

Legislative History for Connecticut Act

**PA 14-93**

SB229

House	6458-6465	8
Senate	2052-2061, 2074-2122, 3183-3184	61
Children	118-123, 318, 320, 387, 389-390, 449-461, 478, 571-572, 610, 627-628, <u>640-642, 672-705</u>	67

---

**136**

**H – 1199**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2014**

**VOL.57  
PART 19  
6233 – 6539**

rc/gdm/gbr  
HOUSE OF REPRESENTATIVES

463  
May 6, 2014

Necessary for Passage	73
Those Voting Yea	136
Those Voting Nay	8
Those Absent and Not Voting	7

DEPUTY SPEAKER ORANGE:

The bill passes as amended in concurrence with  
the Senate.

Will the House stand at ease.

(Chamber at ease.)

(Speaker Sharkey in the Chair).

SPEAKER SHARKEY:

Will the Clerk please call Calendar 497?

THE CLERK:

On Page 27, Calendar 497, favorable report of  
the Joint Standing Committee on Appropriations,  
Substitute Senate Bill 229, AN ACT CONCERNING SUDDEN  
CARDIAC ARREST PREVENTION.

SPEAKER SHARKEY:

Representative Urban.

REP. URBAN (43rd):

Thank you. Thank you, Mr. Speaker.

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

SPEAKER SHARKEY:

The question is on acceptance of the Joint Committee's favorable report and passage of the bill?

Will you remark, madam.

REP. URBAN (43rd):

Yes, Mr. Speaker.

The Clerk has in his possession an amendment, LCO 4915, previously designated Senate "B". I ask that he call it, and I be allowed to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 4915, which has been previously designated Senate Amendment "B".

THE CLERK:

Senate "B" 4915, introduced by Looney, et al.

SPEAKER SHARKEY:

The gentlewoman has sought leave of the Chamber to summarize.

Is there objection?

Seeing none, you may proceed with summarization, madam.

REP. URBAN (43rd):

Thank you, Mr. Speaker.

This bill requires the State Board of Education, in consultation with specified organizations, to develop or approve a sudden cardiac arrest awareness education program for use by local and regional school boards. I move

rc/gdm/gbr  
HOUSE OF REPRESENTATIVES

465  
May 6, 2014

adoption.

SPEAKER SHARKEY:

The question before the Chamber is adoption.

Do you care to remark? Do you care to remark  
on Senate "B"?

If not, let me try your minds.

All those in favor of Senate Amendment "B",  
please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay.

The ayes have it. The amendment is adopted.

Representative Urban -- excuse me --

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Good evening,  
Mr. Speaker.

SPEAKER SHARKEY:

Good evening, sir.

REP. SRINIVASAN (31st):

Mr. Speaker, the Clerk is in possession of .  
Amendment LCO 5615. I request the -- the amendment  
be called, and I be granted leave to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 5615 which will  
be designated House "A".

rc/gdm/gbr  
HOUSE OF REPRESENTATIVES

466  
May 6, 2014

THE CLERK:

House "A", LCO 5615, introduced by  
Representative Aresimowicz, et al.

SPEAKER SHARKEY:

The gentleman has sought leave of the Chamber  
to summarize.

Is there objection?

Seeing none, you may proceed with  
summarization, sir.

REP. SRINIVASAN (31st):

Mr. Speaker, this amendment is a strike-all  
amendment. And essentially what it does is, for the  
school year commencing 2015, the School Board of Ed,  
along with several organizations, will develop a  
cardiac arrest awareness education program.

This particular program will be developed  
either with existing materials or with the  
appropriate input from the various organizations.

Mr. Speaker, I move adoption.

SPEAKER SHARKEY:

Thank you.

The question before the Chamber is adoption of  
House Amendment "A".

Will you remark? Will you remark?

Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker.

rc/gdm/gbr  
HOUSE OF REPRESENTATIVES

467  
May 6, 2014

Mr. Speaker, this is a friendly amendment. And I thank my colleague from across the aisle, and just briefly also thank the Senate for bringing this to the Children's Committee and raising awareness of this problem.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark further on House Amendment "A"?

If not, let me try your minds.

All those in favor of House "A", please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Would you care to remark further on the bill as amended?

Representative Wood.

REP. WOOD (141st):

Thank you, Mr. Speaker.

I also stand in very strong support of this bill. What we heard in testimony on this is that more than 2000 student athletes die a year from sudden cardiac arrest, and apparently there are warning signs. What this bill does is create an

education piece and an awareness. Pennsylvania has passed this law. New Jersey has passed this law.

There is something called Simon's Fund that has the template for the education program. We ask that coaches look at a nine-minute video to help determine whether a student athlete might be suffering cardiac symptoms that would lead to sudden cardiac arrest.

This does remove the coach's peach -- piece, which was of concern to a number of people. And I think, maybe going forward, when we have more information, that's something we could develop further. But I think it does make sense to raise awareness on this issue and educate people.

I would also like to thank Senator Carlo Leone for all his work on bringing this to this Chamber and to this Legislature.

So, again, I urge my colleagues to support this.

And thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam.

Do you care to remark? Would you care to remark on the bill as amended?

Representative Tong.

REP. TONG (147th):

Thank you, Mr. Speaker.

I also rise in very strong support of this bill. I want to thank Representative Wood for her leadership on this issue. This arises out of a tragedy back in our home area, our district in Darien. And the advocates in Darien, and also with the assistance of Senator Leone, and our majority leader put this together. It's a great compromise and moves us forward.

Thank you very much, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark? Would you care to remark further on the bill as amended?

If not, staff and guests to the Well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll.  
Will members please report to the Chamber immediately.

SPEAKER SHARKEY:

Have all members voted? Have all members voted?

Will members please check the board to make sure your vote is properly cast.

If all the members have voted -- if all the

rc/gdm/gbr  
HOUSE OF REPRESENTATIVES

470  
May 6, 2014

members have voted, the machine will be locked and  
-- if all the members have voted, the machine will  
be locked, and the Clerk will take a tally.

Clerk, please announce the tally.

THE CLERK:

Senate Bill 229, as amended by Senate "B" and  
House "A".

Total Number Voting	143
Necessary for Passage	72
Those Voting Yea	143
Those Voting Nay	0
Those Absent and Not Voting	8

SPEAKER SHARKEY:

The bill as amended passes.

REP. ARESIMOWICZ (30th):

Mr. Speaker?

SPEAKER SHARKEY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move for immediate transmittal  
of all items acted upon in the House awaiting  
further action in the Senate.

SPEAKER SHARKEY:

The transmittal -- is a motion.

Is there objection?

Seeing none, so ordered.

Will the Clerk please call Senate Bill 475.

**S - 675**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2014**

**VOL. 57  
PART 7  
1971 - 2310**

rgd/gbr  
SENATE

164  
May 1, 2014

Those Absent and Not Voting 1

THE CHAIR:

Bill passes.

Mr. Clerk.

THE CLERK:

On page 32, Calendar 54, Substitute for Senate Bill 229, AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION, favorable report of the Select Committee on Children.

THE CHAIR:

Senator Bartolomeo, good -- good evening, Ma'am.

SENATOR BARTOLOMEO:

Hi, good evening, Madam President.

Madam President, I move acceptance of the joint committee's joint favorable report and I urge passage of the bill.

THE CHAIR:

Motion is on acceptance and passage.

Will you remark, Ma'am?

SENATOR BARTOLOMEO:

Yes, thank you, Madam President.

Actually I would like to go to -- if the Clerk would be willing to read the amendment he's in possession of which is LCO Number 4791. If the Clerk would do so, I would like to be given leave to summarize if I may.

THE CHAIR:

Would you like the Clerk to read it or do want the Clerk to call the amendment?

rgd/gbr  
SENATE

165  
May 1, 2014

SENATOR BARTOLOMEO:

I'm sorry. He can just call that please. Thank you, sir -- Ma'am.

THE CHAIR:

Mr. -- Mr. Clerk, will you just call the amendment please.

THE CLERK:

LCO Number 4791, Senate "A", offered by Senators  
Looney, Bartolomeo, et al.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Ma'am.

Ma'am, the -- the amendment that we have --

THE CHAIR:

Would like to move adoption?

SENATOR BARTOLOMEO:

Yes please I would like to move adoption.

THE CHAIR:

(Inaudible.)

SENATOR BARTOLOMEO:

I'd like to start all over actually.

THE CHAIR:

You're doing fine.

The motion is on adoption. Will you remark please?

rgd/gbr  
SENATE

166  
May 1, 2014

SENATOR BARTOLOMEO:

Yes please.

This particular amendment is a strike-all amendment so I will give a detailed explanation of this amendment as it will eventually become the bill.

Sudden cardiac arrest is actually a condition which is the leading cause of death in young athletes. There are a variety of different studies that have controversial information regarding the numbers because of the fact that we do not currently in the United States have any type of a registry to properly count and keep track of the number of incidents of sudden cardiac arrest.

However, the American Heart Association recently released a report estimating that there are 8,000 young athletes, young children, who die annually due to sudden cardiac arrest.

The way that this concept for this bill made its way to the Legislature and this amendment is unfortunately because of a young man, 14-year old young man, who was a month shy of his 15th birthday who passed away from sudden cardiac arrest and -- in -- in the Town of Darien.

That young man's name is Andy Pena and we -- those of us who have worked on this bill and those of us in the Children's Committee affectionately call this Andy's Law.

Senator Duff and Senator Leone know this -- the family of Andy Pena and have worked with us to a great extent to be able to write the legislation that we have here.

What this does is it looks for a prevention curriculum, if you will. So the school year of July 1, 2015 and thereafter we will have the State Board of Education, the Department of Public Health, CIAC which is the -- the supervisory, if you will, the agency for high school athletics rather, the Connecticut Athletic Trainers

rgd/gbr  
SENATE

167  
May 1, 2014

Association and a medical association collaborate on developing or approving a sudden cardiac arrest education program for local and regional boards of education.

And they do have the opportunity to publish this curriculum or program on their website. There is -- we do say that they can either develop or identify and approve because there is on a website, if you will, called Simons -- I'm sorry, Simon's Fund there is a nine minute video which can be used as a training on sudden cardiac arrest.

They need to -- the program would need to identify four coaches who are being trained, the warning signs and the symptoms of sudden cardiac arrest, the risks of engaging in play after an athlete -- a student has exhibited these symptoms and also proper medical treatment when suspected of experiencing these symptoms because time is of the essence and the prognosis is much better when they're treated promptly and also conditions for return to play.

So in addition to all of that, the State Board of Education would develop and approve an informed consent so that parents and guardians would have a summary of the awareness education program and be able to sign that they are accepting and allowing their child to engage in play.

Coaches would provide the informed consent. They would obtain signature to authorize students' participation and they would participate in a view -- excuse me, reviewing annually the program.

A coach shall remove a -- a student based upon their synthesis of the information in the education program if they feel that the child is at risk for sudden cardiac arrest.

There is also very importantly a clause in here in Section 5 that would immune -- a coach would be immune from suit or liability unless they exhibited willful misconduct, gross negligence or recklessness.

rgd/gbr  
SENATE

168  
May 1, 2014

And currently the -- as I said before there is no United States nor centralized mandatory registry for incidents so it's very difficult to estimate but we are certain that this is a growing problem and most recently there was actually in March another incident in the State of Connecticut where a child was victim to sudden cardiac arrest.

So with that, Madam President, that is the amendment and I would urge passage of the amendment.

THE CHAIR:

Thank you.

Will you remark?

Senator Linares.

SENATOR LINARES:

Thank you, Madam President.

And I would like to thank Senator Bartolomeo for her background information on this piece of legislation and I would like to extend my -- my thoughts and prayers to Andy Pena's family. I can only imagine that an event as tragic as -- as that is just a very difficult -- difficult thing to deal with and -- and I -- I believe that that Senator Leone has been in contact with them. Senator Duff has reached out to their family as well to help them anyway they can and I -- I definitely applaud their efforts in doing that.

This issue is -- it's -- it's very difficult to understand how something like this can happen, sudden cardiac arrest can happen, to such a young person and I can only imagine how awful it is for parents who have a young, healthy, athletic son or daughter competing in -- in sports, in high school sports, and middle school sports and all of a sudden have -- having something as serious as sudden cardiac arrest take place and my understanding is that, if that does happen, they -- the individual suffering from sudden cardiac arrest

rgd/gbr  
SENATE

169  
May 1, 2014

can die in only moments.

So it's a -- it's a very sad and -- and tragic incident that -- that has happened again and again and we're seeing it happen more and more across the country.

My understanding is that over 400,000 people experience sudden cardiac arrest each year and more than 1,000 people per day pass away from sudden cardiac arrest. Nine out of ten victims die. So it -- it has a huge casualty rate and according to the study of -- by the National Collegiate Athletic Association there is one sudden cardiac arrest death per every 22,000 athletes set -- between the ages of 17 to 24 participating in an NCAA sport.

And it occurs without warning and unfortunately there -- there isn't a lot that -- that you can do for prevention. After researching this issue, my understanding that -- is that if you, you know, do the normal -- take the normal precautions like eating healthy food, losing weight, not smoking, things like -- of that nature, can certainly help but ultimately this -- this comes without a lot of warning.

Just so -- I have some information here on sudden cardiac arrest because I think that it's something that we don't spend enough time talking about and it's important that we raise awareness on the issue.

SCA, in order to understand it, it's important to understand how the heart works. The heart has an electrical system that controls the rate and rhythm of the heartbeat. Problems with the heart's electrical system can cause irregular heartbeats and -- and when that occurs, the heart can beat so -- so fast or so slow that it creates an irregular rhythm.

And in the event that that happens, it's possible for the heart to shutdown entirely. Most people who have SCA die from it within minutes. Rapid treatment of SCA with a defibrillator can be lifesaving and for many of those -- many of you who

rgd/gbr  
SENATE

170  
May 1, 2014

have sons or daughters, grandchildren or have performed in -- in athletics in high school know that there is often defibrillators in high school gymnasiums and in the schools close by to athletic events in the event that something this tragic does happen.

So who is at risk for sudden cardiac arrest? Unfortunately it's a wide variety of people as we're seeing the ages range from early 14 to later on in life. Men are actually two or three times more likely to have sudden cardiac arrest than women and SCA rarely occurs in young children unless they have genetic or inheritance problems.

So it's a -- it's a huge issue and I -- I think it's definitely something that deserves the attention of this Chamber and it's important to have a discussion about how we can prevent something like this from happening if -- if at all.

So in this bill the -- as it states, intramural or interscholastic athletes shall -- shall include any activity sponsored by a school or a local education agency as defined by General Statutes organized by a local agency, should have to abide by, and come up with, a plan after the State Board of Education, in consultation with the Commissioner of Public Health and essentially create a -- a plan for best practices.

Now I -- I do have some questions for the proponent of the bill, Madam President, if I may.

THE CHAIR:

Please proceed, sir.

SENATOR LINARES:

Senator, are -- is -- is the Board of Ed willing to -- to reach out to -- as I -- we had this similar discussion yesterday when talking about the sexual assault awareness bill, will the Board of Education -- or State Board of -- State Board of Education and Commissioner of Public Health take into consideration best practices of local boards of ed?

rgd/gbr  
SENATE

171  
May 1, 2014

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Madam President, through you, I -- I would assume that the State Board of Education would have an easy access to understanding what their local and regional boards of education have in place for policy. I do know certainly that the CIAC is also aware of that.

Thank you, Madam President.

THE CHAIR:

Senator Linares.

SENATOR LINARES:

Thank you, Madam President.

It says in -- in the language of the bill that the program shall be published on the State Board of Education's internet website and shall include warning signs and symptoms associated with cardiac arrest including, but not limited to, fainting, difficulty breathing, chest pain, dizziness and abnormal racing heart rate.

And -- and I know the good Senator has played sports herself and many of us in this Chamber are -- have been involved in -- in intramural and high school sports and one of the first things that you think about when you -- when you read language like this is that often in the course of an athletic event, whether it be third base, whether it be you're playing third base or you're playing point guard in a basketball game that you might find that you have symptoms like dizziness or difficulty breathing or an abnormal racing heart rate.

I know that when we're -- if you were to be at practice at -- at -- in the middle of a conditioning or basketball practice, that that is a common occurrence.

And that it goes on in line 63 -- excuse me -- the coach of any intramural or interscholastic athletics shall immediately remove a student from participating in any intramural or interscholastic athletics who is observed to have exhibit signs, symptoms or behaviors consistent with those described in the sudden cardiac arrest and awareness education program.

So I guess my --

THE CHAIR:

Senator Linares, would you mind just standing at ease for one second?

SENATOR LINARES:

Absolutely.

THE CHAIR:

Okay. I'm sorry. Don't lose your train of thought. Thank you very much. I apologize.

(Chamber at ease.)

THE CHAIR:

I apologize, Senator Linares.

Oops, Senator Doyle, why do you rise, sir?

SENATOR DOYLE:

Good afternoon, Madam President.

THE CHAIR:

rgd/gbr  
SENATE

173  
May 1, 2014

Good afternoon, sir.

SENATOR DOYLE:

I just wanted to ask the -- the President to PT  
this bill please.

THE CHAIR:

The bill will be PT'd.

SENATOR DOYLE:

But please call the next bill.

THE CHAIR:

Thank you very much.

Mr. Clerk. .

THE CLERK:

On page 33, Calendar 132, Substitute for Senate  
Bill Number 178, AN ACT CONCERNING SENIOR SAFETY  
ZONES, favorable report of the Committee on Aging.

THE CHAIR:

I'm sorry, Senator Ayala. Good afternoon, sir.

SENATOR AYALA:

Good afternoon, Madam President.

I move acceptance of the joint committee's joint  
favorable report and urge passage of the bill.

THE CHAIR:

The motion is on acceptance and passage.

Will you remark, sir?

SENATOR AYALA:

Madam President, the Clerk is in possession of --

rgd/gbr  
SENATE

186  
May 1, 2014

Madam President, have some additional items to -- to mark as go this evening.

