chair. Good morning, Miss Graham, or good afternoon, actually, rather. I wanted to know, as I understand it, there may have been, there was an incident recently at Wesleyan University that you were involved in personally?

VICKY GRAHAM: I wasn't involved in it personally. I do work at Wesleyan as an athletic trainer, but we had a gentleman who was an alum, who was up in the fitness center working out on a treadmill and he collapsed, went into sudden cardiac arrest.

There is a defibrillator right outside that fitness center. A wrestling coach happened to be up there working out. He and another student who happened to be EMT trained, and all our coaches are trained in CPR and AED use, and were able to resuscitate him by using the AED. He survived and he's doing well now.

REP. LESSER: One of the questions, one of the concerns I have about this bill is that it takes effect in 2010, which is not too, too far off, and as I'm sure you know, a lot of school districts in the state are struggling along with everyone else in the middle of this economy.

Do you have any thoughts on possibly delaying the implementation of this bill, and what do you think the effects of that would be?

VICKY GRAHAM: Well, I think that, I don't really feel like delaying it would change anything. I mean, I would be happy to implement it sooner if it were a possibility.

I think because we're not asking them to appropriate funds from some source, we're

asking them to try to find them, to fund raise. I mean an AED coasts about $1,000 to $1,200, and schools have done things. Kids have collected pennies in elementary schools and put them on scotch tape and taped them around the school until they have enough pennies.

I mean, I think we all recognize that if we passed a hat at a basketball game, we could probably get a lot of people to put in a buck and raise those funds pretty quickly.

Booster clubs are always looking for ways to donate, things to donate to schools or to teams, you know. Rotary Club, Lions Club, those types of places are just looking for things to donate and somebody has to ask them.

So there are ways that individual communities can find these funds. There are grants available from many sources. There's also federal legislation that's going, it was introduced in the last Congressional Session. It's going to be reintroduced soon by Representative Betty Sutton in Ohio. It's called the Josh Miller Hart Act, and it would appropriate federal funding specifically for AEDs in schools all over the country.

So there are things that are coming down the pike all the time, and there are ways to find the funding, and I think that, I don't think delaying this would help that. I think if we put it into effect, it sends a message that this is something that you should think about and you should be concerned about.

And we're not asking anybody to rewrite their budget to do it. I think there are other things to fund those, the devices.

REP. LESSER: Thank you very much for your answers.

VICKY GRAHAM: Thank you.

SENATOR HARRIS: Ranking Member Giegler.

REP. GIEGLER: Thank you, Mr. Chairman. Just a quick question, Vicky, and Joni mentioned this to me before, and it horrifies me that schools that actually had individuals offer to donate AEDs refused them.

Could you tell me what's the reason behind it?

VICKY GRAHAM: Well, there are a couple of people that will testify after me that can give you specific examples, but I know that sometimes it's, the problem is someone offers to donate it say to the high school, and they're worried because the elementary schools and the middle schools don't have them, and they're afraid to take it for that reason.

Sometimes it's just ignorance, and they feel like there are liability issues related to it, and sometimes the answer is, well, we're going to have to train too many people, or you know, it just becomes too much of a headache or too much work to do, to think about implementing it.

So I think it's a lack, in a lot of cases, a lack of education and sometimes people are just afraid of it.

REP. GIEGLER: Do you think in some cases where they, you know, you make reference to, they lock them up in the nurse's office or something. Do you think they have a concern that if they had it locked up and then nobody could access it, that that's another reason that they might not consider having one?

VICKY GRAHAM: Well, I think people, there's a perception that if you put it on the wall like we do fire extinguishers, that people are going to fool around with it.

You know, the cases have an alarm on them that the alarm goes off, a loud alarm when the case is opened. Many of them are hard wired into the 911 system, so it's going to automatically trigger that if it were opened, and they are $1,000 devices, so people are afraid they're going to be stolen.

I really feel like if people at school are educated about, it's not like a fire extinguisher and you can play with it. And that doesn't keep us from putting a fire extinguisher in schools or anywhere else.

So, you know, there are lots of reasons that people give. As far as locking things up, to me it's worse than not having an AED at all. It really is. But there are, you know, there are sad, sad stories of people who, people who have died when there was an AED in the building, and the place where it was was locked up and no one could get to it.

I mean, there are many stories like that, and it's a said thing. And as an athletic trainer, I can tell, and I work at Wesleyan now but I have worked in outreach positions in high schools, and I can tell you that after school there are lots and lots of people around.

The nurse usually goes home when school gets out at 2:00 or 2:30, or whatever time that is, and the athletic trainer may be the only trained medical personnel there if the school's lucky enough to have an athletic trainer.

All the coaches, and this sort of answers someone's question earlier, all the coaches are required to have CPR and first aid in order to be able to coach in Connecticut, and I know those aren't the band and theater people, but there are people in the building that are trained, and I don't think it's a big stretch to have a few other teachers that are the advisors to those particular clubs trained, and that's part of the emergency action plan component of the bill, that it requires specific emergency action plans during the day and for after school activities and not just sports.

But I know, I have colleagues who work at high schools where the AED is locked up after school and they have no access to it, you know, and you've got, you know, several hundred kids there for sports. You've got other kids there for theater, for band, for chorus, for the French club, for the young voters' club, like is here from Norwich Free Academy today.

There are lots of people there after school and sometimes these are locked up. So to me, I understand what accessible means, but some people don't. It isn't clear, so.

REP. GIEGLER: Well, thank you very much. I appreciate it.

SENATOR HARRIS: Thank you. Any further questions? Representative LeGeyt.

REP.LEGEYT: Thank you, Mr. Chairman. Do you, an AED is crucially important for prevention of unexpected cardiac arrest. Do you happen to know if an AED would also be valuable in protecting against something that might occur because of a chronic condition?

I'm talking about you know, the benefit to having a device like that in a school so that someone who may have a greater opportunity to have needed it would be able to rely on that as opposed to just preventing the unfortunate happenstance of some unexpected cardiac arrest.

VICKY GRAHAM: Sure. Anyone that goes into cardiac arrest for any reason, and people, even though sudden cardiac arrest isn't a heart attack, a heart attack can cause someone to go into sudden cardiac arrest, and there are other reasons that people can go into cardiac arrest, so it's utilized for treatment of that.

So anyone whose heart ceases to function can be treated with a defibrillator. So yes, I mean, I have one of my colleagues at Wesleyan actually was at a concert at his son's school a couple of years ago, Xavier High School in Middletown, and a grandfather, I think, of one of those students collapsed prior to the concert and he was resuscitated because they actually at Xavier have seven AEDs there.

So this gentleman, you know, the AED was steps away and he had a physician, a nurse and an athletic trainer there that resuscitated him. But it is useful for the many people that visit schools.

REP. LEGEYT: Thank you.

SENATOR HARRIS: Thank you. Any further questions? Vicky, thank you. I appreciate you clarifying that this isn't an unfunded mandate. The reason I asked that question was so that people, wanted to let people know we're working on other funding, and I also appreciate you showing how, publicly, how these can be purchased, but also because there seemed to be

some misconception out there because I've gotten a few emails.

One of them particularly nasty, which accused the Committee and me of not supporting this and it might have been because of that reason, so I wanted to make sure that everybody heard, and that's exactly why we drafted the bill the way that you stated.

VICKY GRAHAM: Right. Right.

SENATOR HARRIS: So, thank you.

VICKY GRAHAM: Great. Thank you.

SENATOR HARRIS: Next we have Paul Shipman.

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PAUL SHIPMAN: Good afternoon, Senator Harris and distinguished members of the Committee on Public Health. Thank you for the time.

You've already heard some very powerful testimony today, so I'll keep mine brief. Again, thank you for the opportunity to speak today. My name is Paul Shipman. I'm 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 Senate Bill Number 981 An Act Concerning The Availability Of Automatic External Defibrillators In Schools.

More than 250,000 Americans suffer from sudden cardiac arrest each year, and less than 10 percent of them will survive. Prompt administration of CPR can help, but CPR can't restart a stopped heart by itself.

In more than two-thirds of all cardiac arrests an electric shock known as defibrillation is

needed, and studies show that prompt CPR followed by early defibrillation can reduce death from sudden cardiac arrest.

The links in the chain of survival include early activation of the emergency medical system by calling 911, prompt CPR, early defibrillation, and advanced life support and professional medical care.

By enacting legislation to support the use of automatic external defibrillators 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.

Schools have large concentrations of students and employees during operational hours, and they're 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.

SENATOR HARRIS: Thank you, Paul. It's good to see you. Any questions from the Committee? Thank you very much.

PAUL SHIPMAN: Can I add one other point of information?

SENATOR HARRIS: Sure.

PAUL SHIPMAN: There was a question earlier about maintenance issues with AEDs, and information I got from some colleagues back at the office is

that aside from checking the status of the batteries on the machine regularly, they need replacing about every four years at a cost of between $150 and $250.

SENATOR HARRIS: Thank you very much.

PAUL SHIPMAN: Thanks.

SENATOR HARRIS: Next, Evelyn and Larry Pontbriant, Sr. followed by Marisa Malout, Malouf.

EVELYN PONTBRIANT: Madam Chair, Chairman Harris and members of the Public Health Committee. My name is Evelyn Pontbriant and this is my husband over there, Larry.

We are from Norwich, Connecticut, and we are speaking in favor of Senate Bill Number 981, the AEDs in schools bill.

I would like to draw your attention at this time to this poster. This is our son, Larry. He's 15 years old here. He looks like James Dean. This is a photograph I took of him on the Long Island Ferry.

He was on his way to Hofstra to play with his (inaudible) lacrosse team in a tournament there. When he cut off his curls to play (inaudible) lacrosse it didn't go over well with the female population.

Less than a month after this picture was taken, Larry was dead. Does he look like somebody who would have a cardiac arrest?

This picture was taken shortly before the start of Three Mile Fun Run in Mohegan Park, Norwich on August 16, 2007, two weeks before school started. Larry's laughing with his friends. He's the guy that he's laughing with his

friends stretching before the race. Does he seem like he's about to have a cardiac arrest?

In about 15 minutes, Larry collapsed right in front of my husband and I, our neighbor, Larry's running mate's mom who is a nurse and her son. We were watching the race at the midway point, which was also the finish line.

Larry looked like a runner that had collapsed from exhaustion or dehydration, but he was neither. Larry was not responding. He wasn't breathing. His heart should have been pounding but it was not.

Our neighbor called 911. There was no AED. In a blur, CPR was started. The timer of the race now kept the time of the chest impressions. Larry's indoor track coach finished the race, realized what was happening and took over CPR.

We didn't find out until later that this was Coach Johnson's second experience with cardiac arrest. His college friend also died from a cardiac arrest during the race.

In the back of my mind, I kept thinking brain damage without oxygen at four minutes. Both my husband and I worked for years in hospitals as nuclear medical technologists, but nothing prepared us for this. How could this be happening to Larry, our only child?

He was a conditioned, multi-sport athlete rarely sick. He passed every physical with flying colors. My husband was there for him as coach throughout youth sports. We went to his practices, to all of his games. There was never any sign that there was a problem.

When the EMTs arrived, they shocked Larry with their defibrillator, maybe twice. I don't

remember. Larry's heart returned to a more normal rhythm, but too much time had elapsed. He was declared brain dead three days later at Connecticut Children's Medical Center in Hartford.

We knew our lives changed forever. If you really don't mine, I'd really like to continue, but we also knew that if Larry's heart responded to a chock from a defibrillator after all that time, had there been a defibrillator on site, the outcome would have been very different.

We set up the Larry Pontbriant Athletic Safety Fund in our son's name shortly after his death to raise awareness about sudden cardiac arrest, to purchase AEDs for athletic fields and to encourage training people in CPR and in AED use.

We made available a workable emergency response plan. We did not want what had happened to Larry to happen to anyone else, nor would Larry want this to happen to any of his friends.

We want to be able to face our son some day and say we did the best we could. Through the fund and our local hospital, we have placed 52 AEDs at schools and with youth sports teams in southeastern Connecticut.