First, Madam President, an item passed temporarily earlier this evening on Calendar page -- under matters returned from Committee, Calendar page 32, Calendar 54, Senate Bill 229 should be marked go. Also, Madam President, under matters returned, Calendar page 31, Calendar 51, Senate Bill 43 should be marked go. And Calendar page 32, Calendar 97, Senate Bill Number 46 should be marked pass temporarily. And Calendar page 33, Calendar 130, Senate Bill 45 should be marked go.

Also, Madam President, under matters returned, Calendar page 36, Calendar 199, Senate Bill 309 marked go. Calendar page 38, Calendar 257, Senate Bill 72 also marked go. Under Calendar -- under favorable reports Calendar page 2, Calendar 159, Senate Bill 269 is marked go. On Calendar page 9, Calendar 347, House Bill 5385 is marked go. Then, Madam President, on matters returned, Calendar page 31, Calendar 43, Senate Bill 10 is marked go. Calendar page 31, Calendar 45, Senate Bill 14 marked go. Calendar page 32, Calendar 98, Senate Bill 191 marked go. Calendar page 36, Calendar 211, Senate Bill 394 marked go. And also, Madam President, Calendar page 33, Calendar 133, Senate Bill 179 is marked go.

Those are our go items at this time, Madam President.

THE CHAIR:

Thank you, sir.

Mr. Clerk -- or Madam Clerk. Sorry.

THE CLERK:

On page 32, Calendar Number 54, Senate Bill Number 229, AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. Approved by the Joint Committees of Children -- Special Committee on Children's Education and Appropriation.

THE CHAIR:

sj/gbr  
SENATE

187  
May 1, 2014

Senate "A" has already been approved.

THE CLERK:

And there are amendments.

THE CHAIR:

Senate "A" is before us right now.

THE CLERK:

Right, Senate "A."

THE CHAIR:

Good evening, Senator Bartolomeo.

SENATOR BARTOLOMEO:

Good evening, Madam President.

Madam President, I would ask that we withdraw Senate  
Amendment "A."

THE CHAIR:

Seeing no objection, so ordered, Ma'am. Senate "A"  
has been withdrawn.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Madam President, the Clerk is in possession of  
Amendment LCO Number 4915. May the Clerk please call  
that amendment and I be given leave to summarize?

THE CHAIR:

Madam Clerk, will you please call Senate "B"?

THE CLERK:

Senate "B" 4915.

sj/gbr  
SENATE

188  
May 1, 2014

SENATOR BARTOLOMEO:

Madam President, I move adoption of this amendment.

THE CHAIR:

Motions on adoption.

Will you remark, Ma'am?

SENATOR BARTOLOMEO:

Yes. Thank you, Madam President.

This particular amendment is very similar to the one that we recently withdrew. It is actually -- just contains a couple technical changes of dates. Other than that, the amendment is a strike all amendment which will become the bill and it is regarding sudden cardiac arrest prevention programs, which is the leading cause of death in young athletes.

With that, I urge passage of the amendment, Ma'am.

THE CHAIR:

Thank you.

Will you remark?

Senator Linares, good evening, sir.

SENATOR LINARES:

Good evening, Madam President. Thank you.

We were discussing this bill earlier and, where we left off, we were having a discussion for legislative intent. On a portion of this bill regarding the symptoms of sudden cardiac arrest and, and how a coach or someone who is leading an athletic or intermural team is supposed to identify these symptoms and as a result pull students or athletes out of a game or practice in order to prevent sudden cardiac arrest. So, I have some questions just to clarify a concern with this bill to the proponent of the bill.

sj/gbr  
SENATE

189  
May 1, 2014

THE CHAIR:

Please proceed, sir.

SENATOR LINARES:

Senator Bartolomeo, in line -- or section -- I'm sorry, line 63 it says that the -- starting at 60, "The coach of any intramural or inter-scholastic athletics shall immediately remove a student from participating in intramural or inter-scholastic athletics who is observed to exhibit signs, symptoms or behaviors consistent with those described in sudden cardiac arrest awareness education and the awareness education program developed or approved pursuant to Subsection B." And in that subsection it recognizes that the warning signs and symptoms associated with sudden cardiac arrest are but not limited to fainting, difficult -- difficulty breathing, chest pain, dizziness, abnormal racing heart, et cetera.

So, where we left off, Senator, is if -- and I believe you played third base back in high school. I played some sports myself. And if you, if you remember during that time in practice, in conditioning, in training, you were probably working very hard to prepare -- I'm sure, knowing you, you were probably working very hard to prepare for the season. And there might have been instances where you were short of breath, where you may have been dizzy just because those -- that's what happens in sports. So, I think the concern of the bill, and something I'd like to clarify, is how -- how does -- how does a coach identify if, if an athlete is hard of breathing? How do you identify if it's just because of wind sprints, it's a normal condition, or if it's sudden cardiac arrest?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President. Through you, if I might,

sj/gbr  
SENATE

190  
May 1, 2014

and thank the good Senator for the question. I appreciate the opportunity to explain.

We had mentioned before that there actually are or there is at least one that I'm aware of, a program that's already developed, and it's an -- actually a nine-minute video that the coaches can watch. You can access it through something called Simon's Fund which is, is referenced in the bill as well. And in watching that video, which I have done, it is very clear that there's -- array of symptoms need to be taken into account.

So, for instance, it talks about the fact that a child or an athlete that's going to have sudden cardiac arrest or that's susceptible or those that have had, there's a couple different underlying conditions. Typically there's structural or electrical preconditions to having that sudden cardiac arrest and, therefore, they speak about the fact that if you're having racing heart, shortness of breath, it would be something that is temporary and something that resolves relatively quickly. And it, it talks about, you know, the whole picture of the athlete.

And, so, in that training the coaches learn that it's not just you did wind sprints and you've got 30 seconds of, you know, rapid heart racing and heavy breathing, but how long does it last, how quickly does the athlete recover, are there other symptoms that go along with it. And, so, that's why I feel good about the fact that the training program for coaches is not just simply a list of symptoms, but it's a painting a picture of the athlete responding to those symptoms.

Through you, Madam President.

THE CHAIR:

Senator Linares.

SENATOR LINARES:

Thank you, Madam President. And one further question, Madam President.

Is the severity of the symptoms going to be something

sj/gbr  
SENATE

191  
May 1, 2014

considered by coaches? Is that part of the training?  
And if so, how do you measure that?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President. Through you.

Yes, certainly it is. So, for instance, on that video it talks about racing heart and it's not just, you know, quick, but they describe it as the athlete says it feels like their heart is beating out of their chest. So, absolutely, yes to your question.

Through you, Madam President.

THE CHAIR:

Senator Linares.

SENATOR LINARES:

Thank you, Madam President.

Thank you, Senator, for answering my questions. Again, my heart -- my thoughts and prayers go out to Andy Peña and his family. It's, you know, a difficult situation for any mother and father to lose a child, especially one that is healthy and is active in public -- in sports. It's, it's a very difficult thing to imagine, and anything we can do to raise awareness for this issue I think is for the better. Especially with over 400,000 people experiencing sudden cardiac arrest each year, more than a thousand people per day, nine out of 10 victims die from sudden cardiac arrest, as I stated earlier, and 22,000 athletes per -- one out of every 22,000 athletes in NCAA sports face this issue.

And I think that what's hard to understand about this matter is that when you hear about cardiac arrest, it's typically something that you hear in the baby

sj/gbr  
SENATE

192  
May 1, 2014

boomer, the silver tsunami generation that you hear something like this happening, but this is actually happening to younger people. So, I think it is important that we raise awareness, that we talk about this, and I look forward to hearing what the Board comes up with.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Linares.

One more time, that silver tsunamis, I'm not going to recognize you.

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Madam President. Somehow I know that when people say silver tsunami, silver tsunami, silver tsunami, they're not referring to you. That's for sure.

THE CHAIR:

Thank you, sir.

SENATOR KISSEL:

But speaking about silver tsunamis coming down the road, sudden cardiac arrest, that's something where -- and, you now, silver tsunami is something that's -- it's got alliteration and it causes people to want to say it over and over and over. But we're talking about kids and that's a very serious subject.

Through you, Madam President, just a couple of questions to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR KISSEL:

sj/gbr  
SENATE

193  
May 1, 2014

Thank you, Ma'am.

First of all, is this an area -- does the -- first of all, it's my assumption the amendment becomes the bill; is that correct?

Through you, Madam President.

THE CHAIR:

No. Senator Bartolomeo.

SENATOR BARTOLOMEO:

Yes, thank you, Madam President.

That is correct, it is strike all amendment.

SENATOR KISSEL:

Thank you very much.

THE CHAIR:

Senator Kissel?

SENATOR KISSEL:

And one of the concerns that was raised to me just this afternoon was that there are some individuals involved in coaching athletics to junior high school and high school students and they already are required to take any number of courses or training to stay current with what's required since the lives of these young people are entrusted to them, whether it's in softball, whether it's in soccer, whether it's in field hockey.

Would the -- with the passage of the or adoption of the amendment which becomes the bill, is there a requirement for any further training regarding recognizing some of the symptoms or, or any other things that may come to the trainer or coach's attention that would cause them to have concerns?

Through you, Madam President.

sj/gbr  
SENATE

194  
May 1, 2014

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Madam President.

I'm sorry, I genuinely don't understand the question.

THE CHAIR:

Senator Kissel, would you remark -- would you reframe that question, please? Sorry.

SENATOR KISSEL:

Sure, very much. Through you, Madam President.

In the amendment, is there anything explicit or implied that would require someone who is coaching either for pay, through a school system or voluntarily, to go and get some kind of formalized training to be in compliance with this new law?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President, and through you.

So, this is inter-scholastic or intermural, so, that would be -- it would be limited to school athletics. And they would have to -- this bill does require that they have a course which would be established by a variety of agencies together. So, it would either be -- so, it's State Department of Education, the State Board of Education -- I'm sorry, I retract that. It's the State Board of Education, Department of Public Health, CIAC, and the Connecticut Athletic Trainers Association and a medical association, so they'd be able to determine who that is. They will either develop or approve a course and then, yes, the

sj/gbr  
SENATE

195  
May 1, 2014

coaches do need to do that.

Annually they need to review the information from the course. It does not specify that they need to go anywhere. It actually can be posted on the website. There is this nine-minute video which they may choose to adopt as a way to just be a refresher, but that's the extent of what it requires the coaches to do annually. And then I would also like to, in that answer, point you to Section 1 Subsection C, and in that at the very end, Subsection B, it does speak to the fact that if the school currently has a policy that -- that's applicable, that that would be -- suffice as well.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. I'm sorry, Madam President. Just the last couple of things, Senator Bartolomeo, only because -- and I say God bless you, but the sneeze sort of threw me off on that last point that she was making.

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo, would you repeat your answer, please?

SENATOR BARTOLOMEO:

Thank you.

SENATOR KISSEL:

Just the last one.

SENATOR BARTOLOMEO:

So, Section 1 Subsection C, and then we're following the numbers, Subsection 1B, and this actually talks about if the Board of Education has currently an

sj/gbr  
SENATE

196  
May 1, 2014

applicable informed consent and a program with which they're working with that that is also relevant in here as well.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, and I appreciate Senator Bartolomeo's answers to my questions. And, again, through you.

All right. So, there's going to be studies set up. Is there a time frame for creating this study that can possibly be utilized by school districts so that the folks that are coaching or working with these school teams or intermural teams can avail themselves? I'm just sort of trying to figure out the time frame.

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

The time frame would be that for the school year, beginning July 1st, 2015 and thereafter, this would be in place.

Through you, Madam President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Madam President. That concludes my questions to the proponent of the amendment.

You know, in my capacity as Ranking Member on the

sj/gbr  
SENATE

197  
May 1, 2014

Judiciary Committee, a few years ago we had to deal with the whole issue of defibrillators and that was complex, and it had to do with if you have a defibrillator whether that would expose you to potential liability, especially if you had it, for example, in a health -- a health club or somewhere else and you didn't have individuals trained to utilize it. And we grappled with that, but, you know, it's a terrible thing if we don't keep up with the times and utilize the technology.

And amazingly, I was actually at an event a few years ago where an individual made a presentation. And then I was at one of those round tables and it was, you know, we're all familiar with round tables and the metal chairs and, bam, all of a sudden the table was up-ended and he actually was -- suffered a heart attack right there in this meeting of the Thompsonville Revitalization Committee, Voices for Thompsonville in Enfield, Connecticut, and he was actually -- actually still is -- there's a happy ending to the story -- a beloved teacher at Enfield High School.

Well, lo and behold, at this meeting there were firefighters and they happened to have in their trucks right outside the defibrillator equipment. And unless you really see it in action, you don't realize what a lifesaver it is because it actually talks to the individual as to exactly what they need to do and it sort of like senses what the body is doing. And, so, you know, when we have -- when we now take that sort of notion and it's like our young people and that this is a -- that this is -- I mean, I can't imagine being a parent and having something like this happen to -- I have two sons and you would be crushed. And, so, if there's anything that we can do to help educate individuals and have them respond in as good a manner as possible to these events, I think it's wholly worthwhile.

I commend you, Senator Bartolomeo, for working so hard on this legislation, Senator Linares. And as much as this has nothing to do with the silver tsunami -- and again, you can't help but say silver tsunami because it's alliterative. I'm still happy to stand in proud support of this amendment that becomes the bill.

sj/gbr  
SENATE

198  
May 1, 2014

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President. If I may, just a couple questions to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR WITKOS:

Thank you. Through you, Madam President, to Senator Bartolomeo.

Is there any -- at first I was concerned that the bill wouldn't have enough time to implement it, but it looks like as this school season ends next month and then we've got a full 'nother school year before this takes place, that, my concern is addressed. The question I do have -- one question anyways, is if a student athlete fills out one consent form, they play multiple sports, is that form good for the entire school year or are they going to be required to fill out a form for every participating event that they participate in?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Well, thank you for that question.

Thank you, Madam President, through you. And thank you for that question.

sj/gbr  
SENATE

199  
May 1, 2014

I would say that legislative intent would be that it would be good for this season because that is something that we did not specify in there, but it should be good for this season.

Through you, Madam President.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

And thank you for that legislative intent. I know that's how most consent forms and waiver forms work for the students. I have a couple kids in high school. I know. I only have to file one for -- it's good for the whole school year.

Now, another question, I notice that if the educational facility, whether it's a school or a local education agency sponsors the event, sometimes there is events for charities where it may be a teacher/student kickball game or something like that where it's not necessarily intermurals, but it's an athletic contest. Would -- or a club activity potentially be or a demonstration. Would each of the kids that participate in that be required to fill out a consent form?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Through you, in your scenario, Senator, would they be involved in intermural and inter-scholastic athletic activities?

sj/gbr  
SENATE

200  
May 1, 2014

Through you, Madam President.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Well, I don't know if you -- I'm reading section -- line 7 specifically. So, prior to line 7 it says, "If you're in an intermural or inter-scholastic athletics," talks about who it's sponsored by and then it says, "or an organization sanctioned by the lope education that involves any athletic contest, practice scrimmage, competition, demonstration, display, or club activity." And that may not necessarily be a intermural activity. It could be a fun day, actually, towards the end of the school day.

And I guess for legislative intent, I'm hoping that the answer is that if a teacher/student kickball tournament, that they wouldn't be required if it's part of like a physical education activity. It doesn't reach the level of intermural or inter-scholastic activity. And that -- this would not be applicable to that.

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President, and through you.

So, I would say that what we did here was we tried to think of every possible type of activity that you might encounter in school that would involve strenuous athletics. And, so, we -- you know, we thought we got them all, but it might have made it a bit more confusing. So, I would say legislative intent, this would all have to be based upon athletic activity. So, even a club activity could be, you know, volleyball. It would have to be athletics.

sj/gbr  
SENATE

201  
May 1, 2014

Through you, Madam President.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

So, through you, Madam President, in the example I gave, if it was a kickball tournament, I guess you could -- some people say that, you know, golf, badminton, what we may not consider an athletic activity certainly requires some ability of athleticism to compete in and participate in. I'm just trying to get to the point for legislative intent that these things that we would normally do during the school day and they may have a special activity towards the end of the school year, you don't have to get the consent form. But if you're participating in a -- at a club after school hours where the school is organizing it and you're in a team and it meets constantly then you might have to. Am I correct in that assumption?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Yes, I would absolutely agree for legislative intent that that is the intention that we had. If it were something where every Friday they got together and had kickball and then at the end there was a play off and, you know, that would be different. That would be considered more of a routine regular activity competition. But for what you specified, the legislative intent would not be to have to go through this program and sign the waiver.

Through you, Madam President.

THE CHAIR:

sj/gbr  
SENATE

202  
May 1, 2014

Senator Witkos.

SENATOR WITKOS:

Great. And -- Madam President, thank you.

And one last question and then I'll -- I'm just going to make a couple comments. If a coach watches the video by the Simon Foundation, that is the, the curriculum or the awareness program that is adopted by the State Board of Education for them to do and they, they look at the signs and symptoms and they see a student athlete exhibit something like that, they stop play or whatever. They pull them out and the student happens to have another illness which they're aware of. Maybe they're asthmatic or they're diabetic and not -- you know, they can self-treat themselves through an inhaler or they may have some chocolate in their, their bag. So, they self-medicate themselves and it's truly not what would be a cardiac issue, but could have presented itself as such. Would they still be required now, because the coach pulled them out of the activity, to go see a doctor or somebody that's listed prior to them being able to re-participate in, even though it's -- the underlying reason for the, the caution was a different medical issue?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President. Through you.

The only time that they would be required to have to get a signature to come back by a medical professional would be if, after being trained and educated on the intensity of the systems -- symptoms, how the symptoms inter-react, underlying causes, that kind of a thing, if the coach determined, you know what, this might be a sudden cardiac arrest, I'm going to pull them out, then certainly we would expect that they would need to get signature. If he pulled him out and said, "You

sj/gbr  
SENATE

203  
May 1, 2014

know what, he's short of breath but I gave him his inhaler, he immediately responded," which my son who is asthmatic would do, I would see absolutely no need for him to stay out any longer and in that case would be able to return to play immediately.