Schools are our main focus because they are gathering places both during school hours and after school, for students and for the community, during the school year and during the summer. And schools have athletic activities. Children are not routinely checked out for cardiac problems, and yet the leading cause of sudden death in young athletes is cardiac arrest.

In fact, two of the AEDs we donated, went to schools with kids at cardiac risk. Although our funds are depleted now, we are currently working on fundraisers, have looked into grants, and are exploring possible partnerships with businesses and hospitals.

In conclusion, our request is simple. Please support Senate Bill Number 981. We know the state budget is tight. With Larry's fund, we have looked at alternate sources of funding, but we have to care for what's important to us, and that's the welfare of our children.

After all, cardiac arrest can happen to anyone, any time. Our best defense is to be prepared. Thank you for your time.

SENATOR HARRIS: Thank you. Any questions from the Committee? Evelyn, I thank you again for your courage in coming. When we met with you, we were all impressed, you and your husband, and you know, although we have that warning because of the budget, that we wanted to let you know what might happen in other committees elsewhere that you have our support.

And we're going to get it done, no matter what way it is, we will get it done.

EVELYN PONTBRIANT: Thank you.

SENATOR HARRIS: Next, actually, Marisa apparently is coming up in a team with Hunter. It looks like Kadoma. Hunter, you've got worst handwriting than me, I think.
Not worse than me, actually, because I can't even read mine, and Laura Binder.

HUNTER KODAMA: Distinguished Chairman Harris, Madam Chair Ritter, members of the Public Health Committee, I thank you for the opportunity

speak today on behalf of Proposed Senate Bill Number 981 An Act Concerning Automatic External Defibrillators In Schools.

My name is Hunter Kodama, a resident of North Stonington and a student up at Norwich Free Academy.

Two summers ago the Norwich Free Academy community and surrounding area was shocked with the news of the death of Larry Pontbriant, a son, a student, a teammate and a friend.

He collapsed during a recreational run at the Mohegan Park. His heart fell into a state of ventricular fibrillation, and oxygen was no longer being pumped to his brain.

When paramedics arrived at the scene of his collapse, they used an automatic external defibrillator to return his heartbeat to a normal rhythm, but too much time had passed without circulation. Had an AED been available more quickly, he might have survived.

Upon returning to school for the 2007=2008 year, there was a different feeling in the air. Larry was on everyone's mind. The feelings most associated with the situation were disbelief and sadness.

However, many students also felt the need to come together to do something about it. It's hard to find a positive outcome as a result of Larry's death, but the unity brought by it can definitely be classified as such.

In the early days of that school year, the students here with me launched a campaign to help create, support and pass the type of legislation we are discussing today.

We gathered thousands of signatures to petition our Representatives to support AED legislation, fund raise for Larry Pontbriant Athletic Safety Fund in order to purchase AEDs and worked to raise awareness about the cause.

According to the American Heart Association, the use of AEDs in cases such as Larry's could help save up to 20,000 lives per year. And in the news regularly, there are more and more similar cases of cardiac arrest when AED could have saved a life.

With 250,000 deaths from cardiac arrest each year, it is imperative that public places be equipped with these lifesaving machines, and the passage of this bill, Senate Bill Number 981 through the Connecticut General Assembly, will be a significant step toward achieving this goal.

You must recognize that the effects of an untimely death reach out to many more people than just the deceased, or even to his or her immediate family.

The students from the Norwich Free Academy who are present today represent a fraction of a larger group back at school and only a minute portion of the teenagers, community members and residents of Connecticut who have been affected by Larry's death and others like it.

It is unfortunate that it took Larry's tragic death to be the catalyst for our school to install AEDs on campus. It is our goal now that with the passage of this bill, schools will be prepared and such tragedies can be prevented elsewhere.

Respectfully, I thank the members of the Public Health Committee for allowing me to testify

today for your time and for your consideration of Proposed Senate Bill Number 981.

SENATOR HARRIS: Thank you, Hunter. You're also more articulate than I am, too.

HUNTER KODAMA: Thank you.

SENATOR HARRIS: Would Laura or Marisa like to speak?

MARISA MALOUF: Distinguished Chairman Harris, Madam Chair Ritter and members of the Public Health Committee, I thank you for the opportunity to speak today on behalf of Proposed Senate Bill Number 981 An Act Concerning Automatic External Defibrillators In Schools.

My name is Marisa Malouf, and I am a student at the Norwich Free Academy. I am here today to tell you about a dear friend of mine.

I met Larry Pontbriant when I was six years old. We met while playing PAL soccer and spent hours running up and down the field kicking the soccer ball and accidentally scoring for the other team.

We became great friends that season, hoping to stay that way for many years to come. Though we would still see each other frequently at DCD classes on Sunday, we grew apart, attending different elementary and middle schools.

We were introduced our first day of high school. We were required to participate in a team building activity with other kids in our unit. The activity was designed to introduce us to one another, so I walked up to a familiar face, and then it hit me that the person I gravitated to was the same curly haired, funny

kid with a smile that brightened everyone's day whom I had first met when I was six.

From that day our friendship grew and deepened. We had almost every class together, and our work ethic pushed us both to excel. He made learning enjoyable just by being a part any class.

As team manager, I was at almost every one of his lacrosse games, witnessing his intensity and drive to play his best. He told me stupid jokes to make me laugh when I was having a bad day. He shaved his hair so he would have a Mohawk and wore a Superman cape that one of his lacrosse teammates had given him to brighten everyone's day. Every moment shared with Larry was a moment remembered.

Larry's death was caused when his heart fell into a state of cardiac arrest and oxygen flow to his brain was cut off.

Although an AED was used when paramedics arrived, too much time had passed, making the AED ineffective. The sadness and loss I have dealt with in these past two years is not a feeling I wish upon any other friends and family of someone lost in this way.

I not only lost one of my closest friends that day, but I lost someone in my life that motivated me to work my hardest and achieve greatness in every aspect of my life.

Through this, I have come to realize that I must do what he would have wanted, to help someone else. To achieve our goal here today of placing AEDs in schools would be an indescribably rewarding feeling.

If Proposed Bill Number 981 concerning AED placements in schools is passed, someone's life may be saved and hopefully no other family or friends will endure such an untimely and tragic loss.

One lesson I learned from Larry through our friendship is to always strive for greatness, and never give up on yourself or your goals. His spirit, which I carry with me every day is a reminder of why I'm here today and how important my presence is.

I try to act as Larry did, to always strive for perfection. For Larry, it did not matter if it was on the lacrosse field, in the classroom, or with his friends and family, people gravitated to him and he made us all proud.

Although he will never go to prom, graduate from high school or get married and have a family of his own, I know that instead of crying, Larry would have wanted us to make a change. This change would play a part in saving the life of someone else.

I would like to thank you all from the bottom of my heart for this wonderful opportunity. My presence here today is something that I know Larry would be grateful for, as am I. If we can all be a part of preventing the loss of another life by passing Proposed Senate Bill Number 981, then I would feel confident in saying that we have honored his life. Thank you.

SENATOR HARRIS: Thank you. Obviously, Larry was a good teacher and you were a good student. So, would you like to say anything?

LAURA BINDER: Distinguished Chairman Harris, Madam Ritter and members of the Public Health

Committee, I thank you for the opportunity to speak today on behalf of Senate Bill Number 981 An Act Concerning Automatic External Defibrillators In Schools.

My name is Laura Binder, a resident of Norwich, and a teacher at the Norwich Free Academy. I come to you today as both an educator and a citizen to implore you to support this legislation.

I do so as someone who believes wholeheartedly that government's most important responsibility is to protect its citizens, and as one who believes that it is incumbent upon citizens to use their voice, their collective efforts, and their rights to advocate for change.

I teach this daily, and I am blessed with students who have taken this lesson to heart, some of whom are here today.

It is however, with a profound sense of sadness that we come today in support of this legislation, for this is more to us than simply an exercise in civic duty. This is a personal mission borne out of a great loss.

For 10 months I was given the great privilege of teaching Larry Pontbriant, a young man who impressed me with his great sense of humor, tremendous work ethic and love of life. He was charismatic and charming, but he was also disarmingly genuine and kind.

I watched over the course of the year as he grew into a position of leadership within his class, embracing the experience of his education and engaging in learning with a real intellectual curiosity and joy.

I asked Larry to be a peer mentor in a support class for struggling students to help them study, and to encourage them. He took to this task with humor and a readiness to help not always seen in young people.

I have taught for 13 years, and it is without exaggeration that I tell you that he was one of the most engaging, interesting, and gifted students I have ever had.

I should be writing a recommendation for college for this young man. Instead, I find myself here asking you to consider that this loss, this singular life is a compelling enough reason to enact legislation for AEDs in schools

If you had known him, I am certain you would agree. Larry was a standout partly because his confidence and leadership drove others to rise to his level. Today I bring with me students who have been so impacted by this example and it is a testament to him that they have channeled that action into our work on behalf of this cause.

You have an opportunity with your support of this legislation to save lives, to protect your communities and to act in the best interest of the common good, for this one life was precious, as is each you protect with this legislation.

On behalf of the students gathered here today and the larger Norwich Free Academy community, I wish to thank the Committee members for allowing me to honor the memory of Larry Pontbriant, my student and my hero. Thank you for your time and consideration of this bill.

SENATOR HARRIS: Thank you, and thank you for giving us a glimpse. Any questions? Representative Olson.

REP. OLSON: Hi, Laura and Hunter and Marisa and everyone who has come up from Norwich today. I just want to thank you so much for sharing your words and sharing your memories of Larry today.

I just admire each and every one of you for your perseverance and your real desire to take a horrific situation and try to help others, and I appreciate that. I appreciate your love for Larry, and I just hope your words and your memories are also comforting to Mr. and Mrs. Pontbriant, that they see how loved their son is, and how his memory will remain in the forefront of everyone's mind.

So I just want to thank you so much, and I want to thank you for all your work on this issue, and thanks for coming up today.

SENATOR HARRIS: Any other questions from the Committee? I want to second what Representative Olson just said, and thank you for giving us a glimpse and Mr. and Mrs. Pontbriant did that very well when we met with them personally.

And I don't want to embarrass anybody, but if all the students could stand up to show the support. Don't worry, we're used to that. They train us on listening to that sound. Thank you for coming, and thank you in particular for turning your grief and a tragedy into action.

LAURA BINDER: Thank you. We appreciate the time.

SENATOR HARRIS: Next we have Karen Acompora and then Dan Carmody.

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KAREN ACOMPORA: Good afternoon, Committee, and thank you very much for hearing my testimony today. My name is Karen Acompora. I am one of the Co-Founders of the Louis J. Acompora Memorial Foundation.

I would like to begin my testimony today telling you about my son, Louis. Louis was an exceptional young man. He was a member of the National Honor Society and had won the Scholastic Athlete of the Year award in his junior high school.

He was a co-captain and goalie of the JV lacrosse team, but most importantly, he was loved by his family, friends and community.

On March 25th, he was playing in his first lacrosse game of his high school career. Early in the second quarter he blocked a routine shot with his chest. He took a few steps and collapsed right there on the field.

As the chain of survival recommends, 911 was called and Louis' coach started CPR on him right away, but to no avail. We didn't know at the time, but Louis was in cardiac arrest.

As his father and I stood by, watching helplessly, Louis died on the field that day because there was still one very important link in the chain of survival that was missing. There was no automated external defibrillator known as an AED available to anyone until EMS arrived. That was 12 minutes after the event and it was already too late.

Louis was only 14 years old. Louis died from a syndrome known as commotio cordis. This occurs when a blunt impact such as a lacrosse ball interrupts a critical rhythm in the heart. The

heart begins to quiver, going into cardiac arrest.

The only known treatment is defibrillation, immediate defibrillation such as an AED. Up until then, Louis was 100 percent healthy, and wearing a chest protector. It just didn't matter.

No parent can prepare for this, nor can parents and family know what will come of such a horrendous tragedy. For us, we decided it was important to educate and help promote awareness of commotio cordis and a need for automatic external defibrillators . That's when we started the Louis J. Acompora Memorial Foundation.

The Foundation began hosting events to educate the schools, coaches and parents about this issue, and we began advocating through legislation. On a local level, the New York State Suffolk County Legislature embraced this issue and formed a task force to determine where and to what extent AEDs should be placed in our county.

They lent their support to the state. They completed placement of AEDs in 100 percent of our police patrol cars, and they've equipped county parks, beaches and golf courses and many county buildings to be equipped with AEDs and the staff trained to use them.

Many lives have already been saved by our police who are usually the first to arrive on the scene, but we knew that there was more work to be done.

On the state level where school laws originated, we worked with Legislators toward an AED in the Schools Law. Louis' law was

passed on May 7, 2002. This bill was signed by Governor Pataki on graduation day at Louis' high school.

This legislation was enacted to add a new section, 917, to the education law requiring school districts, BOCES, county vocational education and extension boards, and charter schools to provide and maintain on-site in each instructional school facility, at least one functional automatic external defibrillator for use during cardiac emergency.

Louis' law requires public school officials and administrators responsible for such school facility, to ensure the presence of at least one staff person who is trained in the operation and use of AED.

The goal of this law is to save other children, but we recognize that schools are large workplaces and serve as gathering places for the community, for children and adults of all ages, all at risk for a cardiac event.

The effect of this legislation has been enormous. Because of this important life-saving legislation, because of Louis' law, we know of at least 44 lives saved, that have already been saved within New York public schools. Nineteen of those lives are children. There are probably more and we don't even know about them.

This means there are 19 sets of parents who did not have to bury their child. There are 44 lives still with us, 44 different families who did not have to lose a loved one to cardiac arrest, families that would not have to wonder what if the AED was available.

The success of New York State AED legislation has prompted other states to follow in our footsteps. Many have realized that this is our responsibility to protect our children and our community, by having school systems that can provide a standard of care that is on par with the technology available in today's world.

I'm going to stop my testimony because I know that I've been going on and on, but I just want to say that you have the power to make a change here in Connecticut. Lives are at stake, adults and children. We have the technology available. We have the knowledge. We have the experience, and now we need your commitment.

You cannot and should not put a price tag on the life of any child. In New York we are counting lives saved, not lives lost. Let's do the same for Connecticut by passing Senate Bill Number 981.

And I just want to introduce you to one of our (inaudible) in New York State, Kaitlyn (inaudible) and I'd like to pass this around to you when I'm done.

SENATOR HARRIS: Thank you. And any questions? Thank you for coming and again, your courage to share your loss. We have all the testimony, so we'll read it, too, even the part you didn't. And again, we're not trying to put a price tag. Nobody here wants to put a price tag on any life.

We want this so bad that what we have to do, like anybody trying to get something done, is anticipate all the potential roadblocks going forward when it's out of our hands and make sure that we deal with those up front, because we don't want to just say we support something, we want to get it done. We want to save lives.

KAREN ACOMPORA: In New York State our law was unfunded as well, and every single school district found the funds to comply with New York State law.

SENATOR HARRIS: Thank you. Next we have Dan Carmody, followed by Sarah Baumbach.

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DAN CARMODY: Good afternoon, Mr. Chairman and members of the Committee, my name is Dan Carmody. I am Vice-Chair of the American Heart Association's Emergency Cardio-Vascular Care Committee for the State of Connecticut.

In other parts of my life I am also a career firefighter paramedic and I run a small business on the side called Survival Group, and we provide training and equipment to a variety of businesses from Fortune 500 companies right down to schools and emergency services.

One of the big complaints we hear from customers when we're trying to implement an AED program, especially schools, is the fear of the device itself. So what I'd like to do is take a moment today and just demonstrate how an AED works, what it is, and how simple it is to use.

These devices are designed for the average lay person with minimal training to be able to pick it up off the wall and use it. The designers understand that professional responders are probably not going to be the people using this device, and it's geared for that.

This particular device is made by a company based here in Connecticut. They actually are built in Seymour. The name (inaudible). A very simple device to use. Two buttons. You can turn it around on the back. They all have directions.

Step number 1, turn it on. Once you turn it on, the unit will begin to speak to you. (Quotes are machine speaking.) "Training Mode. Call for Help. Remove pads from package in back of unit. Plug in pad connector."

The pads are in the back. Slide them out. "Apply pads to patient's bare chest as shown."

Like I said, it's designed for lay people. "Plug in and apply pad".

She won't let me go any further until I do what she asks, like my wife. "Plug in and apply pad."

I'm sorry, sometimes I don't see the line when it's coming on. "Plug in pad connector."

The pads have pictures to show you where they go so there's no confusion. "Apply pad to patient's bare chest as shown."

Once they're applied to the patient's chest, the devices will automatically go into an analysis. "Analyzing heart rhythm. Do not touch the patient."

What it's doing is, the computer is reading the cardiogram of the heart and determining if the electrical activity needs to be corrected. "Shock advised. Charging. Stand clear."

In this case it does. This is a training unit. It does not deliver a shock, but does everything else. "Press flashing shock button."

That's all you have to do is press the button. Everybody stand clear. "Press flashing shock

one delivered. It is safe to touch the patient. Begin CPR now."

So for the next few minutes it's going to tell me to continue CPR. Every few seconds it will prompt me to continue, and then every 15 seconds, "Continue." there's a prompt with how much time is left to continue the CPR steps. "Continue for one minute, 45 seconds."

I'll shut it off. Very simple to use. They are fail safe. If the computer inside fails, it will not shock. You cannot shock somebody that doesn't need to be shocked. I could put a live unit on a live person. It will not deliver electricity unless the patient is in a specific cardiac rhythm and within certain parameters. Very easy to use.

There were some questions on maintenance. Most defibrillator pads expire after two years. Replacement, less than $50 for most of them. Batteries, anywhere from three to five years, depending on the manufacturer. Replacement costs, anywhere from $125 to about $250, again depending on the manufacturer.

They don't need to be recharged. The only daily maintenance that needs to happen is somebody goes by and checks the status indicator to see that it's passed the daily self check, it passed its automated self check.

If it fails, they're all designed to give a visual and audio alarm so that somebody knows they need to look at the unit. In the majority of the units it's because the pads aren't connected that it's telling you that it's not ready to respond.

SENATOR HARRIS: Thank you, Mr. Carmody. Any questions? That was extremely helpful. Thank you.

DAN CARMODY: Thank you (inaudible).

SENATOR HARRIS: Next, Sarah Baumbach, followed by Cathy DeMeola.

SARAH BAUMBACH: Good afternoon, Representative Ritter, Senator Harris and members of the Public Health Committee. Thank you for this opportunity to speak before you regarding Raised Senate Bill Number 981 An Act Concerning The Availability Of Automatic External Defibrillators In Schools.

My name is Sarah Baumbach and I am from Watertown, Connecticut. I am an athletic training student at Central Connecticut State University and a certified EMT.

Today I'm here to represent the Connecticut Athletic Trainers Association Governmental Affairs Committee, Student Subcommittee.

Sudden cardiac arrest is the leading cause of death in the United States. Sudden cardiac arrest happens when the heart suddenly stops beating due to ventricular fibrillation.

The most effective treatment for a ventricular fibrillation is with defibrillation from an automatic external defibrillator, known as an AED. Sudden cardiac arrest can happen to people all ages at any time. That is why it's important to have an AED in schools. There is no prediction of sudden cardiac arrest and it needs to be treated with an AED three to five minutes after a collapse for optimal results.

Victims are usually beyond help after 10 to 12 minutes. It takes about 15 minutes for an ambulance to arrive in most cases. That is unfortunately too late.

Being an athletic training student at Central Connecticut State University and a certified EMT, it has taught me how important it is to have an AED in the athletic training facility, at games, and at practice coverage.

Sudden cardiac arrest is also the leading cause of death in athletes. The athletes' health and well being is our top priority. We take pride knowing we provide the best care that we can give, and having an AED in our possession assures of us that.

An AED is indispensable. It should be put in every school in the State of Connecticut. The health and safety of students and faculty are being compromised by not having schools equipped with an AED.

Yes, it is costly to put an AED in every school and train individuals to use the device, but the cost of life is priceless.

And in closing, every school in Connecticut needs an AED. There is no excuse as to why there is not an AED in schools today. Death could be prevented with just one piece of equipment. Thank you.

SENATOR HARRIS: Thank you, Sarah. I appreciate it. Any questions? Thank you very much. Next, Cathy DeMeola, followed by Erin Halsey and then Lisa Salberg. So, Cathy's not here. Is Erin here?

ERIN HALSEY: Good afternoon. My name is Erin Halsey and I'm here today on behalf of my 10-

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year-old son, Gavin. He was born with a congenital heart defect called aortic stenosis. He had his first surgery when he was two weeks old and had five subsequent surgeries before the age of nine months old. As you can see, he had to fight already to stay alive.

And I refuse to have to let him become a statistic because there wasn't an AED in his school.

As you heard before, children spend the majority of their day in school between sports, concerts, grandparents' day, PTO meetings, book fairs, bake sales, things that you don't think about when you think about putting them in school.

Every age, all people of all ages are in these schools, not just the children, and at any time, any of these people can collapse due to a heart related incident.

I just pray to God it doesn't happen in Connecticut, or there's a very good chance that that person is not going to survive.

Several surrounding towns have already implemented the use of AEDs in their schools, but if your child happens to be in my town at a sporting event and they collapse, chances are they won't survive.

Heart disease still remains the number one killer. Over 600,000 lives are lost every year. Please don't let it take another life. Please give this serious, careful consideration for this bill.

I've been to the superintendent in my town. I've talked to the mayor. I've talked to the State Representative, and still no action has

been taken to initiate the use of AEDs in my town in the schools.

They've been donated and denied. They've been given and refused. I think the reason is, there's three reasons in my opinion, ignorance, fear, and lack of appropriate legislation.

I come here today not only for Gavin, but for my daughter Brenna who plays lacrosse, for my daughter Hannah, who's in the band, and for Michael and for Louis, and for any person that's ever been affected by the lack of an AED or been saved because of an AED.

They need to be available in our schools. They're very easy to train. They're very easy to use, and they're very easy to maintain. Anybody can change a light bulb. It's pretty easy to change a battery as well.

Don't let another person, especially a child, die a preventable death. This is just too important. The bill shouldn't be about litigation. It should be about saving lives.

I also wanted to comment on what Vicky had said previously. You had asked about how many children die every year of this. Every year, approximately 7,000 U.S. children are stricken, mostly at school, because that's where they spend the majority of their time, after class or playing sports, and they're stricken by this.

Without immediate intervention, only five percent to ten percent will survive. You have the opportunity to change that percentage. Thank you very much for your time.

SENATOR HARRIS: Thank you, Miss Halsey for your testimony and for being such a good advocate for your child and others.

ERIN HALSEY: Thank you for the opportunity.

SENATOR HARRIS: Any questions? Thank you. Next we have Lisa Salberg, followed by Joan Papale.

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LISA SALBERG: Good afternoon, Chairman and Committee. I thank you for the opportunity to travel here from New Jersey today to speak to Connecticut residents in the Legislature.

I represent the Hypertrophic Cardiomyopathy Association and we are in support of the passage of this legislation for external defibrillators in your schools.

Why is it important for you to know what hypertrophic cardiomyopathy is? It is the leading cause of sudden cardiac arrest in the young. It accounts for 36 percent of the deaths on the athletic field and over 600,000 people in the United States have hypertrophic cardiomyopathy. That would mean approximately 7,000 residents in the State of Connecticut have hypertrophic cardiomyopathy.

It is often misdiagnosed. It is often mistreated. It's often the cause of sudden cardiac arrest in schools. It doesn't have to be a child. It could be a teacher. It could be a visitor. But it is the leading cause of sudden death.