Through you, Madam President.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

I want to thank Senator Bartolomeo for that also, I would say, legislative intent because the trigger isn't just because you're pulled out of a play means you're automatically excluded unless you get a physician's note. If it goes beyond the -- what the coach says, an example that we just spoke about, the inhaler, that it may be something that, no, you have to go get checked out because in the training and the experience that I have as a coach, it goes beyond the quick fix of whether it's a burst of an inhaler or it's a, a bite of a chocolate bar or, you know, you could have a anaphylactic shock with a bee sting you might have an EpiPen. So, those are almost immediate reactions. And I thank you for that answer. And I also want to thank you for bringing the bill forward, yourself and Senator Linares for the hard work on this.

-I can't imagine somebody that would, would lose their child to a sudden cardiac arrest because it's generally not something that you can prepare for, you know. As a child, that's the time you see the doctor the most, is your first three months of life and then every year thereafter, and that's why our schools require our children to go get a yearly physical in order to participate in the sports, to become aware of things if there is an issue with their heart or anything else.

So, we've passed laws in this State to make sure we prevent it. And we're just going that one step

sj/gbr  
SENATE

204  
May 1, 2014

further to protect, protect our children because Lord knows if you try to tell a child, "Well, we can't send you back in there," well, at least now the coach can blame the law and say, "No, the law says I can't send you back in there because you're exhibiting this." So, it takes the onus off the coach and maybe the student athlete will feel -- they may not be happy with the decision, but, you know what, their parents will be happy about the decision and they'll be able to play at a later date. So, I want to thank both of you for bringing it up and I look forward to supporting the bill.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Kane.

SENATOR KANE:

Thank you, Madam President. Earlier tonight we debated a bill about school nursing staffing levels and school nurses and as a mandate to our municipalities. And I mentioned that aside from the silver tsunami that school nurses and mandates were a big part of what is affecting our municipalities. And later Senator Linares mentioned silver tsunami, and I think Senator Kissel mentioned silver tsunami as well. And if Senator Kelly were here, he would certainly talk about the silver tsunami that's affecting our --

THE CHAIR:

You're losing the bet, sir.

SENATOR KANE:

-- workforce because of the aging population. But I still think aside from that problem that's affecting our state of Connecticut, I think mandates are the big issue. And if I would, I'd like to pose a question to the -- Senator Bartolomeo, please.

sj/gbr  
SENATE

205  
May 1, 2014

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Madam President.

The fiscal note, Senator Bartolomeo, says there is no fiscal impact. Can you explain that?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you. Through you, Madam President.

I would like to refer the good Senator to the fiscal note that is attached to the amendment that we're considering, which is 4915. And, in fact, there is disclosure of a fiscal note.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Okay, good. Thank you, because my question is that I feel that this would be a mandate on, first of all, the Board of Education, the State Department of the Board of Education, and possibly on our school systems. So, if I may, can you explain the fiscal note to me?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

sj/gbr  
SENATE

206  
May 1, 2014

SENATOR BARTOLOMEO:

Sure, thank you. Through you, Madam President.

The approximate cost to the Education Department would be less than a thousand dollars, and that is the State Education Department. And for municipalities, local and regional school districts, it's expected that it would be less than a thousand dollars per district.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Certainly I can see that. I wanted you to explain the fiscal note. I obviously could see what's in black and white. I wanted to understand the costs associated.

Through you, Madam President.

THE CHAIR:

Senator (inaudible). I'm sorry. Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Madam President.

I was just making sure you had found the current fiscal note, Senator. Certainly there would be a cost to the districts because they would need to have signed consent and that was the explanation that was given to us. So, there would be a materials cost. And, again, it's less than. It may not even approach that. And the same with the Department of Education, whatever it would take them to be able to have this information on their website. And I do not expect it would be even close to the thousand dollars.

sj/gbr  
SENATE

207  
May 1, 2014

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

But doesn't it require the State Department of Education to develop a program?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Madam President.

It actually requires that the State -- yes, the State Board of Education in collaboration with, however, the Department of Public Health, CIAC, the Connecticut Athletic Trainers Association and a medical association. And, so, I'm not sure how they would divvy up any minor costs that might be attributed to their collaborating effort. But I do want to again say that there is already a program available that if they chose to use that, there certainly would be not any cost.

I did look it up tonight myself. It's a YouTube video by Simon's Fund. It's nine minutes, and they certainly would have the opportunity if they felt that was appropriate to utilize that, or they could supplement it if they chose.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

sj/gbr  
SENATE

208  
May 1, 2014

Thank you, Madam President.

So, the program would be a YouTube video?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Madam President.

It absolutely could be if that's what they chose.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Huh, thank you, Madam President.

I guess what interests me is the conversations that have taken place (inaudible) serious possibilities of cardiac arrest and we're going to base our program on a YouTube video?

Through you, Madam President.

THE CHAIR:

Senator, Senator Bartolomeo:

SENATOR BARTOLOMEO:

Through you, Madam President.

Simon's Fund is a 501(c)(3) that is dedicated to educating people on sudden cardiac arrest. I have viewed it myself. They certainly could choose to supplement that. That's why we've asked these five different groups to collaborate on this, and we can, you know, certainly entrust them to be able to determine whether or not that is sufficient or whether

sj/gbr  
SENATE

209  
May 1, 2014

or not they'd like to supplement it in some way.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I would guess that we would take the input of the CIAC, athletic directors, doctors, medical professionals rather than a YouTube video. But I guess if, if, if that's what we're going to base the legislation on, I find that interesting. But, so, is that why the cost is so low because we're, we're using that as our basis?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Madam President.

Actually, we don't base it on a YouTube video. We base it on the five organizations that have been mentioned collaborating and determining what they feel would be best. And if they chose to utilize resources like Simon's Fund or others, and if they chose to utilize the video, that's certainly up to them and I would trust that they would have -- you know, be well educated enough to determine that.

There are many resource he out there. CIAC is actively working on things like concussion information, trainings for coaches on other medical issues related to student athletes. And, so, it is not difficult to do a, you know, do a search of or pull together a variety of resources that are already established in this area.

sj/gbr  
SENATE

210  
May 1, 2014

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I appreciate Senator Bartolomeo answering my questions. I still think we should have a stronger program if we're going to create one than the reliance of a YouTube video. But hopefully some more information will take place over the time period that the creation of this bill has done, and I'll listen to the rest of the debate.

Thank you.

THE CHAIR:

Thank you. I'm sorry.

Will you remark? Will you remark?

If not -- oops, excuse me.

SEN. BOUCHER:

Thank you so much, Madam President. I apologize for being away from my mic.

THE CHAIR:

No problem, Ma'am.

SEN. BOUCHER:

And, you know --

THE CHAIR:

Please proceed.

SEN. BOUCHER:

sj/gbr  
SENATE

211  
May 1, 2014

Speaking as a proud member of the silver tsunami --

THE CHAIR:

Can't tell by me.

SEN. BOUCHER:

Well, you know, actually, I speak on behalf of a lot of proud members of the silver tsunami, some of which do not want to be identified. I'm not even sure if Senator Crisco would want to be identified with this wonderful growing group of individuals that have quite a bit of interest in cardiac arrest. In fact, it's very close to our heart because we think about it a little bit more than you would on a playing field. And I know that my good colleague Tony Guglielmo certainly is a proud member. I know we've talked about it a number of times as a member of the proud silver tsunami, as our other members of our staff here as well. But this issue does raise the issue of cardiac arrest. And my questions would be, and very importantly so as a Ranking Member of the Education Committee, that we are very sensitive to the issue of adding more mandates to our school system.

So, there are two areas of great concern. One of them would be whether this would be considered an additional mandate, and what were some of the opposition, if any to this bill, and how it was changed in order to allay those fears. And also, if there's a liability issue that could be pursued on the part of a parent against maybe one of our coaches or so forth, if they did not identify the proper symptoms?

Through you, Madam President, who is apparently not a member of the silver tsunami fan club. Through you, Madam President.

THE CHAIR:

Senator Bartolomeo, I'm going to ignore this statement. Go right ahead, Ma'am.

SENATOR BARTOLOMEO:

sj/gbr  
SENATE

212  
May 1, 2014

Thank you, Madam President. Through you, Ma'am.

So, I'm getting so distracted by the silver tsunami, I forgot the first question. I remember the second one.

THE CHAIR:

You might win the prize tonight.

SENATOR BARTOLOMEO:

oh, the mandate, the mandate. I apologize. So, through you, Madam President.

You know, I would like to say to the good Senator that I really -- I question that it even needs to be listed as a mandate, but that's what OFL -- OFA felt they needed to do. But certainly from having spoken to many of the people at the CIAC, having them come to our public hearings, understanding and watching some of the, as I said, the information that's out there online, I really do not think that it needs to cost anywhere near this thousand dollars that's listed on there. However, that's not my area of specialty. I do think that even if this is accurate, it's a very, very small price to pay for the importance of this situation. And, so, as far as the mandate, I suppose that's all I could speak to.

As far as the liability, we've -- we do have in here in Section 5 of the bill or, excuse me, of the amendment which will become the bill, it very clearly states that the coaches are not liable unless it's deemed to be gross negligence, willful misconduct or recklessness. So, those would be pretty high standards for any coach to have to be considered liable for an accident.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

sj/gbr  
SENATE

213  
May 1, 2014

And I thank the good Chair of the children's Committee who is definitely not a member of the silver tsunami club, who is young and -- young and vibrant and hard working, of course, on this Committee. But I would say that, through you, if I could just ask her impression of this particular bill, the -- in light of the fact that there is another very important bill before the Kids Committee that has to do with a concussions in sports on our -- in our high schools and, and school system, if together maybe that this might be a concern or a burden or if they anticipate that this would be the one bill that would be called if this is appropriate.

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President. Through you.

You know, I don't foresee that to be a concern. Certainly we have situations here where we will get to the end of session and none of us can control the pace of things. But what I do know is that the concussion bill started in the House and it I believe was unanimous. So, I don't anticipate it being a problem and I hope that it wouldn't be. And I also do want to point out that CIAC already has information and literature and programs related to that particular concussion bill. So, we don't even have to develop anything new necessarily at this point in time. So, I would hope and I would think that both, both of our chambers would find these two issues a priority and that we would be able to pass both the session.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

sj/gbr  
SENATE

214  
May 1, 2014

Thank you, Madam President.

I really appreciate the response on this very important issue. I am a bit concerned that -- whether this would become a first of the nation type of bill like this. So, if possible, if it's not an imposition, if possible, the good Chairwoman would be able to let us know if we are the first state to go embark upon this or if this has been done before and if that has worked well in other states.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Actually, in 2012, Pennsylvania had an act, Act Number 59, which was very, very similar to this. It did include a consent form. It actually was a bit more strict in that it required coaches to do an annual training class and we did have some pushback on that. So, we're now requiring that they annually reacquaint themselves with the educational materials. So, 2012, Pennsylvania Act 59.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

And, through you, and this was, in fact, passed and is now a part of their laws on the -- of the state?

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

sj/gbr  
SENATE

215  
May 1, 2014

Yes, that is my understanding.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you very much, Madam President.

Much appreciated. And I will commit to you to conclude that I would never in the future ever refer to you as a member of any silver tsunami club. Thank you.

THE CHAIR:

Thank you, Senator Boucher. But, you know what, I chose to be the silver tsunami.

Senator Leone.

SENATOR LEONE:

Thank you, Madam President.

I rise for supporting and urging my colleagues to support this very important legislation. I want to first thank Senator Bartolomeo and members of the Children's Committee for raising this bill. And it came forward because Senator Duff and I, we have a constituent. They approached us and told us their story, and it was -- it was -- it was a heartwarming story, but it ended in a tragedy. And picture, if you will, you're the proud parents of a bright individual doing very well in school, performing and excelling in sports, doing what they love. They've been checked out -- medically, that is -- and everything seems to be fine. But then they go on a meet, they do well, recover. After a few hours later they go on a treadmill just to stay in shape, and the person then collapses. No one around knows what to do and unfortunately the child passes away.

sj/gbr  
SENATE

216  
May 1, 2014

Then the questions start. What happened? What could we have done? Long story short, it ends up this individual died of sudden cardiac arrest, and it's not a common theme as most people would think but, in fact, it is when we've heard some of the statistics that it's the leading cause of young athletes. And it just doesn't happen to young athletes. It happens to some of the more popular athletes and we've seen some popular sports heroes and sports players that make quite a few millions of dollars. And it's also been reported one minute they're doing their duties as an athlete and the next minute they collapse. And, so, we think it might be just for those that are adults, but, in fact, it's not. It also affects our children.

And, so, the goal of this legislation is not to be in any measure punitive or mandate something that can't be done. It's all about ensuring awareness and education to the school system, to our educators, to our parents, and to the coaches, to everybody whose lives these young athletes touch, to do what they love to do, to perform the sport that they hope to excel at, to go on and be future leaders because, as we all know, sports gives you so much discipline and character, integrity that goes across many spectrums. And that's why we love sports, because it teaches those fundamentals. And to have a child pass away to this very unfortunate incident and not know about it beforehand is a travesty that I believe we can overcome and fix by this legislation.

And, again, it's about education, about awareness. If they knew what could have been done or if they could have seen the warning signs, maybe -- not definitely, but maybe -- this would have been identified for this young athlete. And maybe the consent form and the medical diagnosis could have been identified and also allowed them to continue under the proper supervision, or if their situation was serious enough then at least the parents and the -- and that child would have that discussion on whether they could continue. But it would have been informed consent. It would have been an informed discussion to do what's right so that you're not going to lose the person that you love. And when you lose that child it's devastating, as I'm sure everyone is aware. No one wants to see that happen. And we don't want anyone else to go through

sj/gbr  
SENATE

217  
May 1, 2014

that.

And that was the important message when these parents came to us. They said, "This is our story. We are devastated, but we don't want it to happen to anyone else." And there is a way that we can prevent this. It was mentioned that there was -- this bill was passed in Pennsylvania. That is the spark that has created this, this tsunami, if you will, of support for this type of legislation. And it's about a simple video that has been developed because of this particular issue, sudden cardiac arrest. It's about knowing the symptoms. And, yes, these symptoms of and by themselves is something that occurs in sports, you know. How can we not breathe heavy after physical exertion? How can you sometimes not be dizzy if you jump too high too many times, whatever the case may be? But those are, those are issues that you recover quickly.

Under the symptoms of sudden cardiac arrest, these symptoms don't dissipate quickly. These children or these athletes will exhibit those signs for a prolonged period of time and this video attempts to show you to be aware of that. And if you become informed of it and understand that then at least you're looking out for it and then you can determine if it's not something that is normal. Or even if it's on borderline, you can at least question.

Now, this legislation is not going to take effect until July 2015, so, there's a whole year to develop this program or accept the program -- the nine-minute video. That's enough time for everyone to understand it, for the parents to get the consent form to have their athletes, their children checked out medically, and then for -- also the coaches to understand what needs to happen if something were to -- were -- something unfortunate were to happen, or in the process of happening.

Now, I went to their fund-raiser for the family and our community rallied around this family. And there's a lot of support for this family to give them all the emotional support, financial support, and to share the story. And part of that fund-raiser is not just that, but there were boards that showed how many individuals

sj/gbr  
SENATE

218  
May 1, 2014

actually have gone through this, that unfortunately passed away, and there are also boards of people that were affected by sudden cardiac arrest, but because people knew what to do those individuals' lives were saved. And I think that's the ultimate point, to understand that if we do nothing, more of those that would fall to this incident, sudden cardiac arrest, the chances of them losing their lives are greater than if we do this legislation, create awareness, create education, provide informed consent, to give everybody all the tools they possibly can have so that if they see these symptoms they will know what to do and hope to prevent it from happening in the first place.

And, so, I believe this legislation goes to that point, to give anyone who may come across this all the tools necessary to be aware of it, and hopefully prevent it in the first place. And when we hear those stories from parents in our community, that they want to put their story out there and actually, if you will, have to relive their pain but they're doing that so that they can share with us so that we don't have to go through that, I think that speaks to the character of this family in this community and all those who would support this legislation.

So, I would urge support for this. And, again, I want to thank Senator Bartolomeo and all those who have supported us and all those who will vote for this bill. I think it's going to be far reaching and I hope it makes a difference in, in other people's lives.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Duff.

SENATOR DUFF:

Thank you, Madam President.

sj/gbr  
SENATE

219  
May 1, 2014

First of all, I want to also echo and align myself with the remarks of Senator Leone. I want to also thank our Majority Leader Marty Looney who was with us on the first day when we had the press conference introducing the legislation, and also thank Senator Bartolomeo and obviously Senator Leone and Senator Linares for their support and helping to get through the Children's Committee.

I think the reason why we're here this evening is because medical science changes and moves and allows us to know more things than we knew just even a few years ago. We're learning much more now about sudden cardiac arrest than we ever knew. And to hear the story of the Peñas who lost their son Andy, to hear from other families who have had family members with -- who have died from sudden cardiac arrest means that there may be opportunities for us to help families and help coaches and others learn from what we now know that -- of things that we may not have known even just a few years ago.

So, it's our opportunity to say as a Legislature that we are -- we have learned, we know new things now that we've learned from science. We have ways in which we can detect certain diseases, that we can hopefully save lives, and that we should use everything we can, especially as sports become more competitive than they have ever become, especially in high school. And that if we can actually help children and we can learn about these kinds of diseases and save their lives, I think that we need to be taking those steps.

So, Madam President, I urge this Chamber to support this legislation. I thank Victor and Giovanna Peña for their courage for coming to this Legislature and, and asking this and advocating for something that had not been there for, for their son. Vicki O'Rourke as well who came up here. I think for Senator Leone, myself and Senator Looney, when we were first approached by this, it was really a no-brainer, something that we knew we could rally behind and help them and hopefully in the future save lives. We know that this is not perfect. We know that this is not going to help everybody, but we know that this is a good first step and one that will go a long ways and

sj/gbr  
SENATE

220  
May 1, 2014

at least a step in the right direction.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Fasano, good evening, sir.

SENATOR FASANO:

Good evening, Madam President. How are you today?

THE CHAIR:

Good, and yourself?

SENATOR FASANO:

Thank you, good.