The only way to get somebody with hypertrophic cardiomyopathy the appropriate treatment needed, which is an implantable defibrillator if they're at high risk for cardiac arrest is to get them to survive the cardiac arrest itself.

In HCM we have a shorter window than most of you do. We really need to be defibrillated in three minutes. Other diseases you might be able to go to 47, but our hearts are stiff and rigid. You need prompt defibrillation.

It is critical that you have access to these defibrillators in schools. I understand the economic situation facing the entire country right now, and I am very happy to see that this bill is not a piece that's going to be dependent upon funding. There are many programs throughout the entire country that provide funding for AEDs, most of whom are community based. Passing the hat works. I've seen it work in thousands of communities around the country.

We can get AEDs in the schools if you break down the barrier for us by allowing for legislation that holds people harmless from use of devices in appropriate situations, by providing that they're maintained for properly, and also providing a clear understanding to the public of their utilization.

I represent patients with hypertrophic cardiomyopathy. We have over 100 families in Connecticut. One of our families came to this Committee last year with his son in tow. He was four and a half years old, and he asked you to please pass this legislation.

His father's here with me today. Unfortunately, Tyler is not. Tyler passed away from sudden cardiac arrest in December of this year at the ripe old age of five. It can happen to anybody. Even if you're diagnosed and you think you're getting the right care, sometimes we don't have all the answers. We need prompt defibrillation.

I encourage passage of this bill, and I thank you for your time.

SENATOR HARRIS: Thank you, Lisa. Any questions? Seeing none, we'll go on to Joan.

JOAN PAPALE: Good afternoon, Senator Harris and Committee members. My name is Joan Papale, and I'm here to support Senate Bill Number 981 An Act Concerning The Availability Of Automatic External Defibrillators In Schools.

I'm here to briefly share my story of my son's cardiac arrest that occurred approximately two and a half years ago. He will be speaking after me.

As I share this brief story, I would love for you to try to put yourself in this situation, maybe visualize if you have a child or a loved one, a family member, a parent, a close friend, and maybe you can really relate to what I'm about to share.

My life appeared very normal on August 23. We had just returned from a family vacation in Mystic. The next morning on August 24th, my life changed forever.

I received the most horrifying phone call, the one every parent dreads. My husband, the phone rings, when I pick it up, the voice on the other end is hysterical. My husband said to come quickly, Mike's fainted and it's bad.

I immediately jumped up and raced in my car toward the recreation center, convinced that Mike was probably sitting up by now. As I was heading to the recreation center, I remember thinking, well as long as I don't hear an ambulance, it's okay.

Seconds later, to my devastation, I hear the sirens to an ambulance. The ambulance is moving quickly. I look up, see my husband sitting in the front seat and know it must be bad.

I quickly turned my wheel, put on my blinkers and followed the ambulance. I pulled into Mid-State Medical Center as Mike was being wheeled out of the ambulance. He had a ventilator breathing for him and machines and wires attached everywhere. He looked unrecognizable.

I felt like I had been transported into another world. This couldn't be happening to my strong, healthy son. He was perfectly fine the night before.

The emergency room staff whisked my husband and me into a private room near Mike. I was in a fog. My husband was hysterical, strange and unknown to me. He never got upset. They sent in a social worker to sit with us. Her name was Claudia. She was wonderful. She comforted my husband and kept encouraging me to let go. I was too stoic, she said.

Claudia didn't realize that I was trying to send Mike positive energy from me. I was talking to him mind to mind, heart to heart. I wanted him to know I was there, that he would be all right, and to use my energy to fight.

We were brought to Connecticut Children's Medical Center Intensive Care Unit. Dr. Heller, a cardiologist, took my husband and me to a conference room in the intensive care unit that first evening, and told us that Mike had not fainted. He went into cardiac arrest, I'm almost done, and experienced an aborted sudden cardiac death.

There was a one in a million chance that he survived due to the severity of his cardiac arrest. Mike spent 14 indescribable days in the intensive care unit battling for his life.

He was diagnosed with hypertrophic cardiomyopathy, has an implanted defibrillator and lives on two heart pills a day.

On August 24th, the most traumatic, horrifying and paralyzing experience occurred to me. My healthy 17-year-old son went into cardiac arrest. My life changed in a second and would never be the same. Two years later, it is not the same.

We all believe in a sense nothing bad is going to happen to one of our loved ones. I believed this too, until it happened to me. For the first time as a parent, I lost complete control. There was nothing I could do for my son but pray.

Yesterday we learned that Michael needs to have surgery next Wednesday at Hartford Hospital to replace the two leads going into his heart. We were both stunned and frightened by this information. Life continues to be worrisome.

I am here today to make a heartfelt request. Mike went into cardiac arrest on August 24th at the Wallingford Recreation Center. Mike was lucky. We were blessed. There was no AED at the Recreation Center where Mike collapsed.

If not for our hero Bob Heubner and the outstanding EMT staff, Mike would not have survived. It is vital to get this bill passed. We need to work together to keep all of our Connecticut residents safe. Thank you for your time.

REP. GENTILE: Thank you, Joan, and thank you for your advocacy on behalf of your son and all the other kids. Are there any questions from the Committee? Hearing none, Mike.

MICHAEL PAPALE: Good afternoon. Thank you for giving me this time to talk about Senate Bill Number 981 An Act Concerning The Availability of Automatic External Defibrillators In Schools.

It's very unnecessary that, in my opinion, it seems that there are many stories being told here, and the stories aren't being told by the person that it happened to. It had to be told by a family member or a friend. The person that it happened to wasn't able to share the story, and fortunately I am here, and I am going to share my story with you and some of the experiences I had.

I am a cardiac arrest survivor, and an automatic external defibrillator did save my life. About two and a half years ago I was sitting at a bench working at basketball camp, and I slumped over onto the ground, and at the time, nobody knew what was going on.

People thought I was looking under the bleachers for something, or people though I was joking around, but unfortunately, it was much worse.

My father and my brother happened to be standing in the gym at the time and watched me lay there on the floor, eventually starting to turn blue with a hopeless feeling of the chance that I was going to die.

And I don't know how that feels because I was in a situation, but I can't even imagine what

it's like. And eventually somebody did call 911 and like my mother said, there was no defibrillator on site where I was at the time of my arrest.

Obviously, from the story that you've heard, that this lessened my chances of surviving greatly. I was very luck that a volunteer EMT was working right next door at the time and he rushed over. He had the call on his pager and he started performing CPR and he sustained my life and my brain until the rest of the EMT staff arrived with the external defibrillator, and eventually I was shocked with the device.

And like you've learned, CPR can only sustain someone for so long. I was very fortunate. I was told that my heroes did CPR on me for about seven minutes before the rest of the staff got there, and he did it perfectly that I have no brain damage, and obviously he saved my life.

I spent two weeks in the hospital and learned I have a heart condition called hypertrophic cardiomyopathy, and something that my doctors told me while I was at the hospital was that the chances of me surviving, based on the circumstances that I was in, was one in a million.

I think, to put this in perspective there's about 3.5 million people in Connecticut. If everybody went into cardiac arrest with the same circumstances that I did, only a few would survive.

And obviously, if there's an AED on site, these aren't the same odds. And the place where I was, the Recreation Center in Wallingford now has an AED because of my arrest.

And obviously, you learned the quicker someone is shocked with one of these devices, the higher the chances of survival would be.

I'm not here to help myself because I survived and I was truly blessed. I survived the terrible chances that I had. Instead, I'm here to help the person who, the next person who has the odds that I had.

I'm here to save the next life that collapses, and I've learned and we've all learned that it could happen to anyone. I never thought it would happen to me. Nobody really will ever think that it will happen to them.

And by installing AEDs in all schools we will save lives. Sadly, in many cases, like in my case and like the story of the people behind me, many people are reactive and wait for something to happen before they act on it.

We have the opportunity to be proactive and be ready for something to occur. And by passing this law, I think we have the opportunity to save lives. Thank you.

REP. GENTILE: Thank you, Mike. Thank you for your testimony, your bravery and good luck with your surgery next week.

MICHAEL PAPALE: Thank you.

REP. GENTILE: Any questions from the Committee? Thank you. Rand Sean Gingery. I hope I said that correctly. Followed by Rachel Moyer.

SB 981

RAND SEAN GINGERY: Well, I guess the first thing I'd like to say is, this is my third time here. The last time my son was here with me, and I hope he's with me now.

Children here in Connecticut are at significant risk of not surviving sudden cardiac arrest. Unlike several neighboring states, we do not have defibrillators in all of our schools.

If one of our children were to have a bad event, much time would be lost for waiting for emergency response to arrive with an AED.

During that precious time, they're at risk of brain injury. Also, the probability of saving them drops by the second.

My daughter, Katelyn, has attended public schools for over three and a half years. Each year we have had her tested for an inherited heart condition called hypertrophic cardiomyopathy. This disease takes the lives of children and teens many times without their parents knowing they had the condition. Her school now has an AED to protect her, only after her diagnosis in late December.

The AED was brought to her school after it was no longer needed at another school across town. The device was originally purchased as part of a 504 accommodation plan for a boy with the same condition. It was no longer needed after he died in early December. The boy was Katelyn's brother Tyler who experienced sudden cardiac arrest in his sleep at five and a half.

Each day my wife and I had peace of mind that our son's school had a device to protect him should an event occur. There are many thousands of children in this state whose parents do not have this peace of mine.

The time is now that we get AEDs in the school. Tyler came with me to give similar testimony when he was living. We cannot delay this need any further.

How would we all feel if one of our children were to die while waiting for a defibrillator to be brought to the school?

That's all I could put together. It's only been three months, so.

REP. GENTILE: Thank you so much. Are there questions from the Committee? I want to thank you for coming to us again, and I know this was difficult. We very much appreciate it. Thank you.

Next we'll have Rachel Moyer, who may not be here. Sherri Hopkins. And she will be followed by Chris Carter.

SHERRI HOPKINS: Good afternoon. My name is Sherri Hopkins. I'm here to support Senate Bill Number 981, AEDs in schools. I apologize for my attire. I actually worked night shift last night, and I've been waiting to speak today.

I'm honored to be in the same room as the families that are here talking about their stories, and they are my inspiration. I an the Chair of the Sudden Cardiac Arrest Association for Connecticut.

I do have written testimony, but much of this has already been stated, so I just want to give my personal opinion on the bill, kind of ad lib.

I'm a coronary care nurse. I work in the intensive care unit, and I'm also a CPR instructor. I've come here for the last couple of years and I have to tell you that the Papale story inspired me to become the chair of the Sudden Cardiac Arrest Association. He didn't know that until today, but we've been

instrumental in getting AEDs in the schools, some of the schools in Connecticut.

My experience has been that it's difficult sometimes to educate and to get the acceptance from the schools to get the AEDs into the schools, and what they need is education. They also need a nod of the head from the State of Connecticut to say it's okay to have an AED in their school.

Passing this bill will be instrumental in giving the schools the nod to say, go ahead, fundraise. A simple, we've been successful in getting AEDs in nine of our schools out of the 13 by sending a single notice home to the parents, would you like to save the life of a child in your school by deploying an AED.

Eighty to ninety percent of the money raised is from one notice to going out to the parents. What parent would not want to try to save their child.

So I am thrilled that this bill includes wording that states that if funding is not available, it's acceptable to go ahead and fund raise and accept donations.

Unfortunately, as a nurse, I work night shift, and I see both sides. I see patients that have been saved, and I see patients that, this is a defibrillator, and AED was not available, and I would like to have you think also about the term survival.

After a few minutes of going into cardiac arrest, you have to remember that my definition of survival isn't just survival. It's are they neurologically intact when they do survive.

So by the time EMS comes with a defibrillator, after about six minutes, is that person going to be neurologically intact. If there is an AED available on site, your chance of surviving goes up by 10 percent, within the first minute, your chance of surviving neurologically intact is about 90 percent, and then it goes quickly down.

So I just want you to be aware of that. Surviving just doesn't mean surviving your life. It means being able to function.

I also would like to encourage the bill to include some wording on the AEDs being maintained according to manufacturer's recommendations.

And I also want to clarify something that was mentioned earlier and I'm not sure if I misunderstood. An AED does not prevent cardiac arrest. An AED treats it, so there was something brought up earlier about if the population, if there was somebody that was on site that had a higher chance of having a cardiac arrest, would the AED be better for that type of a person.

It really doesn't matter. Anybody can go into cardiac arrest. It treats one rhythm, ventricular fibrillation, which is just a chaotic rhythm of the heart, so it doesn't prevent it from happening. It's going to happen. It shocks the heart. It stuns it so that the normal pacemaker of the heart can take over, so I just want to clarify that as well.

So I want to thank you for raising this bill, and thank you for the families who are inspiring me to continue on this journey of getting AEDs in Connecticut schools.

Please follow the example of New York State, Texas and many of the other states that have mandated them.

REP. RITTER: Thank you very much. Are there questions from the Committee? Senator Prague.

SENATOR PRAGUE: Thank you, Madam Chairman. I came back just in time to hear. Aren't you from NFA? No? Are you from NFA, the school, the high school?

SHERRI HOPKINS: NFA? No.

SENATOR PRAGUE: No. Okay. I thought you were so excuse me.

SHERRI HOPKINS: That's okay.

SENATOR PRAGUE: Thank you.

REP. RITTER: Are there any further questions? I want to thank you very much for your time and for your work. And I believe we can move on to the next bill at this time, which is Senate Bill Number 982 An Act Concerning Assisted Living, and our speaker is Chris Carter. And Chris will be followed by Dr. Aasi.

Is Chris Carter present? Okay, perhaps not. We'll go to our next speaker, and we're skipping over a couple of bills here, and the next bill is Senate Bill Number 228 An Act Concerning A Personal Income Tax Deduction For Individuals Who Receive All Health Screenings As Recommended By The American Medical Association, and I'm probably not pronouncing your name correctly. Good. I might hear how to pronounce your name correctly if you could identify yourself.

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
PART 4
932 - 1237

2009

February 27, 2009

In regards to: Seneate Bill 981 for AED's in Schools

Public Health Committee
Connecticut General Assembly
Room 1D
Legislative Office Building
Hartford, CT 06106

Attention: Jonathan Harris and Elizabeth Ritter

Dear Public Health Committee,

SUBJECT: TESTIMONY IN FAVOR OF BILL

Children here in Connecticut are at significant risk of not surviving Sudden Cardiac Arrest. Unlike. several neighboring states, we do not have Defibrillators in all of our schools. If one of our children were to have a bad event, much time would be lost while waiting for emergency response to arrive with an AED. During that precious time, they are at risk of brain injury. Also, the probability of saving them drops by the second.

My daughter Katelyn has attended public schools for over 3 ½ years. Each year we have had her tested for an inherited heart condition called Hypertrophic Cardiomyopathy. This disease takes the lives of children and teens, many times without the parents knowing they had the condition. Her school now has an AED to protect her, only after her diagnosis in late December.

The AED was brought to her school after it was no longer needed at another school across town. The device was originally purchased as part of a 504 accommodation plan for a boy with the same condition. It was no longer needed after he died in early December. The boy was Katelyn's brother Tyler, who experienced Sudden Cardiac Arrest in his sleep.

Each day, my wife and I had peace of mind, that our son's school had a device to protect him--should an event occur. There are many thousands of children in this state whose parents do not have this peace of mind. The time is now that we get AED's in the school. Tyler came with me to give similar testimony when he was living. We can not delay this need any further. How would we all feel if one of our children were to die while waiting for a defibrillator to be brought to the school?

Respectfully,

Rand Sean Gingery
cc: Public Health Committee

100 PONDVIEW LANE
BRISTOL, CT 06010

My name is Mike Papale.
I live in Wallingford, CT.
Bill # SB 981 – **AN ACT CONCERNING THE AVAILIBILITY OF AUTOMATIC EXTERNAL DEFIBRILLATORS IN SCHOOLS**
My Position: I believe all schools should have one AED on their premises and trained staff in CPR and AED use.

I am sure many of you have already heard or will hear many stats regarding cardiac arrest and the use of automated external defibrillators. I am here to make these stats a reality. I am a cardiac arrest survivor and one of these devices saved my life. About 2 and a half years ago, while I was just sitting down on a bench, I slumped over onto the ground. I was working at a basketball camp that is run by my father. There were about a hundred kids in the gym at the time. At first, no one knew what was happening. People thought I was looking under the bleachers, but unfortunately it was much worse. My father and my brother were in the gym watching me lay there on the floor, turning blue, with the hopeless feeling of not knowing what to do. Eventually somebody called 9-1-1. Unfortunately at the time there was no defibrillator at the site where I was. Obviously, this lessened my chances of survival greatly. Luckily, a volunteer EMT working right next door got the emergency call on his pager. He came over to the scene to see me lying on the floor gasping for my last possible breathes. He acted quickly, and started performing CPR, which sustained my life and my brain until the rest of the EMT staff arrived with an external defibrillator. Eventually I was shocked with the device. CPR can only sustain someone for so long. Someone suffering from a cardiac arrest cannot survive without the shock of an automated external defibrillator. I spent two weeks in the hospital and learned that I have a heart condition called Hypertrophic Cardiomyopathy. I have a personal stat which doctors told me during my

stay at the hospital. Because of the situation and the fact that there was no AED on site, I was told that my chances of surviving were 1 in 1 million. To put this in perspective, there are about 3.5 million people in the state of Connecticut. If everyone went into cardiac arrest with the same circumstances that I had, only 3 or 4 would survive. Obviously, this is not the same odds if there is an AED on site. The quicker someone is shocked with one of these devices, the higher their chances of survival will be.

I am not here to help myself because I was truly blessed. I survived the terrible odds that I had. Instead, I am here to help the next person so their odds are not so slim. I am here to save the life of the next person who collapses. It can happen to anyone. I never thought it would happen to me. Nobody thinks it will happen to them. We can save lives by installing these devices in all schools. Sadly, in many cases, we are reactive and wait for something to happen before we act on. We have the opportunity to be proactive and to be ready for the worst to occur. We have the opportunity to save lives.

CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

February 27, 2009

Good morning. I would like to thank Senator Harris, Representative Ritter, and the members of the Public Health Committee for this opportunity to speak to you regarding SB 981. My name is Vicky Graham. I am a resident of Middletown, and I work at Wesleyan University. I am the President-Elect of the Connecticut Athletic Trainers' Association (CATA). The CATA represents over 550 Licensed Athletic Trainers in Connecticut, as well as Athletic Training students who attend one of the five Athletic Training Education Programs in the state. On behalf of the CATA, I would like to thank you for your attention to the issue of Automated External Defibrillators (AED's) in schools in Connecticut. The CATA is in full support of SB 981, "An Act Concerning the Availability of Automatic External defibrillators in Schools."

Because of the role of Athletic Trainers in providing medical care for athletes and other patients, the CATA is acutely aware of the incidence of sudden cardiac arrest in physically active, apparently healthy population. 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.

I would like to point out that from the time I began speaking, until the time the bell rings is 3 minutes. That's all the time you have from the time of collapse, until the time the first shock is administered. Time is critical!

Brain damage and death can occur within 4 to 6 minutes, and for every minute defibrillation is delayed, the survival rate drops by 7-10%. 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 less than 5 minutes, so the necessity for automated external defibrillators (AED's) on the premises of schools is clear.

Legislation requiring schools to have AED's has been implemented in a dozen states, and others are presently considering similar bills. New York implemented legislation in 2002 that requires schools to have AED's, and dozens of lives have been saved. Ohio implemented legislation in 2005, and at least 16 children have been saved because they received early defibrillation. The CATA remains steadfast in its support of requiring AED's in elementary, middle and secondary schools in Connecticut. While sudden cardiac arrest is the leading cause of death in athletes, we are equally concerned about school staff and employees, and students who may be stricken while in class, at recess or in physical education class. Schools also function as community centers. We vote at them, outside groups meet at them, and friends, parents, and grandparents all attend functions at school.

I would like to point out that SB 981 is NOT a mandate, nor does it require state funding. The bill reflects the economic situation in our state and country at the present time. SB 981 would require schools to have AEDs only if federal, state, local, or private funding is available. By passing SB 981, the Legislature will send a strong signal that an AED is considered an essential safety device in schools in Connecticut.

P.O. Box 155 • Durham, CT 06422-0155 • WWW.CTATHLETICTRAINERS.ORG

While the bill does not pass a financial burden on to schools and municipalities, it should make clear that funding sources should be sought and identified. We also hope that schools will be required to accept donated AEDs or funds earmarked for AEDs, as they are in Colorado.

An AED costs approximately $1000-$1200. There is grant funding available from many sources. Discount programs exist. Civic organizations like Rotary clubs, Elks, and Jaycees are possible local sources of funding. Pooled purchasing helps reduce costs. Funds can be raised by booster clubs, by donations, and all other manner of fundraisers. The state of Florida encourages private/public partnerships for AED purchases. In addition, Representative Betty Sutton of Ohio will be introducing the Josh Miller H.E.A.R.T.S. Act in Congress in the near future. This bill would provide funds specifically for AEDs in schools across the country. There are many avenues that schools can explore to fund AED purchases. For those who still question the expenditure, it should be noted that it costs more than $1000 to outfit one football player or one ice hockey player. It costs $1000 for 30 basketballs, volleyballs, or soccer balls. It costs $600-$1000 for most band instruments. How much is one child's life worth?

I have a few brief comments regarding the bill language:

1. We suggest that language be included that requires the device to be "regularly inspected and properly maintained, according to manufacturer specifications."

2. Are schools required to accept donated AEDs and funds specified for AEDs? Schools have turned down donations in the past; does the bill compel them to accept?

3. There is an issue of schools acquiring AEDs, and then locking them in the nurse's office. Perhaps the language should be changed to reflect the intent that the devices be "immediately accessible" at all times.

   If an AED is locked in the nurse's office, the emergency plan might work during the school day; however, it doesn't work after school hours, when students stay for tutoring, band practice, schools club activities, or sports practices. As an example, a colleague of mine helps coach his son's basketball team, which practices after school at their elementary school. The AED is locked in the nurse's office, and the emergency plan is to find the custodian to have him open the nurse's office. How long does it take to find the custodian?

I would like to thank the Public Health Committee for raising SB 981, "An Act Concerning the Availability of Automated External Defibrillators in Schools." I hope you will each fully support this bill. Thank you.

Senator Harris, Representative Ritter and distinguished members of the Committee on Public Health:

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. 981, AAC THE AVAILABILITY OF AUTOMATIC EXTERNAL DEFIBRILLATORS IN SCHOOLS

More than 250,000 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.

Schools have large concentrations of students and employees during operational hours are the sites of athletic and other community activities during normal operational hours and outside those hours. 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

February 27, 2009

Madam Chair Ritter, Chairman Harris and Members of the Public Health Committee,

My name is Evelyn Pontbriant and this is my husband, Larry. We are from Norwich, CT, and we are speaking in favor of SB 981, the AEDs IN SCHOOLS Bill.

I would like to draw your attention at this time to this poster. This is our son, Larry. He's 15 years old here. He looks like James Dean. This is a photograph I took of him on the Long Island Ferry. He was on his way to Hofstra to play with his select lacrosse team in a tournament there. When he cut off his curls to play summer lacrosse, it didn't go over well with the female population. Less than a month after this picture was taken, Larry was dead.

Does he look like somebody who would have a cardiac arrest?

This picture was taken shortly before the start of a 3-mile fun run in Mohegan Park, Norwich, on August 16th, 2007, two weeks before school started. Larry's laughing with his friends, stretching before the race.

Does he seem like he's about to have a cardiac arrest?