If I can, to the good Senator, I am curious. In the bill it talks about the fact that "shall include any activity sponsored by a school or local education agency." And I guess the first question I have is I'm a little bit, for legislative intent, not clear what "sponsored" means.

So, if I may through you, Madam President, if I had a Pop Warner football team or a town football team and I asked the Board of Education if I could use their fields for our practices and our games, would that be enough to require that Pop Warner or local Town team to fall under this statute by virtue of the language "sponsored by local education" if the Board of Education had given me permission?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

sj/gbr  
SENATE

221  
May 1, 2014

Thank you, Madam President. Through you, and thank you for that question.

As far as legislative intent, the scenario you described would not be enough. I don't consider using a field sponsoring. So, I would say no, if it was simply using the fields, it would not be considered under this for legislative intent.

Thank you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

So, for the language to kick in -- if I may, once again, for legislative intent. For the language to kick in there has to be -- my words, and please correct me if I'm wrong -- an affirmative act other than permissive to use the field, some affirmative act to -- that it could be deemed as sponsored by the school or Board of Education?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Madam President.

Yes, I do like that description for legislative intent. I do agree with the good Senator. Thank you.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

sj/gbr  
SENATE

222  
May 1, 2014

So, if the school were to have their refreshment stand during a Pop Warner football game, the school allows you to use the fields, permissive, and they have a school staffed, student staff, run by the Board of Education refreshment stand, would you believe that this bill would kick in or is that something separate?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you. Through you, Madam President.

That would not be sufficient, in my opinion, for this legislation to kick in in that scenario. And I think the difference would be that the school sponsored would have to, in my opinion, be the school organizes it and it promotes it and it helps with its -- you know, its coming together, if you will.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President. Madam President, through you.

And this would -- so I'm clear on that. I feel good on that. Would this include -- and this only applies to school children or kids in school?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

sj/gbr  
SENATE

223  
May 1, 2014

Through you, Madam President.

Yes, it would be inter-scholastic or intermural athletic activities, so, that would be school.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Okay. So, if there was a faculty game, faculty versus faculty on the field for whatever sport, obviously that's school related, school sponsored, maybe they're raising money for some charity. This would not apply to those faculty adults who would be participating in this relative to having to go through this course?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you. Through you, Madam President.

That would not apply, in my opinion. Thank you.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you.

And one last question. It is very unfortunate incident that was just talked about by Senator Leone and Senator Duff. Are you aware, are there other incidences in the state of Connecticut where on a field a student athlete was taken by cardiac arrest

sj/gbr  
SENATE

224  
May 1, 2014

suddenly?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you. Through you, Madam President, the last incident -- and I was just trying to find my article. . But the last incident was in March of this past year and it was at a YMCA. The town escapes me. I do have that and would be happy to share that with you later.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

And one death is horrific as it is, and you had the one in March and this other gentleman. Do you have an understanding of, in the past five years or three years or two years or a year, but some statistic relative to it other than the, the suggestion by some that this is an anomaly?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you. Through you, Madam President.

One of the things that we spoke about earlier when I had brought out the first amendment was that because we don't have a U.S. standardized registry, it's very, very difficult to compile and get accurate information. So, we have a couple different studies who have estimated. There is the American -- excuse

sj/gbr  
SENATE

225  
May 1, 2014

me, the American Academy of Pediatrics in 2012 reported that they advised the CDC the estimates were about 2000 patients younger than the age of 25 die annually. But then at the other extreme we have most recently the American Heart Association who estimates that 8,000 students per year die from sudden cardiac arrest.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

And obviously -- thank you, Madam President. Obviously, that's nationwide.

Through you, Madam President.

THE CHAIR:

Sorry?

SENATOR FASANO:

Through you, Madam President, (inaudible).

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Yes, it is, Madam President. Through you.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

I thank the Senator for her answers to the questions and I appreciate it.

Madam President, you know, it's always tough to vote

sj/gbr  
SENATE

226  
May 1, 2014

against a bill like this because you're dealing with a young person who passed and obviously the argument can be made anything we can do to protect our kids we need to do. I'm troubled only by the fact that sports are inherently -- one could argue perhaps even dangerous, and one could argue that inherently people are going to lose their breath inherently, especially in a football game there's going to be a, a chest impact and the gasping for air. That's just part of losing your breath when you hit the ground and those types of, of contacts take, take place.

And we did the concussion bill. I did vote in favor of it. I have come to realize that sort of a separate business has evolved from this concussion bill, which has given me some concern over the impact that that concussion bill has gone. I am troubled by the fact that we can certainly do more and more for kids and more and more for society to protect them, but I'm balancing that against the overreaction to what we have as normal kids' play and the inability of not letting kids be kids and not letting sports do what they're supposed to do and somehow being too protective against the need to protect against the unfortunate instances as was so described by the two good Senators here today.

So, I'm toying with this. That's why I asked the questions of the good Senator, see how far it went. I'm not exactly sure how I'm going to vote on this. Once again, it is difficult to vote against for those reasons. On the other hand, there's the practical reasons we have to look at, which is sports are sports and things.

I had a very dear friend of mine who played sports in high school and in college. She graduated from Harvard. She was a great colleague who I worked with, and she came home from Christmas and went upstairs and had a sudden heart attack and just died two days before Christmas. And I understand how these things happen. And if that happened on the basketball field that she was a star player in high school and played a little in college, we would be saying we need to do something stronger, but it didn't, because the whole idea of sudden cardiac syndrome is it can happen. An embolism can happen to any of us at any time.

sj/gbr  
SENATE

227  
May 1, 2014

So, I'm troubled on how far we go, but I certainly understand the sympathy that's out there. And if I do vote no, I don't want it to be mischaracterized as not caring for kids or not caring about the incidences, but understanding, I'm trying to look beyond that and look at a bigger picture.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator McKinney, good evening, sir.

SENATOR MCKINNEY:

Good evening, Madam President.

Madam President, if I could through you, a couple of questions for, for legislative intent or clarification.

THE CHAIR:

Please proceed, sir.

SENATOR MCKINNEY:

Thank you, Madam President.

Senator, in Section 1 C-2 we talk about the fact that each coach is going to have to provide each -- and I'll read if you have the numbers, line -- starting online 45. "The coach will provide each participating student's parent or legal guardian with a copy of the informed consent form described in Subdivision 1." And then they have to attest to the fact that the parent or legal guardian received a copy and that they authorize the student to participate.

Now, I have two kids in high school. One, all of this is done online. So, he's played three different sports. Before each season, fall, winter, and spring,

sj/gbr  
SENATE

228  
May 1, 2014

you're required to go online on the school website, register your son for that specific sport. The participant is supposed to read and check off that they have read certain things, student code of conduct, et cetera. Parents are required to go on certain things to understand parents' code of conduct, reacting with coaches, et cetera. And the consent form that's currently required is on there. You go and you check it off and you submit it. And, so, I guess my first question is, through you, would you envision this language which talks about providing them with this form? It doesn't necessarily have to be a paper form. It could be done electronically.

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you. Through you, Madam President.

I must say that the way that the language was drafted and the discussions that we had did, did come down to the parent actually signing. However, it could certainly -- you could receive the form by an E-mail. I have that happen at my son's school all the time, and then I print it off, sign it and send it back. So, that actually would lessen the cost to the school districts if it were done in that regard. I think for now, this particular is designed that there has to be a physical signature and a returning of that.

Through you, Madam President.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

And I guess one of the things that concerns me is -- well, I'll use my son and his high school experience.

sj/gbr  
SENATE

229  
May 1, 2014

As a freshman signing up for freshman football, there were over 90 kids signed up to participate in freshman football, a JV and a varsity football program. Clearly we're doing this for all sports, but if you're going to highlight a sport to be concerned about for sudden cardiac arrest, I would think football would be it because a lot of times they're, they're doing their initial workouts in extremely hot weather.

It just seems that the ability or the possibility that someone may not get a form filled out among hundreds of kids. We're putting the onus on the coach to make sure hundreds of parents get the form when in, in my son's example, the onus is on the parent and the student to register and sign up and fill it all out before he's even allowed to step on the athletic field. So, I would, I would love to see this language in terms of providing a copy, be interpreted as being either electronic or written. And if there are regulations drafted, I would do that.

I say that because there, there is some pretty strict penalties if a coach forgets one, one parent. And, so, I'm -- I think this makes it a lot more cumbersome and harder than it needs to be.

I guess my second question through you, Madam President, is the other thing I've noticed in high school sports is that almost all of the high school teams that my kids have played on always do something called captain's practice before the season starts. So, if you're playing a fall sport, soccer, for example, the captains will gather without any coaches because they're not allowed to under CIAC rules. It's not -- it's not supervised in any ways. It often would happen if it's soccer at the school soccer field. My son playing hockey, they would have captain's practice at the rink in Bridgeport, not at school because the school didn't have a rink.

But I guess my question, through you, is that would those captains' practices which are not -- where coaches are not allowed to be under CIAC rule at those practices, are they considered sponsored by the school or a local education agency?

Through you, Madam President.

sj/gbr  
SENATE

230  
May 1, 2014

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Through you, my opinion would be no.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Okay. Thank you, Madam President.

So, I guess -- and I thank you. Those are all the questions I have.

Madam President, I'm going to support the bill, but I would hope that we would continue to work on this. In order to participate in a high school sport -- I'll use high school -- you're going to need to fill out certain paperwork and certainly this form. That's not going to be done until after captains' practices are over, and yet routinely we will have, you know, high school athletes, you know, who, who will not go through any of this training without supervision. So, we're missing a group of people. We're missing, you know, soccer team practices in August. We're missing basketball and hockey team practices in September and October and we're missing those things here.

The second thing I would just say is that we're living in, you know, a much different world, a paperless world, and it would be much easier if parents were allowed to go online, look at the video, fill out the forms, and send them in on websites rather than have a coach be responsible for handing out -- in the example I know of, with a, with a large school football program, hundreds of kids. You know, probably 200 kids who might try out for varsity JV and freshman football. And, so, since this doesn't take effect until July of 2015, hopefully there will be time for

sj/gbr  
SENATE

231  
May 1, 2014

others to make some changes next session, but I do think this is a good measure.

We've seen a lot of changes in, in sport practices over the years from concussions that we've talked about to eliminating double and even triple sessions for football players in the 90-degree plus weather that we often get in August. And this is another step to make sure we can protect our student athletes. We always have to remember -- and I appreciate Senator Fasano's hesitations, but we always have to remember that we cannot leave it up to the student athlete. We simply can, can almost never leave it up to that student athlete because that young boy or girl who is going to try harder to make the team or when you make the team try harder to get playing time is not going to be bothered often by dizziness or often by other things that may be symptoms of a serious problem.

And, so, making sure we educate the parents and the coaches is the only way we can protect these kids because we have to let the coaches know that you're going to have to take a kid out of a practice or a game. We have to let the parents know that you're going to have to know what this is so your child can be taken out.

It's sad to say that, but too often parents are wondering why their kids are taken out or screaming on the sidelines about, you know, "Go in there, go in there. Hit harder, play harder." And, so, it is the burden on the coaches and they take that, they take that responsibility very seriously. And I think this is a good first step. I would like to see some of the potential kinks fixed and perhaps that will be done by the State Board of Education. But I want to thank all those who worked on this.

As Senator Leone and Senator Duff said, my heart goes out to the family. I hope they gain some very small measure of comfort knowing that their tragedy has led to some positive changes that will hopefully avoid a similar tragedy happening in the future.

Thank you, Madam President.

THE CHAIR:

sj/gbr  
SENATE

232  
May 1, 2014

Thank you, Senator McCain.

Will you remark?

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Madam President, for the second time.

And I, I just wanted to stand and say that I was deeply moved by the remarks made by Senator Leone. I had stated earlier that I appreciated the hard effort made by Senator Bartolomeo and Senator Linares. And Senator Duff indicated that both he and Senator Looney also worked on this as well. But I checked with one of our researchers, Rob Pudre, and clearly in the file record there was public testimony by the Peña family of Darien. And while we can talk abstractly about the loss of a child, the fact that that mom and dad took the time to come here to the capital on an issue that could only have broken their hearts and help us be better informed about this particular legislation.

I wanted to be associated with the remarks made by Senator Leone and Senator Bartolomeo regarding them. And it's one of the things that I think it's important to underscore, people like to rail against the Legislature. People like to rail against government, but we do listen. And when people take the time to come and testify in our public hearing process, we do listen. And the passage of this amendment which -- adoption of this amendment which become the bill is testimony to the fact that they took the time to turn something that clearly grieved them and to try to make the system a little bit better for those people that are coming down the road. And I just wanted to put that on the record.

Thank you, Madam President.

THE CHAIR:

Thank you.

sj/gbr  
SENATE

233  
May 1, 2014

Will you remark? Will you remark?

If not, I'll try your minds on Senate "B." All those in favor please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed?

Senate "B" is adopted.

Will you remark further?

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Madam President, if there is no objection, may we please put this on the Consent Calendar?

THE CHAIR:

We'll have a roll call vote at this point.

Madam Clerk, will you please call for a roll call vote?

Thank you very much. Machines are open.

THE CLERK:

Immediate roll call vote has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate. All Senators report to the Chamber.

THE CHAIR:

Madam Clerk, could you call for another roll call vote, please?

THE CLERK:

Immediate roll call vote in the Senate. Immediate

sj/gbr  
SENATE

234  
May 1, 2014

roll call vote in the Senate. All Senators report to the Chamber.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed.

Mr. Clerk, will you please call the tally?

Madam Clerk. Sorry.

THE CLERK:

All those voting on Senate Bill 229.

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The bill is passed.

Madam Clerk, will you call the next bill, please?

THE CLERK:

Page 31, Calendar Number 51, substitute for Senate Bill 43, AN ACT CONCERNING REVISION TO THE DEPARTMENT OF CHILDREN AND FAMILY STATUTES. Joint Favorable reports from the Committee on children, Human Services, Judiciary, and there is an amendment.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Hi, Madam President.

**S - 678  
CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2014**

**VOL. 57  
PART 10  
2993 – 3245**

vd/gbr  
SENATE

259  
May 6, 2014

On Senate Bill Number 389.

Total number voting	35
Those voting Yea	35
Those voting Nay	0
Absent not voting	1

THE CHAIR:

Bill passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, we have one additional item. First of all, since it appears on Senate Agenda Number 2, would move for a suspension for purposes of taking up an item off the Agenda.

THE CHAIR:

So ordered, sir. Seeing no objection, sir.

SENATOR LOONEY:

Thank you, Madam President. And the item, Madam President, appears on the second page of Senate Agenda Number 2. Substitute Senate Bill Number 229. Would move to place that item -- take that item up for purposes of placing it on the Consent Calendar. That is an act -- Senate Bill 229, AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION.

THE CHAIR:

Mr. Clerk, you have to call the bill, please.

SENATOR LOONEY:

Move it to the Consent Calendar, Madam President.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR LOONEY:

vd/gbr  
SENATE

260  
May 6, 2014

And then if we could call for a vote on that Consent Calendar.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote on the Consent Calendar.

THE CLERK:

Senate Bill Number 229 from Senate Agenda Number 2. Immediate roll call has been ordered in the Senate. Immediate roll call on Consent Calendar Number 3 has been ordered in the Senate.

THE CHAIR:

We'll take a moment. We have to set up the machine first.

If everybody will just wait close by, we're getting the machine set up. Don't run, Senator Fonfara. The machine is not set up yet.

Not yet.

Ladies and gentlemen, the machine is now open. Please vote on Calendar -- Consent Calendar 3. Senator Slossberg and Senator Bartolomeo. Senator Slossberg and Senator Bartolomeo. Thank you. All members have voted, all members have voted, the machine will be closed. Mr. Clerk.

THE CLERK:

On Consent Calendar Number 3.

Total number voting	35
Those voting Yea	35
Those voting Nay	0
Absent not voting	1

THE CHAIR:

Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**CHILDREN  
PART 1  
1 – 488**

**2014  
INDEX**

officials and then we will be going to the public and going back and forth if we have not finished. My co-chair just said the cafeteria is open.

Welcome Senator.

SENATOR CARLO LEONE: Good afternoon and thank you Madame Chair, Senator Bartolomeo and Representative Diane Urban and Ranking Members and all the members of the Children's Committee.

I'm here today to testify on Senate Bill 229 AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION and I would like to keep my comments brief and if I could ask your indulgence I have two parents here that have a very personal story to share with the committee that I think would lend credence to this bill.

I have with us today Victor Peña, father of Andy Pena, who passed away from Sudden Cardiac Arrest in 2011 and Ms. Vicki O'Rourke, also a parent from Darien whose nephew has been afflicted with a heart condition that now prevents her son from participating in sports he was very good at and I think it merits their story to be heard so that we can increase the awareness for all parents, all administrators -- school administrators, all coaches, on this deadly affliction, potentially deadly affliction. We're here to keep the intent of the legislation simple; to increase awareness so everyone knows what is available to parents, what the symptoms are, what can be done and what should be done if they were to occur. So we'll leave the discussion for you during the public hearing and further questions to help us move this along. But, you know, we're really here to start this process so that everyone is fully aware what could happen and what could also be done.

So, with that, please let me pass it along to Mr. Victor Peña.

VICTOR PEÑA: Committee Chairs and Members, thank you for allowing me to speak to you today about Bill 229. My name is Victor Peña and I am a resident of Darien, Connecticut and Co-founder and Secretary of The Andy Smiles Forever Foundation, a foundation that was established in memory of my son Andy who passed away from Sudden Cardiac Arrest one month shy of his 15th birthday.

Two years and 11 months ago my son Andy, who was an avid swimmer and a proud member of the high school track team was training on the treadmill. He had wanted to post a personal best time for his mile run and he pushed himself hard, like many of his peers and our children athletes do when they participate in competitive sports. He accomplished what he set out to do for himself, his teammates, and his coach, but shortly after he fainted and never woke again. He had suffered a Sudden Cardiac Arrest at the tender age of 14.

My wife and I have since learned that Sudden Cardiac Arrest is the number one cause of death of student athletes. While we may believe that Sudden Cardiac Arrest mostly afflicts adults, we are seeing more news about teens and young adults dying from this and we can no longer be complacent.

We do not want other families to take this road of enlightenment my wife and I took to learn about Sudden Cardiac Arrest. There is a more effective and less painful way to educate ourselves and minimize deaths resulting from this.

Bill 229 is what we need but in a more simplified form. We are asking that parents and coaches sign an informed consent form that provides a brief explanation of what Sudden Cardiac Arrest is and its warning signs. Education is key. We also support that coaches receive annual training on Sudden Cardiac Arrest. This will literally

take less than ten minutes to do and it's a perfect complement to existing requirements that coach's maintain CPR and AED certifications. Performing CPR and using an AED within three to five minutes of a Sudden Cardiac Arrest will greatly increase the chance of survival, with one study showing that four out of 10 victims survive.

As parents who lost a child to Sudden Cardiac Arrest, it is very difficult for my wife and me to know that the outcome may have been very different if we had known about the signs of Sudden Cardiac Arrest, if someone had performed CPR, and used an AED on Andy immediately after he collapsed. Remember, the likelihood of survival is increased tremendously if CPR is given and AED is used within three to five minutes of an occurrence. Bill 229, if it becomes law, will educate and provide precious minutes to a victim that may save his or her life.

We do not want families to suffer the same fate of this unspeakable, unthinkable outcome of losing a child. It is surprising to note that we have a word to describe a child who loses a parent, a word for a spouse who loses a partner, but no word to describe when a parent loses a child. I implore you to make a difference and pass Bill 229.

Thank you for your time.

VICKI O'ROURKE: Good afternoon Committee Chairs and Members, thank you for your time. My name is Vicki O'Rourke. I'm a resident of Darien, Connecticut. I've worked with the Peñas and Senators Leone and Duff on Bill 229.

Let me give you some brief background. A similar law known as the Sudden Cardiac Arrest Prevention Act has been passed in Pennsylvania and New

Jersey and is currently pending in seven other states.

I support Bill Number 229, although I believe this is a situation where less may actually be more. I recommend that the bill be simplified to include three primary components.

First, I support the requirement that a parent and student athlete sign an informed consent before participation in any school athletic activity. I recommend that the Board of Education adopt the consent form that's currently used in Pennsylvania. I do not support any further parent or student education.

Second, I support the requirement that all coaches of school athletic activities receive annual training on Sudden Cardiac Arrest in student athletes. Again, I suggest that the Board of Education adopt the training that's currently in use in Pennsylvania, which is a nine-minute online video that coaches can watch from home on their iPad's or laptops. We've already received permission from the organization that developed that video for it to be used in Connecticut. They've agreed that their cost to modify it, if necessary, to make it apply to Connecticut. I do not report -- excuse me, I do not support any more extensive training or educational requirements for coaches.

Lastly, I support the removal of play -- from play requirements for players exhibiting symptoms of SCA until they are cleared by a licensed medical professional.

Bill Number 229 as proposed, is budget neutral to the state. We're asking for a consent form, nine minutes of coach's time annual and removal from play. Our main goal is to save the lives of student athletes in Connecticut. It is estimated that over 2,000 student athletes die annually

from Sudden Cardiac Arrest. We need to make Sudden Cardiac Arrest a household name so that people no longer assume it's only an adult problem.

Bill Number 229, as proposed, will do this. Once it's passed, we, as a state and as a community of coaches, educators and parents, will be saving our children's lives. Thank you.

SENATOR BARTOLOMEO: Thank you and I would like to thank Mr. Peña and Ms. O'Rourke for coming here today. I know this is not an easy thing to do and we appreciate your time to help educate us about this issue. And Senator Leone, thank you for bringing this topic to the Children's Committee and suggesting that we look into legislation. We appreciate that.

Are there any questions from committee?  
Representative Wood.

REP. WOOD: Thank you and I also-- I'm your State Representative and I certainly -- my son was [inaudible] was a senior when your son was a freshman and it was very upsetting to him and the school totally galvanized behind you and we all carry you in our hearts. Anyway, my question is to Ms. O'Rourke about the estimated 2,000 deaths. That's far higher than I would have thought. Is there a way to get a firm number on that? I don't doubt that but --

VICKI O'ROURKE: That number comes from the Center for Disease Control and Prevention and it's been published in an article in the Journal of American Academy of Pediatrics and it's actually believed to be a gross underestimate.

REP. WOOD: Wow. Okay. Can we also get a copy of the form from Pennsylvania? I'm assuming we could get that from DPH or --

VICKI O'ROURKE: It's available on the Pennsylvania Department of Education website but I have hard copies here and it literally is just a two page form. It's quite short.

REP. WOOD: Because it seems like this is a no brainer. But thank you again for your testimony and for this wonderful initiative.

Thank you Madame Chair.

SENATOR BARTOLOMEO: Senator Leone do you have something you want to add?

SENATOR LEONE: Yes, I do. I do want to thank the committee for taking the time to hear the testimony. I want to thank Victor and Vicki for coming up to share their story. It is a very important story to be told. I want to thank also Senator Duff for assisting with this legislation. Both Bob and I had office hours and this is when it became attention to us and this is a way of allowing our constituents to come forward with issues and lay it out as legislators, not just in our community, but anyone's community. And I know Representative Wood was going to be supportive, and rightly so. So I just wanted to thank everyone for their time and for hearing this story because it is an important story. And again, it's all about increasing awareness, keeping it simple so that there are tools available for anyone that may need to go through this unfortunate process. Thank you.

SENATOR BARTOLOMEO: Thank you, Senator and thank you Senator Duff as well.

Is there questions, comments, concerns from the committee? Anyone?

Well, we thank you very much for your time today.

SENATOR LEONE: Thank you.

213  
jmf/gbr COMMITTEE ON CHILDREN

February 27, 2014  
12:00 P.M.

SENATOR BARTOLOMEO: Okay. Any other questions?

Thank you very much.

NATALIE CULLEN: Thank you.

SENATOR BARTOLOMEO: Next we have Brett Aranow, maybe.  
Okay.

Keith Stein.

Jennifer Reid. It's getting easy.

Caye is gone.

Kevin Bowers.

I don't see Merrill Gay.

Mary Kate, come on up. We were waiting for you.

MARY KATE LOWNDES: Because I wasn't sure, I thought maybe it won't still be going at 3:00, little did I know. Good evening, Senator Bartolomeo, Representative Hoydick. Thanks so much for all you're doing today to listen to all this testimony. I'm Mary Kate Lowndes from the Commission on Children and I'm also our agency representative on the Connecticut Coalition Against Childhood Obesity. So for both those roles I am here to testify in favor of S.B. 48, AN ACT CONCERNING NUTRITION STANDARDS FOR THE CHILD CARE SETTINGS. And in my commission role, I am here to testify on behalf of House Bill 5113 and Senate Bill 229.

Both the commission and the coalition support promoting healthy food and beverages in all early childhood settings including center-based, family

215

jmf/gbr

COMMITTEE ON CHILDREN

February 27, 2014

12:00 P.M.

in -- in sugar-sweetened beverages, consumption of such by young children. WIC changed its food package guidelines and increased vegetables and fruit and took out fruit juices, cheese, and eggs, or reduced funding for those particular things, so all of that is in my testimony.

I just wanted to go really quickly we also support S.B. 229, AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION, that is the Commission on Children supports that. There's some statistics in my testimony, death from sudden cardiac arrest effects approximately 7,000 U.S. children each year, and mostly in schools without immediate intervention only five to ten percent will survive. But with the right intervention, survival rates can reach 70 percent.

And then as far as AN ACT CONCERNING YOUTH ATHLETICS AND CONSUSSIONS, I am a mother of a son who is now a college athlete who played soccer, basketball, and lacrosse from the time he was a little guy. And so I bring my personal perspective too, but the commission definitely supports this legislation and sees huge value in team athletics, and seeing that it is the role of many including the state to ensure that some of those athletics are as safe as possible for our children.

HB5113

I know that it might sound -- the participation in the discussions at the beginning of each season with the coaches about concussions were not mandatory. And it was always the same group of us that went, all of our kids had to do impacts as a baseline, and I think that's pretty common throughout the state. But I think it really is something that would be of great value to train -- to mandate that parents are trained



State of Connecticut  
GENERAL ASSEMBLY  
Commission on Children



Testimony before the Committee on Children  
Submitted by Mary Kate Lowndes, Director of Special Initiatives & Development  
Connecticut Commission on Children  
February 27, 2014

Senator Bartolomeo, Representative Urban and members of the Committee on Children:

My name is Mary Kate Lowndes. I am the Director of Special Initiatives and Development for the Connecticut Commission on Children and core member of the CT Coalition Against Childhood Obesity. I am here today to support SB 48, *An Act Concerning Nutrition Standards for Child Care Settings*.

HB5113  
SB229

Both the Commission and the Coalition support promoting healthy food and beverages in all early childhood settings, including center-based, family child care homes, and family, friend and neighbor.

The Coalition Against Childhood Obesity hosted a forum in November 2012. Topics discussed included how children develop taste preferences, and how helpful it would be in the fight against childhood obesity if we did not engender a craving for sugar at an early age. One direct way to reach this goal is to institute nutrition guidelines for childcare settings and early education programs.

The New York City Department of Health and Mental Hygiene, through the NYC Health Code, has beverage provisions that are mirrored in SB 48.

The Connecticut Department of Public Health Statutes and Regulations for licensing Child Care Centers and Group Day Care Homes specifically speak to the serving of "nutritionally adequate" meals and snacks (Sec. 19a-79-6a). This would be an ideal place to include the beverage guidelines in SB 48.

Concern has been noted about the overlap between this language and the federal Child and Adult Care Food Program (CACFP) guidelines as programs that do not meet those standards are not allowed to participate in this very important food program. Programs enrolled in CACFP must meet USDA meal guidelines in order to claim reimbursement. The beverage types and amounts described in SB 48 do not conflict with CACFP.

An article in the *New York Times* earlier this week states that, "Children who are overweight or obese at 3 to 5 years old are five times as likely to be overweight or obese as adults"<sup>1</sup>. Studies

<sup>1</sup> Obesity Rate for Young Children Plummets 43% in a Decade, *New York Times*, by Sabrina Tavernise. February 25, 2014

- Another possible explanation is that some combination of state, local and federal policies aimed at reducing obesity is starting to make a difference, including the ban on trans fats in NY City restaurants and the requirement that they publish calories on their menus;
- And perhaps it is a combination of several or all of the above items.

The *Times* article goes on to note that the obesity rate for preschoolers — 2- to 5-year-olds — has fluctuated over the years, but Dr. Ogden said the pattern became clear with a decade's worth of data. About one in 12 children in this age group was obese in 2012. Rates for blacks (one in nine) and Hispanics (one in six) were much higher.

"This is great news, but I'm cautious," said Ruth Loos, a professor of preventive medicine at the Icahn School of Medicine at Mount Sinai hospital in New York. "The picture will be clearer when we have a few more years of data." Still, she added that the 2- to 5-year-olds "might be riding a new wave," in which changes in habits and environment over many years are finally sinking in. She noted that people who are now 60 years old caught the beginning of what she called the obesity wave that carried the next generation with it.

"Once the obesity epidemic emerged in the 1980s, it took us a while to realize that something bad was happening," Dr. Loos said. "We've been trying to educate parents and families about healthy lifestyles, and maybe it's finally having an effect."

Tom Baranowski, a professor of pediatrics at Baylor College of Medicine, said there was not enough data to determine whether the decline would spread to older children. Since 2003, the rate for youths over all — ages 2 to 19 — has remained flat, said Dr. Ogden, author of the C.D.C. report.

But 2- to 5-year-olds are perhaps the most significant age group, as it is in those years that obesity — and all the disease risk that comes with it — becomes established, and it is later very difficult to shake, said Dr. Jeffrey P. Koplan, a professor of medicine and public health at Emory University in Atlanta.

"You have to say maybe some real progress is taking place at the very time it can have the most impact," Dr. Koplan said. He said he believed the decline was real, as the finding followed several studies that detected patterns of decline among young children, including one by researchers in Massachusetts and the large study by the C.D.C. of low-income children.

The Commission on Children also supports HB 5113, *An Act Concerning Youth Athletics and Concussions*. Concussions traumatize the brain and ongoing research shows more and more that those effects can be long-lasting. Athletics are without a doubt opportunities for children and youth to exercise, work together with team mates, and belong to a group of peers, but we owe it to them to ensure these opportunities are as safe as possible. We would recommend that the required concussion and other brain injury education plan be provided to the student and the student's parent or guardian for little or nominal cost.

The Commission on Children also supports SB 229, *An Act Concerning Sudden Cardiac Arrest Prevention*. "Death from sudden cardiac arrest is not age-, gender- or health-specific. Every year, approximately 7,000 U.S. children are stricken, most often at school, because that's where kids

spend the majority of their day—in class or in after-school care or playing sports.”<sup>5</sup> “Without immediate intervention, only 5 to 10 percent will survive. But with the right intervention, survival rates can reach an astonishing 70 percent.”<sup>6</sup> The Commission recommends that this program also be provided at little or nominal cost to the student and the student’s parent or guardian, and that the program include information on the potentially lifesaving role of automated electronic defibrillators (or AEDs) in sudden cardiac arrest emergencies.

---

<sup>5</sup> The Sudden Cardiac Arrest Foundation quoting Maureen O’Connor, of San Diego’s Project Heart Beat.  
<http://www.sca-aware.org/schools/building-a-heart-safe-school>

<sup>6</sup> Ibid.

## Testimony before Children's Committee of the Connecticut General Assembly

Thursday, February 27, 2014

Committee Chairs and Members, thank you for allowing me to speak to you today about Bill 229. My name is Victor Peña. I am a resident of Darien, CT and co-founder and Secretary of The Andy Smiles Forever Foundation. A foundation that was established in memory of my son Andy who passed away from a Sudden Cardiac Arrest, one month shy of his 15<sup>th</sup> birthday.

Two years and 11 months ago my son Andy, who was an avid swimmer and proud member of the high school track team, was training on a treadmill. He had wanted to post a personal best time for his mile run and he pushed himself hard like many of his peers and our children athletes do when they participate in competitive sports. He accomplished what he set out to do for himself, his teammates and his coach. But shortly after he fainted and never awoke again. He had suffered a Sudden Cardiac Arrest at the tender age of 14.

My wife and I have since learned that Sudden Cardiac Arrest is the number one cause of death of student athletes. While we may believe that Sudden Cardiac Arrest mostly afflicts adults, we are seeing more news about teens and young adults dying from this and we can no longer be complacent.

We do not want other families to take this road of enlightenment that my wife and I took to learn about Sudden Cardiac Arrest. There is a more effective and less painful way to educate ourselves and minimize deaths resulting from Sudden Cardiac Arrest.

Bill 229 is what we need but in a more simplified form. We are asking that parents and coaches sign an informed consent form that provides a brief explanation what Sudden Cardiac Arrest is and its warning signs – education is key. We also support that coaches receive annual training on Sudden Cardiac Arrest– this will literally take less than 10 minutes to do – and is the perfect complement to existing requirements that coaches maintain CPR and AED certifications. Performing CPR and using an AED within 3-5 minutes of a Sudden Cardiac Arrest will greatly increase the chances of survival with one study showing 4 out of 10 victims survive.

As parents who lost a child to Sudden Cardiac Arrest, it is very difficult for my wife and me to know that the outcome may have been very different if we would have known about the signs of Sudden Cardiac Arrest, and if someone had performed CPR and used an AED on Andy immediately after he fainted. Remember the likelihood of survival is increased tremendously if CPR is given and an AED is used within 3-5 minutes of an occurrence. Bill 229, if it becomes law, will educate and provide precious minutes to a victim that may save his or her life.

We do not want other families to suffer the same fate of this unspeakable, unthinkable outcome of losing a child. It is surprising to note that we have a word to describe a child who loses a parent, a word for a spouse who loses a partner, but no word to describe when a parent loses a child. I implore you to make a difference and pass Bill 229.

Thank you for your time.

## Testimony before Children's Committee of the Connecticut General Assembly

Regarding Raised Bill No. 229

Thursday, February 27, 2014

Good afternoon Committee Chairs and Members, thank you for your time. My name is Vicki O'Rourke. I am a resident of Darien, Connecticut. I have worked with the Peñas and Senators Leone and Duff on Bill No. 229. Let me give you some brief background. A similar law, known as the Sudden Cardiac Arrest Prevention Act, has been enacted in Pennsylvania and New Jersey and is currently pending in 7 other states.

I support Bill No. 229 although I believe this is a situation where less is actually more. I recommend that the bill be simplified to include three primary components.

First, I support the requirement that a parent and student athlete must sign an informed consent before participation in any school athletic activity. I recommend that the Board of Education adopt the consent form used in Pennsylvania. I do not support any further parent or student education regarding sudden cardiac arrest or SCA.

Second, I support the requirement that all coaches of school athletic activities receive annual training on SCA. Again, I suggest that the Board of Education adopt the training that is currently used in Pennsylvania, which is a 9 minute online video that coaches can watch on their laptop or iPad from home. We have already received permission from Simon's Fund, the creator of that video, to use it in Connecticut. In addition, Simon's Fund has agreed, at its own expense, to modify the video if necessary to make it apply to Connecticut. To be clear, I do not support lengthy initial training or refresher courses every five years for coaches.

Lastly, I support the removal from play requirement for players exhibiting symptoms of SCA until they are cleared by a licensed medical professional.

Bill No. 229, as proposed, is budget neutral to the State. We are asking for a consent form, 9 minutes of coaches' time annually, and removal from play requirements. Our main goal is to save the lives of student athletes in Connecticut. It is estimated that over 2000 student athletes die annually from SCA. We need to make sudden cardiac arrest a household name so that people no longer assume it is only an adult problem. Bill No. 229, as proposed, will do this. Once Bill No. 229 is passed, we, as a state and as a community of coaches, educators and parents, will be saving our children's lives. Thank you.