In about 15 minutes, Larry collapsed right in front of my husband and I, our neighbor, Larry's running mate's mom who is a nurse, and her son. We were watching the race at the midway point, which was also the finish line. Larry looked like a runner that collapsed from exhaustion or dehydration, but he was neither. Larry was not responding, he wasn't breathing, his heart should have been pounding—but it was not. Our neighbor called 911. There was no AED. In a blur, CPR was started, the timer of the race now kept the time of the chest compressions. Larry's indoor track coach finished the race, realized what was happening and took over CPR. We didn't find out until later that this was Coach Johnson's second experience with cardiac arrest; his college friend also died from a cardiac arrest during a race.

In the back of my mind, I kept thinking brain damage without oxygen at 4 minutes.

Both my husband and I worked for years in hospitals as Nuclear Medicine technologists but nothing prepared us for this. How could this be happening to Larry, our only child? He was a conditioned, multi-sport athlete, rarely sick. He passed every physical with flying colors. My husband was there for him as coach throughout youth sports. We went to his practices, to all his games. There was never any sign that there was a problem.

When the EMTs arrived, they shocked Larry with their defibrillator, maybe twice? Larry's heart returned to a more normal rhythm but too much time had elapsed. He was declared brain dead 3 days later at Connecticut Children's Medical Center in Hartford. We knew our lives changed forever. But we also knew that if Larry's heart responded to a shock from a defibrillator after all that time, had there been a defibrillator on site, the outcome would have been very different.

****

We set up the Larry Pontbriant Athletic Safety Fund in our son's name shortly after his death to raise awareness about sudden cardiac arrest, to purchase AEDs for athletic fields and to encourage training people in CPR and in AED use. We made available a workable emergency response plan. We did not want what happened to Larry to happen to anyone else, nor would Larry want this to happen to his friends. We want to be able to face our son someday and say we did the best we could.

Through the Fund and our local hospital, we have placed 52 AEDs at schools and with youth sports teams in southeastern Connecticut. Schools are our main focus because they are gathering places both during school hours and after school, for students and for the community, during the school year and during the summer. And schools have athletic activities. Children are not routinely checked out for cardiac problems and yet the leading cause of sudden death in young athletes is cardiac arrest. In fact, two of the AEDs we donated went to schools with kids at cardiac risk.

Although our funds are depleted now, we are currently working on fundraisers, have looked into grants, and are exploring possible partnerships with businesses and hospitals.

In conclusion, our request is simple; please support SB 981. We know the state budget is tight—with Larry's Fund, we have looked at alternative sources of funding. But we have to care for what's important to us and that is the welfare of our children. After all, cardiac arrest can happen to anyone, any time. Our best defense is to be prepared.

Thank you for your time.

Larry and Evelyn Pontbriant

Testimony before Public Health Committee

Connecticut General Assembly

February 27, 2009

SB 981

Distinguished Chairman Harris, Madam Chair Ritter and Members of the Public Health Committee, I thank you for the opportunity to speak today on behalf of SB 981 An Act Concerning Automatic External Defibrillators in Schools. My name is Marissa Malouf and I am a student at Norwich Free Academy.

I am here today to tell you about a dear friend of mine. I met Larry Pontbriant when I was six years old. We met while playing PAL soccer and spent hours running up and down the field, kicking the soccer ball and accidentally scoring for the other team. We became great friends that season, hoping to stay that way for many years to come. Though we would still see each other frequently at CCD classes on Sundays, we grew apart, attending different elementary and middle schools.

We were reintroduced our first day of high school. We were required to participate in a team-building activity with other kids in our unit. The activity was designed to introduce us to one another, so I walked up to a familiar face, and then it hit me that the person I gravitated to was the same curly haired, funny kid, with a smile that brightened everyone's day, whom I had first made friends with at six. From that day, our friendship grew and deepened. We had almost every class together, and our similar work ethic pushed us both to excel. He made learning enjoyable just by being part of any class. As team manager, I was at almost every one of his lacrosse games, witnessing his intensity and drive to play his best. He told me stupid jokes to make me laugh when I was having a bad day. He shaved his hair so he would have a Mohawk, and wore a Superman cape that one of his lacrosse teammates had given him, to brighten everyone's day. Every moment shared with Larry was a moment remembered.

Larry's death was caused when his heart fell into a state of cardiac arrest and oxygen flow to his brain was cut off. Although an AED was used when paramedics arrived, too much time had passed making the AED ineffective. The sadness and loss I have dealt with these past two years is not a feeling I would wish upon other friends and family of someone lost in this way. I not only lost one of my closest friends that day, but I lost someone in my life that motivated me to work my hardest and achieve greatness in every aspect of my life. Through this, I have come to realize that I must do what he would have wanted - help someone else. To achieve our goal here today of placing AEDs in schools, would be an indescribably rewarding feeling. If SB 981, concerning AED placement in schools, is passed, someone's life may be saved and hopefully no other family or friend will endure such an untimely and tragic loss.

One lesson I learned from Larry, through our friendship, is to always strive for greatness and to never give up on yourself or your goals. His spirit, which I carry with me every day, is a reminder of why I am here today and how important my presence is. I try to act as Larry did, to always strive for perfection. For Larry, it did not matter if it was on the lacrosse field, in the classroom, or with his friends and family – people gravitated to him and he made us all proud. Although he will never go to prom, graduate from high school, or get married and have a family of his own, I know that instead of crying, Larry would have wanted us to make a change. This change could play a part in saving the life of someone else.

I would like to thank you all from the bottom of my heart for this wonderful opportunity. My presence here today is something that I know Larry would be grateful for – as am I. If we can all be a part of preventing the loss of another life by passing SB 981, then I would feel confident in saying that we have honored his life.

AEDs Do Belong in CT Schools and on Playing Fields

Rachel Moyer, BA, MS

Founder, Greg Moyer Defibrillator Fund (GregAED.org)

Co-Founder, Parent Heart Watch (ParentHeartWatch.org)

Board Member, Hoops for Heart Health (HoopsforHeartHealth.org)

Most deaths in Connecticut schools can be avoided. Bill No. 981 can and will make this happen. This collective effort to keep CT schools safe from sudden cardiac arrest is by providing a very simple device to be available in every school and on every playing field. It is called an automated external defibrillator (AED). If it had been available in the new $70 million school where my son had been playing in a Varsity basketball game, he would be alive today. The condition that is killing our children is the number 1 killer in the United States. My son,Greg, was a healthy athlete who played three sports every year, passed three required sports physicals and never missed a day of school.

So why did Greg die in school during halftime during his Varsity basketball game? Greg had an enlarged heart that no one knew he had, it was never picked up on the routine sports physicals, this condition called hypertrophic cardio-myopathy (HCM) would have been picked up by an echo-cardiogram or EKG. No one had ever told me that one child out of 500 who walks through the front door of a school has this condition, but doesn't know it. Greg had no symptoms, he did not suffer from high blood pressure, dizziness, chest pain, fainting spells or shortness of breath. We did not know that somewhere between 7000 and 10,000 healthy looking children (source: Northern Pediatric Association) die each year from sudden cardiac arrest. The number of SCA deaths in kids is probably higher, but no state or federal agency is required to report or keep a database on these statistics.

Greg was playing basketball in a $70 million school without an automated external defibrillator. When he collapsed, the athletic director and trainer thought he was having a seizure. SCA is exactly what a seizure looks like because of the lack of oxygen to the brain. CPR was not started because they kept insisting that Greg had a pulse, however, he wasn't breathing normally. The first ambulance arrived thirty minutes later without a defibrillator. Five minutes later, a second ambulance arrived with an AED and shocked Greg's heart back about five times. However, it had been too long before he was able to be shocked by an AED since He died in route to the hospital. My son was only 15 years old.

We learned the hard way what an AED was and how it probably would have saved Greg's life or at the least given him a second chance.

What is an automated external defibrillator (AED) and why are they needed in schools?

An AED is a medical device that can be used by students as young as those in 4th or 5th grade without fear or concern. It is needed in schools and on playing fields. Sudden Cardiac Arrest

an happen anytime and anywhere. This fatal irregularity to a normal heart rhythm is what ıost often leads to death if not treated within three to five minutes with an automatic external efibrillator. It is does not discriminate against age, race or healthy looking individuals and thletes. No one is immune from suddenly being stricken by sudden cardiac arrest.

'he victim will lose consciousness most often without warning, if a normal heart rhythm is not estored, death will follow within a matter of minutes. Many victims have no history of heart isease. Sudden cardiac arrest is unlike a heart attack, which causes the death of the heart ıuscle tissue from loss of blood supply, many victims of SCA also have no prior symptoms.

'he American Heart Association states that as many as 900 people die each day from sudden ardiac Arrest, which includes adults and children. If AEDs were more prevalent and publicly ccessible, as many as 50,000 lives could be saved each year with the use of AEDsl.

)uring the school year, 20% of America's population is found on a school campus every day.

'hey may be teachers, students, administrators, coaches, parents, grandparents, neighbors. The an be picking up or dropping off kids. They could be spectators at sporting events but at some ›oint of the day, they all find themselves on school property.

'he first AED bill in the country was passed in Pennsylvania on what we called a coincidence or serendipity?) on what should have been Greg's 16th birthday. It was April 25th, 2001. The egislature provided $2.4 million for the purchase of at least two AEDs for every school district n the state.

n New York State on December 1, 2002, a law mandating that AEDs be in all public schools nd on all playing fields was enforced. Two weeks later, the first student in NY (17 year-old ındrea LaFleur) was saved in her school less than two hours from where we sit today.) Since hat date, over 55 lives have been saved by a NY school owned AEDs.

n 2006, sixteen students died in Texas schools. A law was passed in TX in 2007 mandating ıEDs in all schools and at all sporting events. School AED legislation has been passed in nany states which also includes but not limited to: Florida, Maryland, Illinois, Colorado,)klahoma, Rhode Island, Massachusetts, so why would Connecticut want more kids to die to ›ass this AED school bill, when too many have died already?

'he Centers for Disease Control state there are approximately 10 deaths per day caused by ires versus 900 people who die per day from sudden cardiac arrest. I taught school for twenty-wo years, I took my students out for fire drills four times a year, yet I have never witnessed a ire in a school. We had water sprinklers in our schools, fire alarms, strobe lights to warn fire ictims and fire extinguishers every so many feet apart, why? This was because too many ›eople had died from fires and smoke inhalation that standards had been enforced and fire afety has became a priority.

Budgets are now extremely tight, there is always too little to spend on our children's ducational needs but a laptop computer, a new white board or even a new sports uniform will ıot save your child's or loved ones' life, an AED might.

What should your school board spend their budget? A life-saving, easy to use$1500 automated external defibrillator that would save a life? Or a $50,000 scoreboard ?

I work with former Connecticut resident, Ryan Gomes of the MN Timberwolves. Ryan has given AEDs away and broaden awareness about SCA across the country. Ryan lost a close friend, Stanley Meyers, to SCA before a basketball practice during a summer league. He made a promise that if he ever became an NBA player, he would encourage SCA awareness and AED deployment across the country. Connecticut should be so proud, because Ryan has done just that with the gift of over 30 AEDs across the country in memory of Stanley.

You can also do something about SCA, don't let another child die in your schools in Connecticut.

Support this bill and encourage other legislators to do just the same. Encourage your school districts to be heart-safe. You never know, your own child's or grandchild's life may depend on it.

Thank you for your support of SB 981.

Hypertrophic Cardiomyopathy Association

February 27, 2009

Committee on Public Health
RE: *Bill No. 981*

Dear Committee Members:

The Hypertrophic Cardiomyopathy Association is in support of the passage of Bill 981 which will provide for the availability of automatic external defibrillators in schools.

Hypertrophic cardiomyopathy is the leading cause of sudden cardiac arrest, SCA, in the young accounting for over 36% of deaths on the athletic playing field in the USA[1]. Nationwide over 600,000 people have HCM, 7,000 reside in the State of Connecticut [2]. These individuals can be found daily on your school campuses and include your students, faculty, parents, and visitors unfortunately only a small percentage know they have HCM. HCM is cardiology's great masquerader as its signs and symptoms are often misinterpreted as inconsequential or misdiagnosed as other disorders including athletically induced asthma, innocent heart murmur, panic attacks or mitral valve prolapse[3]. Symptoms of HCM can include shortness of breath, palpitations, chest pain/discomfort, lightheadedness, fainting, nearly fainting, fatigue and in some cases the first "symptom" can be sudden cardiac arrest[1].