## CONNECTICUT ASSOCIATION OF ATHLETIC DIRECTORS, INC.

30 REALTY DRIVE - CHESHIRE, CONNECTICUT 06410 - (203) 651-3921 FAX (203) 250-1345

Testimony for:

SB 229 – AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION

My name is Fred Balsamo I am Wallingford resident and I manage the coaching education program for the Connecticut Interscholastic Athletic Conference (CIAC), Connecticut Association of Athletic directors (CAAD) and the Connecticut High School Coaches Association (CHSCA). I am also the executive director of CAAD, which represents the athletic directors in 188 high school and 150 middle school athletic programs across the state and I am a Certified Red Cross First Aid/CPR Instructor.

I have dedicated most of my career in the development of educational programs for coaches to insure the safety of our student-athletes in Connecticut. We have the most stringent coaching permit and coaching education requirements in the country which among many other things requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals.

Lastly, the wording on lines 87-89 & 108-111 allowing a student to return to play and requiring a parent to be notified within 24 hours if their child has had a sudden cardiac event seems to be language used from HB 5113 (Concussions) and certainly should not be applied here. Students should not be allowed to return to play following a sudden cardiac event and parents should be notified as soon as possible should their child have such an event.

CAAD believes that because of the state laws that already exist that require coaches to have extensive ongoing education and continual first aid & CPR training. The portions of this law that place additional requirements on coaches would seem to create an unnecessary burden.

Sincerely,

*Fred Balsamo*

Fred Balsamo, CMAA

REGIONAL SCHOOL DISTRICT NO. 16  
BEACON FALLS AND PROSPECT

Woodland Regional High School

**Kurt C. Ogren**  
Principal

**Dana M. Mulligan, ED.D.**  
Assistant Principal

**Brian Fell**  
Assistant Principal  
Athletic Director

February 24, 2014

Testimony and Concern Regarding  
Senate Bill 229 - AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION

My name is Brian Fell and I am the Athletic Director at Woodland Regional High School in Beacon Falls, serving the towns of Prospect and Beacon Falls. I am also the President of the Connecticut Association of Athletic Directors (CAAD). I have been a coach and Athletic Director for more than 20 years and I am writing this testimony with concerns over Senate Bill 229.

Speaking as an Athletic Director and a coach, I assure you that student safety is the primary concern of coaches and Athletic Directors state-wide. While we applaud the committee's efforts to improve the safety of student-athletes with regard to sudden cardiac events, we have significant concerns with the means and methods that this bill dictates, and their impact on finding and retaining quality coaches. Connecticut currently has comprehensive and strict training requirements in place for individuals who coach as well as for those who apply for coaching permits. A significant portion of the state mandated coaching certification course covers medical related areas of coaching, including cardiac issues. All coaches are also required to take a first aid/CPR course and maintain that certification active and current throughout their coaching tenure. This training is essential and worthwhile for coaches and I believe adequate in preparing them for their responsibilities to protect athletes from injury, including sudden cardiac events.

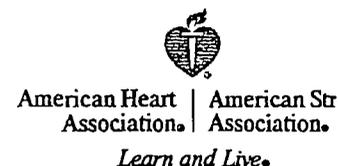
Adherence to the proposed provisions of this bill would create an unnecessary and redundant burden on coaches who are already asked to do much more than instruct and coach athletes. It is becoming increasingly difficult to attract and keep quality coaches and an additional layer such as this bill proposes will make matters worse. Many individuals will simply choose not to coach rather than expend the extra time and expense to adhere to yet another mandate.

Sincerely,

*Brian Fell*

Brian Fell,  
Athletic Director, Woodland Regional High School  
President, Connecticut Association of Athletic Directors

Committee on Children  
 February 27, 2014  
 John Bailey Government Relations Director  
 American Heart / Stroke Association



**S.B. 229 "An Act Concerning Sudden Cardiac Arrest Prevention"**

Senator Bartolomeo and Representative Urban, and esteemed members of the Children Committee, my name is John Bailey, State Director of Government Relations for the American Heart Association.

The American Heart Association would like to comment on S.B. 229 "An Act Concerning Sudden Cardiac Arrest Prevention." We believe this is a well-intentioned bill but look forward to working with the committee to ensure the legislation is effective and achieves the goal of increasing Sudden Cardiac Arrest (SCA) awareness in youth athletics.

SCA is the leading cause of death in young athletes.<sup>1</sup> Most often, the death occurs during athletic training or competition<sup>2</sup>. With that said, the incidence of deaths is in the range of one in 200,000 high school-age athletes per year, based on a 12-year Minnesota study of 1.4 million student-athlete participations in 27 sports.<sup>3</sup> Although the frequency of these deaths in young athletes appears to be relatively low, it is more common than previously thought and does represent a substantive public health problem,

SCA is a condition in which the heart unexpectedly ceases to function. Often, this is because of ventricular fibrillation, irregular and rapid quivering of the heart's lower pumping chambers. When this occurs, blood stops flowing to the brain and other vital organs, causing loss of consciousness or seizure-like activity in seconds.

SCA is frequently the outcome of an underlying heart condition. It can also occur secondary to other conditions such as impact to the chest, heat stroke, asthma, drowning, electrocution, allergic reaction or medication.

It's important that sports organizations and league administrators train their staff, volunteers and coaches how to recognize SCA on the field and how to respond appropriately. Connecticut is

<sup>1</sup> Dreznier, Jonathan, et al. Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: A Consensus Statement. Heart Rhythm Society. 2007;4:549-565

<sup>2</sup> Ibid

<sup>3</sup> American Heart Association. "Twelve-step Screening May Help Reduce Sudden Death In Young Athletes." ScienceDaily, 14 March 2007

fortunate that coaches, who are on the sidelines at every game and practice, are required by the State Department of Education to be certified in CPR and the use of an automated external defibrillator (AED). This ensures that someone is trained to act in case of emergency, like a SCA, in the first critical moments after it happens.

The most effective treatment for SCA is quick CPR and defibrillation. Survival is directly linked to the amount of time between the onset of sudden cardiac arrest and defibrillation. Chances of survival are reduced by about 7 percent to 10 percent with every minute of delay. Few attempts at resuscitation are successful after 10 minutes.

The American Heart Association believes thousands more cardiac arrest victims can be saved annually if more lay persons were trained in CPR and if public access to defibrillation was expanded.

I look forward to working with committee on this piece of legislation.

Sincerely,



John M. Bailey II  
American Heart Association/ Stroke Association  
Government Relations Director  
5 Brookside Drive  
P.O. Box 5022  
Wallingford, CT 06492



## BERLIN HIGH SCHOOL

ATHLETIC DEPARTMENT

139 Patterson Way \* Berlin, CT 06037



February 24, 2014

Testimony and Concern regarding:

**House Bill 229 – AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION**

My name is Daniel Scavone and I serve as Director of Athletics for the Berlin Public Schools in Berlin, Connecticut. I am also President-Elect of the Connecticut Association of Athletic Directors (CAAD) and a state certified basketball official. I have been an Educator, Coach and Administrator in this state for the past 24 years. In addition to my experiences in education, I had previously worked in the field of Cardiac Rehabilitation as an Exercise Physiologist. So I have a firm understanding of the complexities involved in identifying student athletes with a pre-disposition to Cardiac Disease and the best methods to handle a situation when a sudden cardiac event may take place. I am writing this testimony with concerns over this proposed legislation.

I clearly understand that the intention of this bill is to enhance safety measures for students and youth across the State of Connecticut. While I do advocate for safety through education, I must state that this bill goes well beyond the scope of practicality and cost effectiveness in relation to what is already being done in Connecticut. Currently, we are and have been leaders in providing coaches with a comprehensive and thorough educational program in order to attain and maintain a coaching permit. Some of the curriculum the coaches are exposed to covers the psychological and physiological wellbeing of student athletes, including cardiac risk factors and more importantly the benefits of training the cardiovascular system in an effort to become more physically fit. By increasing cardiovascular fitness a positive by-product is lower risk of developing cardiac disease later in life. Good coaches continuously preach that participating in athletics will help teach healthy lifestyles in the future through physical activity. Besides the educational component, Connecticut requires all coaches to hold current certifications in CPR/FIRST AID. Many schools and training programs also include instruction on how to use AED machines. In my estimation, a bill like this will yield little additional benefits and certainly result in the increased difficulty of attracting and keeping quality coaches.

Looking at this from another standpoint I feel we do all we can to screen student athletes medically before they take the field of play. We require them to have a yearly physical by a medical professional. In this screening a health history is included. In a perfect world it would be nice to offer very expensive tests such as Cardiac Echocardiograms to every perspective athlete in an effort to identify pre-existing cardiac abnormalities. But that would be far too expensive and impractical to medically clear apparently healthy individuals to participate in athletics. There is always going to be a risk when individuals at any age engage in physical activity. I feel confident that we train our coaches and screen our athletes properly. Any additional legislation would be burdensome and not cost effective.

Sincerely,

**Daniel Scavone**

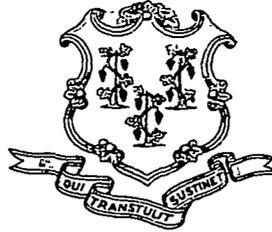
Daniel Scavone, CMAA

Dan Scavone, CAA  
Athletic Director

Phone: 860-828-6577 ext. 186  
[dscavone@berlinschools.com](mailto:dscavone@berlinschools.com)

FAX: 860-828-8731  
[www. http://sports.berlinwall.org](http://sports.berlinwall.org)

SENATOR MARTIN M. LOONEY

*Majority Leader*Looney@senatedems.ct.gov  
www.senatedems.ct.govLegislative Office Building, Room 3300--  
Hartford, CT 06106-1591  
Telephone (860) 240-8600  
FAX (860) 240-0208

## State of Connecticut

SENATE

11th District

February 27, 2014

Good afternoon Senator Bartolomeo, Representative Urban and members of the Committee on Children. I would like to express my support for SB 229, AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION.

Sudden cardiac arrest (SCA) is a deadly condition in which the heart stops beating; it claims over 2000 lives each year.. It often catches its victims, their parents, and coaches totally by surprise. Immediate treatment can be lifesaving. Even seemingly healthy students may suddenly fall prey to it; it gives no warning. It would be sound public policy to ensure that all student athletes and those who look after them know what signs to look for, and how to respond to this medical emergency should it occur.

I am hopeful that in its final version, SB 229 will include these provisions:

- Require distribution of information to student athletes and their parents on the warning signs, symptoms and treatment of sudden cardiac arrest, with an accompanying disclosure form to sign.
- Provide for creation of a mandatory awareness and education program on sudden cardiac arrest for public school coaches and other staff.
- Require that any student or student athlete who exhibits signs of potential sudden cardiac arrest be immediately removed from athletic activity, not to return pending the approval of a medical professional.

Thank you for raising this important legislation.

Testimony for Public Hearing

Children's Committee

February 27, 2014

Sherrri Hopkins

28 Marc Street Naugatuck 06770

Raised Bill No. 229 (Committee on Children): An Act Concerning Sudden Cardiac Arrest Prevention

Good Afternoon Children's Committee Members. My name is Sherrri Hopkins. I am a Registered Nurse with a specialty in cardiac nursing and I am currently employed with Yale New Haven Hospital as a Rapid Response Nurse. I am a CPR Basic Life Support (BLS) Instructor and Advanced Cardiac Life Support (ACLS) Instructor for the American Heart Association. I am also a member of the Sudden Cardiac Arrest Association.

I am not in support of the bill as it is written. You would think that with all of my credentials and involvement in promoting CPR education that I would be in support of this bill. However, I am not convinced that the author of this bill understands what happens during a cardiac arrest event. I am here to offer this insight as a medical professional and as an American Heart Association CPR (BLS) and ACLS Instructor.

Sudden Cardiac Arrest (SCA) is the abrupt cessation of the heart from pumping blood. Instead of the heart beating in a coordinated way, the heart quivers and the victim suddenly collapses. The ONLY treatment for SCA is CPR and energy delivered by a defibrillator or an Automated External Defibrillator (AED) as soon as possible. For every minute a victim goes without CPR or an AED their chances of survival goes down by 10%.

Sudden Cardiac Arrest has many causes. In adults, the most common reason is from a blockage in a heart artery which prevents precious heart muscle from receiving blood. This is called a heart attack. In children and in some adults the most common reason for sudden cardiac arrest is an undiagnosed congenital condition that typically goes undetected until the sudden event. There are most often no warning signs at all. A less common reason is Commotio Cordis. Sudden Cardiac Arrest can occur when a ball or object hits the athlete's chest at an exact millisecond during the heart's electrical cycle. An athlete will suddenly collapse after being hit in the chest and go into SCA. The ONLY treatment for SCA no matter what the cause is listed in the American Heart Association's Chain of Survival: Early recognition, early defibrillation, early bystander CPR, early advanced life support.

As you see, Sudden Cardiac Arrest is exactly what it says: Sudden. The title of this bill: An Act Concerning Sudden Cardiac Arrest Prevention is an oxymoron in how it is used in this bill. There is often no way to see signs of a Sudden Cardiac Event. It is a life and death moment. Without swift treatment, the victim will die or become brain dead in less than 10 minutes. An example of SCA prevention might include educating parents about possible congenital issues that involve heart screening with EKGs and

echocardiograms of athletes. It is currently a controversial topic among heart specialists and is advocated among parents who have lost children to SCA. However, this is not how the title of the bill is being used.

Connecticut coaches are already receiving CPR education. It is required that all coaches in CT receive CPR/AED and First Aid Training certification from either the American Red Cross or the American Heart Association. I teach almost all of the Naugatuck High School Coaches this course every two years. They have invested in an AED that the athletic trainer carries to treat SCA and all have been trained in its use. Did you know that AEDs are not required at every practice, game or sporting event? It is in fact the ONLY treatment for SCA. This is why I believe this bill is misguided and SCA is being misunderstood. There are no warning signs, it can strike any age and the only treatment is the energy or (shock) from an AED.

In Section 1 b Lines 18-24 do not make sense. Please keep in mind that a Sudden Cardiac Event or Arrest has no warning signs, is sudden and the athlete or victim will have become unconscious and would require emergency medical treatment of which coaches are already trained in. "The State Board of Education shall develop or approve a sudden cardiac arrest awareness program for use by local and regional boards of education...and shall include (A) The warning signs and symptoms associated with a sudden cardiac event, (B) the risks associated with continuing to engage in intramural or interscholastic athletics after exhibit such warning signs and symptoms, (C) the means of obtaining proper medical treatment for a person suspected of experiencing a sudden cardiac event, and (D) the proper method of allowing a student who has experienced a sudden cardiac event to return to intramural or interscholastic athletics." To drive my point home, remember, if a sudden cardiac event were to occur the child would not be breathing and their heart will not be pumping.

In Section 2 Lines 56-57 it is recommended that coaches "shall complete an initial training course regarding sudden cardiac events" As stated before, all coaches are required to receive this education. What is NOT in place is the fact that not all athletic departments are required to have an AED; the only effective treatment to stop the quivering motion of the heart when it goes into SCA.

Section 3 Lines 104-111 are particularly concerning to me. "The coach...shall immediately remove a student from participating in intramural or interscholastic athletics who is observed to exhibit signs, symptoms or behaviors consistent with a sudden cardiac event. Not later than twenty-four hours after such removal the coach shall inform the student's parent that the student has exhibited such signs, symptoms or behaviors consistent with a sudden cardiac event." If the athlete demonstrated a sudden cardiac event, the coaches are trained to call 911, do CPR and get an AED. This whole section does not make sense.

In summary, coaches are already being trained in CPR/AED education which includes the treatment for sudden cardiac arrest. It is the whole point of the class. While I believe the author was well intended, I don't believe the term sudden cardiac arrest written in this bill is understood.

My recommendations: The state should be focusing on getting actual AEDs for these athletic departments so that in the event an athlete or observer of an athletic event becomes unresponsive, they would be able to provide the only treatment that can save their life: Early CPR and early defibrillation.

Currently the AHA does not mention the term Commotio Cordis during the CPR/AED First Aid class. This indication for SCA is a fairly rare cause of cardiac arrest. Children wearing chest protectors in sports like lacrosse, hockey, baseball are just as likely to suffer sudden cardiac arrest if the projectile hits the protector or their bare chest at just the right timing of the heart's electrical cycle. I would love for coaches in all states to know that if they see their athlete collapse suddenly after being hit in the chest this might be the cause for the cardiac arrest. I believe if everyone knew about this condition we would push for more AEDs being available. To be clear, coaches are already trained to do CPR and should follow the AHA guidelines to treat an unresponsive, non-breathing person no matter what the cause. If any education might be provided, I might promote coaches and parents to learn about commotio cordis.

Please visit [www.LA12.org](http://www.LA12.org) Louis Acampora was a young athlete who was blocking a routine lacrosse ball with his chest. He collapsed and died because even though coaches did CPR, an AED was not available. The Acampora family pushed for legislation in New York state for AEDs to be available at all schools. 76 lives have been saved in NY because AEDs were required in all schools.

Our current legislation in Connecticut requires that AEDs be available in all schools but only if funding is available. (CGS 10-212d) The passing of that law was a step in the right direction however "if funding available" gave schools the right to not follow through and get AEDs. Would we keep the same conditions for emergency devices such as a fire extinguisher? We all know they save lives. They may never be used but we still make them available just in case. We should do the same with AEDs. 76 lives have been saved with AEDs available in NY alone; we should do the same thing in Connecticut.

To learn more about Sudden Cardiac Arrest and CPR/AED education, please visit the American Heart Association website at [www.heart.org](http://www.heart.org) What you learn may save a life.

## State Vocational Federation of Teachers

P.O. Box 290  
Rocky Hill, CT 06067-0290

Ph (860) 721-0317  
1-800-378-8020  
Fx. (860) 721-0323



Testimony of Brian Bisson, Vice-President  
State Vocational Federation of Teachers, AFT Local 4200A  
AFT Connecticut, AFL-CIO

**Raised Bill No. 229: An Act Concerning Sudden Cardiac Arrest Prevention**  
Committee on Children  
February 27, 2014

I am speaking to you today not only as an OSHA-certified CPR trainer and as a person who has coached CIAC sports for several years, but as someone who represents teachers and coached throughout the Connecticut Technical High School System. I have significant concerns about **Raised Bill #229: AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION**. The bill as currently proposed increases the liability and responsibility of coaches without increasing the safety of student-athletes. It would require duplication of information provided in current training. Most importantly, the bill as proposed shifts the responsibility for notifying parents and addressing medical concerns from the district to the coach.