I am sure that the American Heart Association, The Red Cross and others have provided you with the startling statistics about sudden cardiac arrest in the general public including that each day 1000 people with die from SCA. The HCMA firmly stands behind the data presented by these fine organizations. We do wish to emphasize that then those who die from SCA under the age of 40 will most commonly have HCM. In a school population that makes HCM public enemy number one in terms of sudden cardiac arrest risk. In cases of undiagnosed HCM sudden cardiac arrest may be the first identifiable "symptom" and its only treatment is prompt defibrillation – without it in fewer than 4-5 minutes the outcome will be death[4-5].

There are other states with wonderful AED legislation that may prove beneficial to the State of Connecticut. Specifically the language used by Illinois regarding maintenance of the device is particularly well crafted, it states:
(410 ILCS 4/20)
Maintenance, oversight. (a) A person acquiring an outomated external defibrillator shall take reasonable measures to ensure that: (1) Blank (2) the automated external defibrillator is maintained and tested according to the monufacturer's guidelines
You may wish to include this language in your legislation to help to ensure that once placed devices are well maintained and available for use as recommended by the manufactures.

The HCMA would also encourage the committee to include language that would hold harmless a "good Samaritan" who uses an AED in emergency situation regardless of there formal participation in a training program. Today's AED devices are so user friendly that nearly anyone can safely operate a device and save a life. As much as we would like to believe that all Americans would have formal CPR-D training the truth is few do, thus clear language protecting all by-standers will increase time to shock and improve outcomes.

HCMA

After the passage of this legislation it is important that each school have a strong Emergency Action Plans EAP's must be in place and the HCMA would suggest the committee draft a "best practices" sample to assist schools by ensuring they have comprehensive programs.

While we believe this legislation is a great step forward and fully support it, when economic situations improve we would hope the State would provide funding for AED's as well as encourage multiple devices for schools with traveling sports programs and/or larger campuses.

The HCMA represents over 4300 families, nearly 100of them live in Connecticut including the Gingery Family of Bristol – their son Tyler testified here last year. Tyler passed away on December 2, 2008 at the age of 5 from sudden cardiac arrest in his sleep. It would be a fitting tribute to Tyler's life to see this bill passed this year. Please let Tyler bring a second chance at life to someone else.

Should any member of the committee have additional questions please do not hesitate to contact the HCMA or visit our website at www.4hcm.org

Thank you for your time and attention.

Sincerely,

Lisa Salberg
CEO/Founder

Citations:

1 American College of Cardiology/European Society of Cardiology clinical expert consensus document on hypertrophic cardiomyopathy. A report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents and the European Society of Cardiology Committee for Practice Guidelines
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J Am Coll Cardiol. 2003 Nov 5;42(9):1687-713

2 Sudden Deaths in Young Competitive Athletes Analysis of 1866 Deaths in the United States, 1980-2006
Maron BJ, Doerer JJ, Haas TS, Tierney DM, Mueller FO
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3 Hypertrophic Cardiomyopathy Association database of 4300 unrelated families with HCM – pending publication

4. Sudden cardiac arrest in intercollegiate athletes: detailed analysis and outcomes of resuscitation in nine cases
Drezner JA, Rogers KJ
Heart Rhythm. 2006 Jul,3(7) 755-9 Epub 2006 Mar 28

5 Use of automated external defibrillators at NCAA Division I universities
Drezner JA, Rogers KJ, Zimmer RR, Sennett BJ.
Med Sci Sports Exerc 2005 Sep,37(9) 1487-92

HCMA

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Karen Acompora, President and Co-Founder

Louis J. Acompora Foundation

www.la12.org

SB 981

I would like to begin my testimony today by telling you about my son. Louis was an exceptional young man. He was a member of the National Honor Society and had won the Scholastic Athlete of the Year Award in his Junior High School. He was the co-captain and goalie of the JV lacrosse team but most importantly, he was loved by his family, friends and community.

On March 25th he was playing in his first lacrosse game of his high school career. Early in the 2nd quarter he blocked a routine shot with his chest. He took a few steps and collapsed right there on the field. As the Chain of Survival recommends, 9-1-1 was called and Louis' coach started CPR on him right away, but to no avail. We didn't know it at the time, but Louis was in cardiac arrest.

As his father and I stood by watching helplessly, Louis died on the field that day because there was still one very important link in the Chain of Survival that was missing. There was no Automated External Defibrillator, known as an AED, available to anyone until EMS arrived. That was 12 minutes after the event and it was already too late.

Louis was only 14 years old.

Louis died from a syndrome known as Commotio Cordis. This occurs when a blunt impact, such as the lacrosse ball, interrupts a critical rhythm in the heart. The heart begins to quiver, going into cardiac arrest. The only known treatment is defibrillation. IMMEDIATE defibrillation, such as with an AED. Up until then, Louis was 100 percent healthy and wearing a chest protector. It just didn't matter.
No parent can prepare for this, nor can parents and family know what will come of such a horrendous tragedy. For us, we decided it was important to educate and help promote awareness of Commotio Cordis and the need for Automated External Defibrillators. That's when we started the Louis J. Acompora Memorial Foundation. The Foundation began hosting events to educate schools, coaches and parents about this issue and we began advocating through legislation. On a local level, the Suffolk County Legislature embraced this issue and formed a task force to determine where and to what extent AED's should be placed in our County. They lent their support to the state, they completed placement of AEDs in 100% of our police patrol cars and have equipped county parks, beaches, golf courses and county buildings to be equipped with AED's and the staff trained to use them. Many lives have already been saved by our police, who are usually the first to arrive on the scene. But, we knew there was more work to be done.

On the state level, where school laws originate, we worked with legislators toward an AED in the Schools law. Louis' Law was passed on May 7th 2002 .The bill was signed by Gov. Pataki on graduation day at Louis' High School. This legislation was enacted to add a new section 917 to the Education Law requiring school districts, BOCES, county vocational education and extension boards, and charter schools to provide and maintain on-site, in each instructional school facility, at least one functional automated external defibrillator (AED) for use during cardiac emergencies. Louis' Law requires public school officials and administrators responsible for such school facilities to ensure the presence of at least one staff person who is trained in the operation and use of an AED.

The goal of this law is to save other children, but we recognize that schools are large workplaces and serve as the gathering places for the community, for children and adults of all ages, all at risk for a cardiac event.

The effect of this legislation has been enormous. Because of this important life-saving legislation, because of Louis' Law, we know of at least 44 lives that have already been saved within NY public schools – and 19 of those lives are children. There are probably more, that we don't even know about. This means that there are 19 sets of parents who did NOT have to bury their own child. There are 44 lives still with us, 44 different families who have not had to lose a loved one to cardiac arrest, families that would NOT have to wonder...what if there was an AED available?

The success of New York State AED legislation has prompted other states to follow in our footsteps. Many have realized that it is our responsibility to protect our children and our communities by having school systems that can provide a standard of care that is on par with the technology available in today's world.

Can you even imagine a school building without a fire alarm or fire extinguisher?

There has also been a ripple effect from the passage of Louis' Law that is difficult to measure. With close to 700 districts in New York State, we've seen schools make amazing strides. Schools have formed teams, working together across roles, across barriers, to ensure that our children and our community are protected in a cardiac emergency.

We know that there are so many more people in the community trained in CPR & AED, teachers, custodians, staff who are not just school employees but members of our communities. Schools have expanded their own CPR training programs to also train students, knowing that it is these children who might be responsible for recognizing the signs or calling 9-1-1, or even saving the life of others. Students who will go on to also be members of our community – trained to recognize and react to a cardiac emergency.
We now have small to major businesses, town municipalities, public and private buildings and organizations that have also made the commitment to having AED programs – and this includes many clubs and youth groups that have started AED programs voluntarily – simply because they know it is the right thing to do.

Beginning as law, this has created a great opportunity for both public and private partnerships to develop. Throughout New York we have many hospitals, Fire and EMS organizations, Nurses Associations and Foundations like ours that continue to help implement the law by providing free training to school districts and youth athletic organizations. Together we've created an environment of lifesaving awareness, fostering a sense of community and a commitment to serve each other as we work together to save move lives.

We already know that AEDs in Schools can save lives...at least we already know that in New York.

Without a doubt, had an AED been available promptly to our son Louis on March 25th, we know he would be alive today. We believe that AED's will be as common as fire extinguishers and why can't that day be today?

You have the power to make a change here in Connecticut. Lives are at stake, adults and children. We have the technology available, we have the knowledge, we have the experience, and now, we need your commitment.

You cannot – and should not - put a price tag on the life of any child.

In New York we are counting lives saved - not lost. Let's do the same for Connecticut, by passing bill SB981.

Testimony Before Public Health Committee
Connecticut General Assembly
February 27, 2009
SB 981

Distinguished Chairman Harris, Madam Chair Ritter and Members of the Public Health Committee, I thank you for the opportunity to speak today on behalf of SB 981 An Act Concerning Automatic External Defibrillators in Schools. My name is Hunter Kodama, a resident of North Stonington and a student at the Norwich Free Academy.
Two summers ago, the Norwich Free Academy community and the surrounding area was shocked with news of the death of Larry Pontbriant – a son, a student, a teammate, and a friend. When he collapsed during a recreational run through Mohegan Park, his heart fell into a state of ventricular fibrillation, and oxygen was no longer being pumped to his brain. When paramedics arrived at the scene of his collapse, they used an Automated External Defibrillator to return his heartbeat to a normal rhythm, but too much time had passed without circulation. Had an AED been available more quickly, he might have survived.

Upon returning to school for the 2007-2008 year, there was a different feeling in the air. Larry was on everyone's mind – the feelings most associated with the situation were disbelief and sadness. However, many students also felt a need to come together, to do something about it. It's hard to find a positive outcome as a result of Larry's death, but the unity brought by it can definitely be classified as such. In the early days of that school year, the students here with me launched a campaign to help create, support and pass the type of legislation we are discussing today. We gathered thousands of signatures to petition our representatives to support AED legislation, fundraised for the Larry Pontbriant Athletic Safety Fund in order to purchase AEDs and worked to raise awareness about the cause.

According to the American Heart Association, the use of AEDs in cases such as Larry's could help save up to 20,000 lives per year. In the news regularly, there are more and more similar cases of cardiac arrests where an AED could have saved a life. With 250,000 deaths from cardiac arrest each year, it is imperative that public places be equipped with these life saving machines, and the passage of this bill, SB 981, through the Connecticut General Assembly will be a significant step toward achieving this goal. You must recognize that the effects of an untimely death reach out to many more people than the deceased, or even his or her immediate family.

The students from the Norwich Free Academy who are present today represent a fraction of our larger group back at school, and only a minute portion of the teenagers, community members and residents of Connecticut, who have been affected by Larry's death and others like it. It is unfortunate that it took Larry's tragic death to be the catalyst for our school to install AEDs on campus, but it is our goal now, that with the passage of this bill, schools will be prepared, and such tragedies can be prevented elsewhere.

Respectfully, I thank the members of the Public Health Committee for allowing me to testify today, for your time, and consideration of SB 981.

Testimony Before Public Health Committee
Connecticut General Assembly
February 27, 2009
SB 981

Distinguished Chairman Harris, Madam Chair Ritter and Members of the Public Health Committee, I thank you for the opportunity to speak today on behalf of SB 981 An Act Concerning Automatic External Defibrillators in Schools. My name is Laura Binder, a resident of Norwich, and a teacher at the Norwich Free Academy.