The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing, CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours, the course covers sudden cardiac arrest in great detail. Currently, the First Aid/CPR/AED certificate is good for two years; the training must be completed again before the certificate is reissued. **Raised Bill #229** requires an annual review, with a full "refresher course" required every five years. The logistics of these requirements – different classes, different timelines – will create confusion for coaches without improving the safety of student-athletes. It is challenging enough now to attract coaches to some of our athletic programs; it is difficult to see how this bill would improve that situation.

As importantly, **Raised Bill #229** moves the responsibility for student safety from the district to the coach. Under this bill, it is the responsibility of the coach to "provide each student's parent or legal guardian with a copy of the informed consent form." It is the coach who is responsible of ensuring "the proper method of allowing a student who has experienced a sudden cardiac event to return to intramural or interscholastic athletics." Under Subsection 4, it is the coach who faces penalties if these actions are not undertaken. In many cases, the coach has no ability to guarantee that the district is compliant. This bill creates the illusion of student-athlete safety by

giving responsibility to the coach, while in fact the ability to notify and comply with the spirit of the law lies with the district.

The vast majority of districts and coaches make student-athlete their primary concern. This bill would not improve that situation. Rather, it would shift responsibility for the non-compliant few from the district to the coach. It would create more obstacles for all coaches and all districts, while allowing the few districts who are noncompliant to scapegoat the coach for its own failings. I therefore must respectfully recommend the rejection of Raised Bill #229.

Testimony for HB 5113

Dear Legislator,

My name is Alan walker and I represent the athletic coaches, parents and athletes in the community of Somers.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents and students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching.

During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,  
Alan Walker

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**CHILDREN  
PART 2  
489 – 936**

**2014**



**ATHLETIC  
TRAINER SOLUTIONS®**  
WE FIT YOUR SCHEDULE  
WWW.ATHLETICTRAINERSOLUTIONS.COM  
860.805.7259

February 27, 2014

Good Afternoon ladies and gentleman. My Name is Edward Kravitz. I am a resident of Wallingford, CT. I graduated from Central Connecticut University in 1994 with a BSED degree in Physical Education with a concentration in Athletic Training. I have been a board-certified and Connecticut licensed athletic trainer since 1994.

I am the president of Athletic Trainer Solutions, LLC (ATS) a per-diem athletic trainer placement agency. ATS has a staff of 124 per-diem athletic trainers. We currently provide athletic trainer coverage for more than 50 Connecticut high schools as well as middle schools, colleges, youth football, AAU Basketball, USA Wrestling, youth cheer leading competitions, youth lacrosse and other sporting events.

I am also the President of Innovative CEUs, LLC (ICEU) a National medical-based youth and secondary (middle school, and high school), on-line coaching educational program. We currently have five state department of education approved on-line courses for middle school, intramural and high school coaches. These courses include:

- Coaching Special Populations: Female Athlete, Millennium and Injured Athlete
- Team Toughness, Team Building, Developing Team Cohesion and Developing Leadership Training
- Psychological Skills Training for Scholastic Teams and Athletes
- Sports Nutrition for Teenage Athletes (Ages 13-18)
- Teen Injury Prevention

We have recently completed a comprehensive concussion course authored by one of the country's leading neurologist and will soon be launching additional coaching education courses. All courses follow the best practices of teaching and have an assessment feature to show that learning is taking place.

As you know, Connecticut already has a law that requires all interscholastic coaches to take an approved concussion course. We are far ahead of most if not all other states in this regard.

The proposed bill will require all parents, legal guardians and athletes to take an approved concussion course. This will be impossible to administer, monitor and enforce.

The proposed bill will require signed consent forms from athletes and their parents or legal guardians. Consent forms must be witnessed. Parents will be reluctant to sign these forms for fear of releasing parties from possible liability.

The coach must notify parents or legal guardians of possible concussion signs or symptoms within 24 hours. This places an undue burden of liability upon a coach.

There is a proposed 24 hour waiting period before athletes can return to practice and/or play if one suspects the signs and/or symptoms of a concussion are present. The current concussion law states that a player may return to play or practice without a waiting period provided the player is examined and released by a physician, physician's assistant, nurse practitioner or licensed athletic trainer. Why require a waiting period if the athlete is immediately released by a trained and licensed medical expert?

11B5113  
3B229



**ATHLETIC**  
**TRAINER SOLUTIONS®**  
 WE FIT YOUR SCHEDULE  
 WWW.ATHLETICTRAINERSOLUTIONS.COM  
 860 805 7259

The proposed bill requires a parent or legal guardian to provide a written approval for an athlete to return to play. How does this apply if the athlete is examined and immediately released by a medical expert? Does a non-symptomatic athlete sit if a parent is not present?

The proposed bill limits contact to 90 minutes. Once again how is this monitored, policed and enforced? What are the consequences for a coach that exceeds this limit?

This bill states that all referees shall complete the proposed course. I have personally spoken with several football and basketball officials and they were all quick to agree that under no circumstances would they take such a course out of fear that this would expose them to liability and law suits.

This bill requires that reports of concussions be filed with the state department of education twice a year. Why is this necessary and what does the DOE intend to do with these reports? Is this simply more bureaucracy interfering with our personal lives?

The proposed bill requires that all youth coaches, including park and recreation, little league, AAU etc. complete an approved concussion course. This bill also proposes that all youth athletes over the age of 7 and their parents complete an approved concussion course. Once again, this will be impossible to administer, monitor and police and it will create a bureaucratic nightmare.

As for SB 229 An act concerning sudden cardiac arrest prevention, I am opposed to this bill for all of the reasons stated above.

In conclusion, may I offer a simple suggestion that may resolve some if not all of the issues and concerns that the public has for concussions and cardiac arrest. Rather than pass complex difficult to enforce laws, the Public Health Department in conjunction with the State Department of Education should simply required that licensed athletic trainers be present at all interscholastic athletic contests involving physical contact. Thank you for your time.

Respectfully submitted,

Edward Kravitz, MS, ATC, LAT  
 President  
 Athletic Trainer Solutions, LLC

Testimony for HB 5113 and SB 229

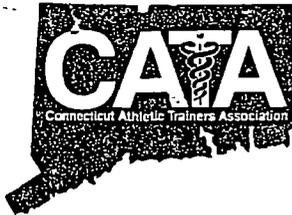
Dear Members of the Children's Committee and Legislative Leaders,  
The Connecticut Coaching Education Program and the Connecticut Association of Athletic Directors have serious concerns about the language in both of these Bills.

The Connecticut concussion legislation spearheaded by Senator Looney in 2010 requires the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical cascade effect that occurs in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. The course explains the law, the requirements of removing an athlete from participation and the revocation process for failure to follow all aspects of the law. It thoroughly explains Second Impact Syndrome and Post Concussion Syndrome. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches.

The concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents, students & referees and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut

Please see the attached documents pertaining to HB 5113 & SB 229 that I will address in my testimony tomorrow.

—  
Fred P. Balsamo, CMAA  
Executive Director  
Connecticut Association of Athletic Directors  
Connecticut Coaching Education Program  
30 Realty Drive  
Cheshire, CT 06410  
Wk -(203) 651-3921  
Fax -(203) 250-1345  
For more CAAD and CCEP info:  
[www.caadinc.org](http://www.caadinc.org) or <http://www.ctcoachinged.org/>  
For CT State Department Forms  
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2613&q=321402>



---

**CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION**

---

Testimony of Connecticut Athletic Trainers' Association (CATA): Eleni Diakogeorgiou, MBA, ATC

RE: Raised SB 229: AAC Sudden Cardiac Arrest Prevention

February 27, 2014

Good afternoon, Senator Bartolomeo, Representative Urban, and members of the Committee on Children. Connecticut Athletic Trainers' Association (CATA) is strongly supportive of the concept of increasing awareness of sudden cardiac arrest (SCA), including promoting training in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use. We partnered with the American Heart Association in Connecticut in 2009 to help pass the law requiring AEDs in schools (Public Act 09-94). Youth sports safety is a primary goal of our association and its members.

Within the past several years, at least two high school athletes have survived SCA because the athletic trainer at their respective schools was on site and able to deploy the AED rapidly. We are fortunate in Connecticut that the state licensing requirement for coaches requires them to have current certification in CPR, which includes using AEDs. Recognition and response to SCA is part of that training. Current interscholastic requirements for pre-participation sports physical exams include the appropriate medical history questions that help identify individuals with cardiac issues that might put them at risk for SCA.

Sudden cardiac arrest can affect healthy individuals of all ages. SCA can strike anyone, at any time, without warning. It is responsible for over 325,000 deaths per year in the United States, and is the leading cause of death in athletes. SCA is not the same as a heart attack. A heart attack is caused by a blockage in an artery supplying blood to the heart. SCA occurs as a result of a malfunction in the heart's electrical system, causing it to suddenly stop beating. The result is called ventricular fibrillation (VF), and the only treatment for VF is defibrillation. Less than 12% of SCA victims survive. Immediate access to an AED is critical, since a shock from the AED within 3 to 5 minutes is optimal. For every minute defibrillation is delayed, survival rates decrease by 10%. The availability of an AED and trained responders is a crucial component in the chain of survival from sudden cardiac arrest.

We are supportive of the concept raised in the bill, and are working with the American Heart Association on suggested changes to clarify language. We would be happy to meet with the committee to help move a modified bill forward.



February 27, 2014

The CATA supports increasing awareness of sudden cardiac arrest, including promoting public access automated external defibrillators (AEDs) and CPR training for high school students, school employees, and members of the public.

Suggested changes to SB 229: An Act Concerning Sudden Cardiac Arrest Prevention

- 1) Lines 17-24: Suggest changes starting line 20 to (C) and (D) to clarify the appropriate means of medical treatment is to immediately activate the emergency medical system, and that any decision regarding return to sports should be made by the treating cardiologist.
- 2) Lines 25-30: CPR training is the most appropriate "sudden cardiac arrest awareness education program." We fully support CPR training for students in high school (or younger).
- 3) Lines 31-51: This type of informed consent should already be in place. The document is also called an "assumption of risk" statement or "waiver." It informs parents of the risks associated with participating in sports, up to and including death. This has been a legal standard in athletics since the 1980's.
- 4) Lines 52-77: CPR training (with AED) is already required by state law in order to obtain and maintain a coaching certificate for interscholastic athletics. Compliance is done with oversight of the Connecticut Coaching Education Program and State Department of Education.
- 5) Lines 82-89: see #1 above (same language)
- 6) Lines 95-103: Maintenance of CPR certification is already required by law. This constitutes a "refresher" course.
- 7) Lines 104-111: Sudden cardiac arrest is characterized by sudden collapse, without preceding symptoms. Management consists of activating EMS (911), CPR & AED, and transport to a hospital. Parents or guardians should be notified immediately.
- 8) Lines 123-128: The only person that should clear a student-athlete to return to activity after SCA is a physician, preferably a cardiologist.



## THE CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

TESTIMONY OF THE CONNECTICUT ASSOCIATION OF SCHOOLS  
CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE  
COMMITTEE ON CHILDREN PUBIC HEARING  
THURSDAY, FEBRUARY 27, 2014

### OFFICERS:

Chair  
Robert Hale, Jr., Principal  
Westbrook High School

Vice Chair  
Steve Wysowski, Principal  
Bristol Eastern High School

Secretary  
Margaret Williamson, Principal  
Northwest Catholic High School,  
West Hartford

Treasurer  
Paul Newton, Principal  
Enrico Fermi High School,  
Enfield

### CENTRAL OFFICE STAFF:

Executive Director  
Karissa Niehoff

Associate Executive Director  
Paul Hoey

Executive Staff  
Joel Cookson  
Matthew Fischer  
Robert Lehr  
Joseph Tonelli

Unified Sports@  
Ken Bragg  
Lou Pear  
Beth Rasmussen  
George Synnott

The CT Interscholastic  
Athletic Conference  
30 Realty Drive  
Cheshire, CT 06410  
Phone: (203)250-1111  
FAX: (203)250-1345  
www.casciac.org

*Affiliated with  
the National  
Federation of State  
High School  
Associations*

Good afternoon. My name is Dr. Karissa Niehoff. I am the Executive Director of the Connecticut Association of Schools (CAS) and the Connecticut Interscholastic Athletic Conference (CIAC). I am here to testify on HB 5113: An Act Concerning Youth Athletics and Concussions, and to reference SB 229 as well. While CAS-CIAC supports the intent of Raised Bill 5113, **we cannot support the bill as written.**

CAS is a nonprofit organization which provides professional development for school leaders- primarily principals- in over 1000 member schools. CAS includes the Connecticut Interscholastic Athletic Conference (CIAC) which is the regulatory body for interscholastic athletics and student activities.

Our office building houses the Connecticut Coaching Education Program, the Connecticut Association of Athletic Directors, the Connecticut Officials' Association and the SOCT-CIAC Unified Sports Program.

The health and safety of students has always been a top priority of our association. The regulations we establish relevant to health and safety, to which we hold member schools accountable, have been developed in conjunction with sports medicine professionals at the national and state levels, and based on research into best practices.

In 2009 our association worked closely with Senator Looney to lead the nation in drafting the current concussion legislation. Connecticut and the CIAC have remained leaders in terms of requirements of coaches in the area of concussion training. Most recently, CIAC drafted and approved association regulations about educating parents and student-athletes and limiting contact time in football.

Recently, a concussion interest group said that they had been in a "year long struggle" with us to "provide basic safety measures to our children" and nothing could be further from the truth. I am stunned that anyone would suggest that we have been nothing other than collaborative and I find these remarks inaccurate, unfair and professionally unkind.

Working with Senator Looney in 2009, we were leaders in the efforts to protect student athletes. This was long before the formation of the concussion interest group. However, we have not rested on this issue.

We have had numerous meetings with stakeholders, legislators, and colleagues; participated in countless phone calls and provided relevant resources and documents around the concussion issue. That says nothing for the extensive programs we support and implement for our schools, school leaders, athletic directors, coaches, and over 110,000 student-athletes.



## THE CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

TESTIMONY OF THE CONNECTICUT ASSOCIATION OF SCHOOLS  
CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE  
COMMITTEE ON CHILDREN PUBLIC HEARING  
THURSDAY, FEBRUARY 27, 2014

### OFFICERS:

**Chair**  
 Robert Hale, Jr., Principal  
 Westbrook High School

**Vice Chair**  
 Steve Wysowski, Principal  
 Bristol Eastern High School

**Secretary**  
 Margaret Williamson, Principal  
 Northwest Catholic High School,  
 West Hartford

**Treasurer**  
 Paul Newton, Principal  
 Enrico Fermi High School,  
 Enfield

### CENTRAL OFFICE STAFF:

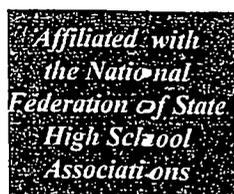
**Executive Director**  
 Karissa Niehoff

**Associate Executive Director**  
 Paul Hoey

**Executive Staff**  
 Joel Cookson  
 Matthew Fischer  
 Robert Lehr  
 Joseph Tonelli

**Unified Sports®**  
 Ken Bragg  
 Lou Pear  
 Beth Rasmussen  
 George Synnott

The CT Interscholastic  
 Athletic Conference  
 30 Realty Drive  
 Cheshire, CT 06410  
 Phone: (203)250-1111  
 FAX: (203)250-1345  
 www.casciac.org



It has been suggested that our state's concussion law is grossly inadequate compared to legislation in other states. Today I am providing data from a recent survey of state executive directors. They were given 48 hours; 34 of 51 associations responded. Five questions were asked; the responses are broken down on the Excel spreadsheet which we have provided.

Of the 34 states who responded:

- 23 states have enacted legislation requiring the training of coaches in concussions.
- 19 states have enacted legislation requiring the training of parents and student athletes.
- 17 states have legislation that directs the state association alone or in combination with others to provide concussion awareness training.
- Only 4 states have legislation requiring the training of officials.
- NO states have enacted legislation that addresses contact time in practice or any other specifics for football or another sport.

We have been and remain the leader nationwide among states and associations.

- Our educational materials and training programs were developed in collaboration with sports medicine professionals.
- We already educate coaches, parents and student-athletes.
- We have offered to make available online and at no cost to schools and municipalities concussion training materials that are age and context appropriate, including informed consent forms.

We want Connecticut to continue to be a national leader, but we believe that leadership is not about what is written on a page, it is about action. The action that is necessary to remain on the forefront of injury education, prevention and management will require flexibility and responsiveness. If legislation is enacted that is unnecessarily prescriptive or burdensome, then our association's ability to be nimble- to modify regulations and implement new practices will be greatly compromised if not crippled. For example, the bill proposes 90 minutes of contact time for drills throughout the season. 120 minutes pre-season is recommended to teach proper techniques while only 60 minutes post season is recommended as athletes are in tournament situations which do not involve as much skill instruction.

Over-prescriptive legislation leads to bills such as SB 229 which is unnecessary, as cardiac crisis awareness is already being taught to coaches through First Aid and CPR.

In closing, the CIAC has a well-established history of being out in front on issues of safety for student-athletes and children. We were behind the concussion legislation in 2009 and the pool safety legislation in 2013. We stand ready to work with you to get this right. There are too many flaws in this bill as written that we cannot support it at this time.