I come to you today as both an educator and a citizen, to implore you to support this legislation. I do so as someone who believes wholeheartedly that government's most important responsibility is to protect its citizens and as one who believes that it is incumbent upon citizens to use their voice, their collective efforts and their rights to advocate for change. I teach this daily and I am blessed with students who have taken this lesson to heart, some of whom are here today. It is, however, with a profound sense of sadness that we come today in support of this legislation, for this is more to us than simply an exercise in civic duty – this is a personal mission born out of a great loss. For ten months, I was given the great privilege of teaching Larry Pontbriant, a young man who impressed me with his great sense of humor, tremendous work ethic and love of life. He was charismatic and charming, but he was also disarmingly genuine and kind. I watched over the course of the year, as he grew into a position of leadership within his class, embracing the experience of his education and engaging in learning with a real intellectual curiosity and joy. I asked Larry to be a peer mentor in a support class for struggling students, to help them study and to encourage them. He took to this task with humor and a readiness to help not always seen in young people. I have taught for thirteen years and it is without exaggeration that I tell you that he was one of the most engaging, interesting and gifted students I have ever had. I should be writing a recommendation for college for this young man – instead I find myself here, asking you to consider that this loss, this singular life is a compelling enough reason to enact legislation for AEDs in schools. If you had known him, I am certain you would agree. Larry was a standout, partly because his confidence and leadership drove others to rise to his level. Today I bring with me students who have been so impacted by this example, and it is a testament to him that they have channeled that action into our work on behalf of this cause. You have an opportunity, with your support of this legislation to save lives, to protect your communities and to act in the best interests of the common good – for this one life was precious, as is each you protect with this legislation.

On behalf of the students gathered here today and the larger Norwich Free Academy community, I wish to thank the committee members for allowing me to honor the memory of Larry Pontbriant, my student and my hero. Thank you for your time and consideration of this bill.

To: Public Health Committee

From: Sarah Baumbach, Central Connecticut State University Athletic Training Student
CATA GAC Student Subcommittee member

Re: Raised Bill # 981, An Act Concerning the Availability of Automatic External Defibrillators in Schools.

Date: February 27, 2009

Good afternoon Representative Ritter, Senator Harris and members of the public health committee. Thank you for this opportunity to speak before you regarding Raised Bill # 981 An Act Concerning the Availability of Automatic External Defibrillators in Schools.

My name is Sarah Baumbach and I am from Watertown, CT. I am an athletic training student at Central Connecticut State University and a Certified EMT. Today I am here to represent the Connecticut Athletic Trainers Association, Governmental Affairs Committee Student Subcommittee.

Sudden Cardiac Arrest (SCA) is the **leading** cause of death in the United States. Sudden Cardiac Arrest happens when the heart suddenly stops beating due to ventricular fibrillation. The **most effective** treatment for ventricular fibrillation is with defibrillation from an **Automatic External Defibrillator (AED)**. Sudden Cardiac Arrest can happen to people of all ages at any time. That is why it is important to have an AED in schools. There is no prediction of SCA and it needs to be treated with an AED 3-5 minutes after collapse for optimal results. Victims are usually beyond help after 10-12 minutes. It takes about 15 minutes for an ambulance to arrive in most cases, that is unfortunately too late.

Being an athletic training student at Central Connecticut State University and a certified EMT has taught me how important it is to have an AED in the Athletic Training Facility, at games, and at practice coverage. SCA is also the leading cause of death in athletes. The athlete's health and well being is our top priority. We take pride knowing we provide the best care that we can give, and having an AED in our possession assures us of that.

An AED is indispensable and should be put in every school in the state of Connecticut. The health and safety of students and faculty are being compromised by not having schools equipped with an AED. Yes, it is costly to put an AED in every school and train individuals to use the device, but the cost of a life is priceless.

In closing, every school in Connecticut needs an AED. There is no excuse as to why there is not an AED in schools today. Death could be prevented with just one piece of equipment.

Sincerely,

Sarah Baumbach

Public Hearing speech at Capital on February 27, 2009

My name is Joan Papale
I live in Wallingford.
Volunteer for the American Heart Association
Bill # **SB 981— AN ACT CONCERNING THE AVAILABILITY OF AUTOMATIC EXTERNAL DEFIBRILLATORS IN SCHOOLS**
Committee—AHA and CATA
My position: I believe all schools should have at least one AED on there premises and trained staff in CPR and AED use.

My life "appeared" very normal on August 23rd. We had just returned from a family vacation in Mystic. The next morning, on August 24th, my life changed forever. I received the most horrifying phone call, the one every parent dreads. The phone rings, but when I pick it up, the voice on the other end is hysterical. My husband said to come quickly, Mike fainted and it's bad. I immediately jumped up and raced in my car towards the recreation center convinced that Mike was probably sitting up by now. As I was heading to the recreation center I remember thinking—well as long as I don't hear an ambulance—its o.k. Seconds later, to my devastation, I hear the sirens to an ambulance, the ambulance is moving quickly, I look up, see my husband in the front seat and know it must be bad. I quickly turn my wheel, put on my blinkers and follow the ambulance. I pulled into Mid State Medical Center as Mike was being wheeled out of the ambulance. He had a ventilator breathing for him and machines and wires attached everywhere. He looked unrecognizable. I felt like I had been transported to another world. This couldn't be happening to my strong, healthy son. He was perfectly fine the night before. The emergency room staff whisked my husband and me into a private room near Mike. I was in a fog. My husband was hysterical, strange and unknown to me. He never got upset. They sent in a social worker to sit with us. Her name was Claudia. She was wonderful. She comforted my husband and kept encouraging me to let go. I was too stoic, she said. Claudia didn't realize that I was trying to send Mike positive energy from me. I was talking to him mind to mind, heart to heart. I wanted him to know I was there, that he would be alright and to use my energy to fight.

We were brought to Connecticut Children's Medical Center Intensive Care Unit. Dr. Heller, a cardiologist, took my husband and me to a conference room in the intensive care unit that first evening and told us that Mike had not fainted. He went into cardiac arrest and experienced an Aborted Sudden Cardiac Death. There was a one in a million chance, that he survive, due to the severity of his cardiac arrest. Mike spent 14 indescribable days in the intensive care unit battling for his life. He was diagnosed with Hypertrophic Cardiomyopathy, has an implanted defibrillator and lives on two heart pills a day.

On August 24th the most traumatic, horrifying, and paralyzing experience occurred to me. My healthy 17 year old son went into cardiac arrest. My life changed in a second and would never be the same. Two years later, it's not the same. We all believe, in a sense, nothing bad is going to happen to one of our loved ones. I believed this too, until it happened to me. For the first time, as a parent, I lost complete control. There was nothing I could do for my son, but pray. Yesterday we learned Mike will need to have surgery next Wednesday at Hartford Hospital to replace the two leads going into his heart. We were both stunned and frightened by this information. Life continues to be worrisome.

I am here today to make a heartfelt request. Mike went into cardiac arrest on August 24th at the Wallingford Recreation Center. Mike was lucky, we were blessed. There was no AED at the Recreation Center where Mike collapsed. If not for, our hero, Bob Heubner, and the outstanding EMT staff, Mike would not have survived. It is vital to get this Bill passed. We need to work together to keep all of our Connecticut residents safe.

Thank you for your time.

SB981

My name is Erin Halsey and I am here today on behalf of my 10 year old son Gavin...he was born with a congenital heart defect called aortic stenosis and has had 6 surgeries since he was born and has fought to survive...and I refuse to have him become a statistic because there was not an AED in his school.

- Children spend the majority of there day in school
- Sporting events take place at schools
- Concerts, plays, talent shows, Grandparents Day, Parent Teacher conferences, after school programs, summer programs, book fairs, bake sales, dances, auctions, PTO meetings...plus countless other events take place in our schools...

At any time, any body could collapse due to heart related incidents...I just pray to God it doesn't happen at a school in CT...or there is a very good chance the person won't survive...

Heart disease remains the number one killer...please don't let it take another life without careful consideration for this bill...I have been to the superintendent of schools in my town, I have spoken to the Mayor, I have talked with state representatives yet no AED exist in my town...they have been donated and denied, given and refused, all because of two things...ignorance and fear

I come here today for Gavin...and for Michael and for Louis and for any person that has or will spend time in a school...please don't let another life cease because of that ignorance and fear...AED's need to be available in our schools, and they are very easy to use and maintain...please don't let another person, especially child die a preventable death...this is just too important

Thank you for your time and attention

Sudden Cardiac Arrest Association

POWER AND PASSION... SAVING LIVES

Statement of the Sudden Cardiac Arrest Association submitted to the Connecticut State Senate Committee on Public Health in support of SB 981 to require Automatic External Defibrillators (AEDs), training and development of emergency action plans to respond to sudden cardiac arrest events on school grounds

Honorable Chair and members of the Committee:

The Sudden Cardiac Arrest Association (SCAA) commends the introduction of SB 981 and applauds the Committee for holding this hearing to collect testimony as it considers and hopefully recommends enactment of this legislation.

Sudden cardiac arrest (SCA) is the nation's leading cause of death. It results from the abrupt loss of blood flow due to an electrical disruption of the heart's that limits its ability to pump blood and carry oxygen to the other vital organs. SCA kills nearly 300,000 Americans each year Without immediate CPR and the shock of an automatic external defibrillator (AED) in less than ten minutes to restore the heart's natural rhythm, 95 percent of victims die of SCA. In most cases, waiting for emergency medical services (EMS) to arrive to assist the victim is too late.

Risk factors for SCA include congenital and genetic conditions, as well as a previous heart attack, diabetes, coronary artery disease, obesity and smoking. There are likely members of the Senate and even this committee that meet the risk factors profile SCA can strike people of all ages, including children and teenagers.

AEDs are commonplace in many public facilities, such as airlines and airports, federal office buildings, and many shopping malls, health clubs and golf courses. More than 20 states have enacted legislation to require AEDs at school facilities, as well as the implementation of training and emergency response plans. We strongly urge Connecticut to join that growing list. There is ample evidence that CPR and AEDs save lives, and AEDs on school campuses have multiple benefits. They not only improve emergency response to assist students who suffer a sudden cardiac arrest – they also are available to help protect teachers, staff, parents and visitors. AEDs should be located in public facilities where people work and play, and school campuses are major community centers and gathering spots. It is important to stress that this is not only a student safety issue – it is a workplace safety issue for teachers, coaches, sports officials and other adults who work on school campuses and who carry risk factors for SCA.

Furthermore, by implementing school-based AED programs, you will be helping to educate the broader community of students, parents, teachers and staff about sudden cardiac arrest and emergency response. While training and management of AEDs are important overall components of implementing a school-based program, the technology of AEDs does not require training in order for them to be successfully deployed. AEDs

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are simple to devices with voice-prompted directions that allow even an elementary school student to use them One of the issues we face in utilizing AEDs is that many bystanders do not know what they are or are afraid to use them. By making them commonplace, and introducing them in our schools, we are educating and preparing multiple generations about the importance of bystanders responding to someone's collapse from sudden cardiac arrest

Even in this age of constrained budgets, we do not believe that the implementation of a statewide AED program is a financial burden. SB 981 as written provides multiple ways for local school districts to secure AEDs and training. In addition, this is ultimately a question of priorities Parents, teachers, students and administrators can easily come together to find ways to fund the purchase of these devices And leveraging the symbolism of an AED program to have a broader community discussion about heart disease and SCA risk factors provides an additional public health benefit that will hopefully reduce the overall risk factors and improve the cardiac health of the citizens of Connecticut.

The Sudden Cardiac Arrest Association is the nation's leading public advocacy organization exclusively dedicated to preventing sudden cardiac death through better public awareness, better emergency response, and better access to health care for patients at risk Our recently published "Saving Lives in Schools and Sports" booklet is attached to this testimony, and we encourage the committee to make the document a part of the record. It is also a valuable educational tool for any individual or organization that might not support enactment of SB 981

Thank you.

Submitted by Sherri Hopkins, Chair Connecticut Sudden Cardiac Arrest Association
and Chris Chiames, Executive Director
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For more information, please visit *www.suddencardiacarrest.org*