	1. Has your state enacted legislation that requires the training of parents and student/athletes with regards concussions/head injuries	2. Has your state enacted legislation requiring the training of officials	3. Has your state enacted legislation that addresses contact time in practice, number of Qtrs played, or any other specifics for football or another sport	4. Has your state enacted legislation requiring the training of coaches in concussions and if yes # of hrs	5. Has your state enacted legislation that directs your association alone, or in collaboration with other associations to provide concussion awareness training?
Hawaii	Y	N	N	Y-Not Specific	Y
Maine	Legislature let association take lead				N
Wisconsin	Y	N	N	Y	Y
K.I	Y	N	N	Y	Collaboration
N.Y	Y	Y	N	Y- Prop	YProp
D.C.	Y-Proposed	N	N	Y	N
W VA	N	N	N	Y	N
PA	N	N	N	Y	Y
KY	Y	Y-Limited	N	Y	Y
IX	Y	N	N	Y	Y
Montana	Y	N	N	Y not spec	N
WY	Y	N	N	N	N
Iowa	N	N	N	N	Y
GA	Y-Head and sign	Y	N	N	N
FLA	N	N	N	Y	Y
Missouri	Y	N	N	Y	Y
N.Mex***	Y	Y	N	N	Y
KA	N	N	N	N	Y
ALABAMA	N	N	N	N	N
MISS	N	N	N	Y	Y
ARIZONA	Y	Y	N	Y	Y
ALASKA	Y-Directs assoc	N	N	Y	Y
CAL	N	N	N	Y	N
Oregon	N	N	N	Y	Refers to assoc
LA	N	N	N	N	Y
IA	N	N	N	Y	N
Ienn	Y	N	N	Y	Y-W Dept health
ARK	Y	N	N	Y	N
SU	N	N/A	N	N	N
NH	N	N	N	Y	N
DEL	Y	N	N	N	N
MICH	Y	N	N	N	N
N.C	Y	N	N	N	N
	19-y 14 n	4-y 28-n 1 N/A	34-n	23-y 10 n	17-y 16-n

Testimony of the Connecticut Interscholastic Athletic Conference On House Bill 5113 An Act Concerning Youth Athletics and Concussions and Senate Bill 229 An Act Concerning Sudden Cardiac Arrest Prevention  
Committee on Children Public Hearing  
Thursday, February 27, 2014

Members of the Committee on Children:

My name is Paul Hoey, the associate executive director of the Connecticut Interscholastic Athletic Conference (CIAC) which has been the governing body for high school athletics in Connecticut since 1921. CIAC is a subsidiary of the Connecticut Association of Schools (CAS) and our membership includes over 1,000 public and private elementary, middle and high schools in the state. It has come to our attention that considerable misinformation has been circulated about what CAS-CIAC is or is not doing in the area of concussion management. This testimony is to bring the committee up-to-date on what CAS-CIAC is **requiring** of its member schools in the area of concussion management and the association's efforts to reduce sport related injuries in general.

First, let me say that CAS-CIAC fully supports any reasonable effort by any group to assure the health and safety of all of our student athletes. CIAC, throughout its almost one hundred history, has always put the health and safety of its student athletes first and has been proactive in addressing sport related injury issues. For example, CAS-CIAC has implemented the following health and safety requirement for all of our member schools:

- Adopted the Korey Stringer Institutes Recommendation for heat acclimation & heat illness prevention and related practice guidelines and scrimmage regulations which has significantly impacted how early season practices are conducted, especially in football.
- After meeting with the Parents Concussion Coalition in June of 2013 for the first time, CIAC issued a series on advisories to its member schools with recommendations regarding the education of parents and athletes on recognizing the signs and symptoms of concussion, return to play requirements, limiting contact in practice and pool safety requirements to name a few.
- In August of 2013 the CIAC Board of Control began an in-depth discussion on instituting requirements regarding concussion management. After consultation from the Connecticut State Medical Society's Committee on the Medical Aspects of Sports, of which I am a member, the Board began to draft regulations.
- In November 2013, the CIAC Board passed regulations that require all schools to design and implement a program to educate their parents and athletes on the signs and symptoms of concussion and return to play requirements. CIAC has specified what curriculum topics must be covered in each school. Further, CIAC designed an informed consent form to be used by all schools as part of the permission to play process which must be signed by the parent/guardian and athlete. CIAC believes schools should have the autonomy to develop the educational program that best fits their community.
- In January of 2014, the CIAC Board of Control passed a requirement that all officials who work in CIAC member schools be trained in recognizing the signs and symptoms of concussion, as required by the National Federation of State High School Associations (NFHS) and, the protocol to follow when an athlete is suspected of being concussed.
- Also in January of 2014, the CIAC Board of Control passed regulations that limit the number of minutes of person-to-person contact that may occur in practice during the pre-season, the competition season and the post season which will take effect with the start of the 2014 spring football season. To our knowledge, Connecticut is among a handful of states that have adopted such regulations and have moved beyond guidelines or recommendations. CIAC limits contact in the pre-season ( three weeks) to a maximum of 120 minutes, to allow for the teaching of the

proper techniques of blocking and tackling to minimize future injury, up to 90 minutes of contact during the regular competition season, and up to 60 minutes of contact during the post season. More detailed information, contact definitions and spring football requirements can be found on the CAS-CIAC web site. Simply visit <http://ciacsports.com> and click on "Sports Medicine/Concussion". The requirements of CIAC are much more specific than the language in the proposed legislation.

- On February 25, 2014 the CIAC football committee changed the format of the football playoff structure to allow for more time between games to minimize injury, as was recommended by the Sports Medicine Committee.

CIAC believes that legislative intervention in athletics at the public school level is not needed given the requirements and changes already being imposed on member schools by CAS-CIAC. The Committee on Children should trust that coaches, athletic directors, principals, and superintendents will fulfill their responsibility to meet the rules regulation of CIAC.

The proposed legislation as written cannot be supported by the membership of CIAC at this time. Further, it is recommended funding be added to support a comprehensive injury surveillance study as was mandated by statute in the last legislative session, but not funded. A study adequately funded would allow for the collection of data by appropriate health care professionals on all sport related injuries including concussions.

CIAC does support efforts to educate coaches and others involved in youth sports but, the proposed legislation will only discourage individuals from volunteering their services given the proposed requirements and possible litigations outlined in the legislation. Further study is needed on youth sports before legislation is considered.

Regarding proposed legislation Senate Bill 229, CIAC does not believe legislation is appropriate at this time. All coaches including interscholastic, intramural, cheer, and dance are required by state law to have a current certificate in CPR and first aid that must be renewed every two years. Short of providing funding for school to have AED's at all practice and game sites, and training coaches and others in diagnosing congenital heart conditions, which is the purview of doctors, we are not sure what else schools and coaches can be required to do. We recommend further study before legislation.

Please feel free to contact me if you have any questions.

Respectfully,

Paul R. Hoey  
Associate Executive Director, CIAC  
30 Realty Drive  
Cheshire, CT 06410  
(203)-250-1111

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Mr. Leonard Corto and represent the athletic coaches parents and athletes in the community of New Britain.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Len Corto

*Leonard J. Corto C.A.A.*

District Coordinator of Physical Education, Health, Athletics & Safety  
Consolidated School District of New Britain

New Britain, CT 06050

860-826-1869 (Hal's Office)

860-826-1867 Fax

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Jonathan Nadeau and represent the athletic coaches parents and athletes in the community of Henry Abbott Technical HS.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. Thi s will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Jonathan P. Nadeau

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is VJ Sarullo and represent the athletic coaches, parents and athletes in the community of Wallingford.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

VJ Sarullo  
Athletic Director  
Mark T. Sheehan High School  
142 Hope Hill Road  
Wallingford, CT 06492  
Twitter: @MTSATHLETICS  
203-294-5924 (phone)  
203-294-5923 (fax)

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is David Johnson and I represent the athletic coaches, parents and athletes across the state of Connecticut. I currently reside in Enfield. I recently retired from 35 years in public education (teacher, coach, athletic director, high school assistant principal and director of a middle school alternative education program). For the past 18 years, I have owned and operated a private sports medicine business, and I teach the Medical Aspects of Sports Injury and Sport Physiology for the Connecticut Interscholastic Athletic Conference (CIAC) which I have done for the past 16 years. I also have over 35 years as a high and college sports official (soccer, baseball, basketball).

I am writing to express my concerns for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut (see Medical Aspects syllabus attached).

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing, CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements.

I am the first to support the implementation for as many safety measures for our children as possible. That is probably the driving force for my return to post-graduate courses in sports medicine during my teaching and coaching career. Since my retirement from education last year, it has become a business, and more importantly, a passion. I travel the state and the country providing concussion education to coaches, parents, athletes, educators and anyone who will listen. However, I question all that we are looking to place on the shoulders of our coaches who work regular full-time jobs, interrupt time with their own families and coach because they love the sport as well as the children they coach. And they do it for very little, if any remuneration. For whatever is taken out in taxes, even the better paid coaches are in reality, volunteers. Therefore, I think that we need to show great care and concern for what we do to these people. Many are struggling to meet our current requirements while maintaining their own personal and professional lives. They are being well-educated for what they need to know medically as coaches, the updates can be taught during their 1 year and 5 year recertification or as part of their continuing education process. I interact regularly with the top concussion experts in the country, and although there are updates, they can be taught during the aforementioned time period. I see absolutely no need to make all of them complete the concussion training again. It is these things that will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers. We face a significant shortage of qualified coaches every season; otherwise our CIAC coaching classes each session would not average between 70 and 85 coaches.

Allow our coaches to do what they signed up for - COACH, the more than adequate training to recognize injuries, initiate emergency services and then provide care until these better trained (who see and care for these maladies multiple times a day for a living) individuals arrive on scene. Instead of overburdening our coaches in this manner, support legislation to place at least one certified athletic trainer in each school. These individuals not only possess expertise in the care of athletic injuries, but can play a significant role in their prevention as well as in their rehabilitation when they do occur. They can also take major onus as far as continuing to educate and update their coaching colleagues. Some can save money by combining teaching/coaching positions, and could be a resource for faculty regarding their injuries and those of their loved ones as well as a resource for everyone for medical care. In combination with educated coaches, faculty and supportive and knowledgeable parents, a school district would truly have the best interest of its' students in mind.

I ask you to give extremely strong consideration to these bills as far as what they will actually accomplish. I think that portions of these bills have some merit; however, I do not think all of the 'dots' have been connected nor have all of the right 'pieces of the puzzle' been put in place in order not to do more damage by passing these bills than not passing them. Therefore, I request that you postpone the passing of either of these bills until the aforementioned takes place. Thank you for your consideration of my request.

Respectfully submitted,

David K. Johnson  
Medical Aspects of Sports Injury and Sport Physiology, Instructor  
Coaches Certification Course  
**Connecticut Interscholastic Athletic Conference (CIAC)**

### **III. MEDICAL ASPECTS OF SPORTS INJURIES AND SPORT PHYSIOLOGY**

#### **DISCUSSION TOPICS**

January 5, 2014

General information and introduction

Your Medical Role as a Coach

Game Plan

Anatomy and Sport Injury Terminology

**CONCUSSION MANAGEMENT Certification**

to include: Spinal Injuries

Guest Speaker: **DR. CARL NISSEN**

Injury Evaluation

Respiratory and Circulatory Emergencies

Spine Injuries

Internal Organ Injuries

Sudden Illness

Temperature-Related Injuries

January 19, 2013

Anterior Cruciate Ligament (ACL) Injuries – Cause & Prevention

The Throwing Athlete – Biomechanics & Injuries

Musculoskeletal Injuries

Heat and Cold Therapy

Principles of Rehabilitation

Principles of Training

Individual Differences Among Athletes

Components of Muscular Fitness

Energy Systems

Sports Nutrition

Practical Session: athletic taping ???

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Robert Paskiewicz and represent the athletic coaches, parents and athletes in the community of East Granby.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching.

During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

Robert Paskiewicz  
Athletic Director  
East Granby High School

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is John Niski and represent the athletic coaches parents and athletes in the community of Shelton

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

**Additionally, I have already been involved personally with the training of many of the Youth Coaches in Shelton including Youth Football, Cheerleading, & Soccer. Due to the incredible turnover of Youth Coaches, it would be an insurmountable task to continuously train the Coaches, Parents, Athletes, and Officials. This is an unreasonable request.**

**I would be happy to meet with or speak with any Legislator regarding this issue at any time. Please feel free to contact me with questions or concerns.**

Sincerely,

**John Niski**  
Director of Athletics  
Shelton Public Schools  
120 Meadow Street  
Shelton, CT 06484  
203-922-3014 x1940

Testimony for HB 5513 and SB.229

Dear Legislator,

My name is Robert Hale and I am principal of Westbrook High School I also serve as chair of the CIAC Board of Control which oversees and regulates High School Athletics in Connecticut.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. This bill would unnecessarily increase requirements on school athletic programs where there are already safeguards in place. We are already very concerned and committed to reducing and appropriately addressing concussions among our student athletes as well as many concussions that occur for our nonathlete students. The additional reporting burden that the bill calls for is unnecessary and inappropriate. Each school is best suited to determine its own communication protocol and who is the best person to handle that. The CIAC Board of Control recently increased the requirement on schools to provide annual parent and student education (where previously this was a requirement but not on an annual basis) In addition:

- Connecticut already has the most stringent coaching permit and coaching education requirements in the country
- We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches.
- The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, all of our coaching recertification includes training in the use of an AED

Additionally, non-teacher coaches by statute must take a 45 hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements.

Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches and schools would create an unnecessary additional burden with little benefit, if any, to our students.

Thank you for your consideration.

Sincerely,

Robert Hale, Principal  
Westbrook High School  
156 McVeagh Road  
Westbrook CT 06498  
(860) 399-6214

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Carl Charles and I represent the athletic coaches parents and athletes in the community of Ridgefield.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

*Carl Charles*

Carl Charles  
Director of Athletics  
Ridgefield High School  
PH: (203) 894-5750 x11010  
FX: (203) 431-2820

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Brent Hawkins and I represent the athletic coaches, parents and athletes in the community of Litchfield, as the Parks and Recreation Director as well as the Head Coach for Boys and Girls Cross Country and Track and Field.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

J. Brent Hawkins,  
Litchfield Park and Rec, Director  
Litchfield High School Cross Country & Track Head Coach

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Jeff Belanger and represent the athletic coaches parents and athletes in the community of Windham and the surrounding communities that attend Windham technical High School..

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. Thi s will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

Jeffrey Belanger, CAA, MS  
Physical Education Instructor  
Athletic Director  
Head Boys Basketball Coach  
Windham Technical High School  
210 Birch St. Willimantic, CT 06226

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Kevin Burke and I represent the athletic coaches' parents and athletes in the community of Colchester.

I am writing to express my concern for HB 5113-AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Kevin Burke  
Kevin Burke  
Athletic Director  
Bacon Academy  
611 Norwich Ave.  
Colchester, CT 06415  
860-537-2378 ext 1336

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Paula Fitzgerald and represent the athletic coaches parents and athletes in the community of Westbrook.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t  
he safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Paula Fitzgerald, CAA

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Paul Mengold and represent the athletic coaches parents and athletes in the community of Bethany, Orange, and Woodbridge.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

Paul D. Mengold

Paul D. Mengold, C.A.A.  
Director of Athletics  
Amity Regional School District #5  
25 Newton Road  
Woodbridge, CT 06525  
203-397-4839

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Allen Tramuta and represent the athletic coaches parents and athletes in the community of Waterbury.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

Testimony for HB 5113 and SB 229

My name is Ricky Narracci and represent the athletic coaches parents and athletes in the community of East Haven, CT

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This

will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Ricky Narracci  
Athletic Director  
East Haven High School

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Dan Mathieu and represent the athletic coaches parents and athletes in the community of Torrington.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,  
Dan Mathieu

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Anne MacNeil and represent the athletic coaches, parents and athletes in the community of Region One (North Canaan, Salisbury, Lakeville, Sharon, Kent, Cornwall and Falls Village).

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

Anne Macneil, ATC, LAT  
Athletic Director/Middle School Athletic Coordinator  
Housatonic Valley Regional High School  
246 Warren Turnpike  
Falls Village, CT 06031  
[amacneil@hvrhs.org](mailto:amacneil@hvrhs.org)  
[860.824.5123](tel:860.824.5123) ext 164  
[860.248.9570](tel:860.248.9570)

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Craig Knop and I represent the athletic coaches, parents, and athletes in the community of Greenwich, CT

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country We offer the most extensive concussion education course required for coaches in the country The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR) In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements.

This will cause coaches to leave the profession where there is already a shortage of qualified individuals Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

Craig Knop

--

***Craig Knop***  
***Eastern Middle School***  
***Physical Education Teacher Grades 6-8***  
***Boy's A Soccer Coach***  
***Boy's B Basketball Coach***  
***Intramural Supervisor***

TESTIMONY & CONCERNS WITH HB 5113 and SB 229

Dear Legislator,

My name is David Dennehy I and represent the athletic coaches, parents, and athletes in the communities that surround & service St Paul Catholic High School in Bristol. I am also a youth coach in the Harwinton community (HYSA Organization)

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

David Dennehy  
St Paul Catholic H S Athletic Director

Testimony for HB 5113 and SB 229

Dear Legislator(s),

My name is Steve Trifone and I am the Athletic Director for Cheshire public schools.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardiopulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers Sincerely,

Steve Trifone  
Cheshire High School  
Director of Athletics  
Department Leader- Applied Technology  
203-250-2552

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Stephen Baldwin and represent the athletic coaches parents and athletes in the community of Waterbury at Wilby High School.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardiopulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Stephen Baldwin

Testimony for HB 5113 and SB-229

Dear Legislators,

My name is Bill Buscetto and I represent the athletic coaches, parents and athletes in the communities of Lyme and Old Lyme.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This

will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Bill Buscetto

Bill Buscetto, CMAA  
Athletic Director  
Lyme-Old Lyme Public Schools

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Newell Porch, Athletic Director at Avon High School and I represent the athletic coaches parents and athletes in the community of Avon

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine.

Additionally, non-teacher coaches, by statute, must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching.

During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Thank you for understanding and appreciating the potential serious ramifications if these bills were passed and implemented.

Sincerely,

Newell

--

Newell Porch  
Athletic Coordinator  
Avon High School  
Avon, Ct. 06001

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Joe Velardi and represent the athletic coaches parents and athletes in the community of Middlebury and Southbury (Regional School District 15) I am a resident of Bethany

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country We offer the most extensive concussion education course required for coaches in the country The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injunes. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine.

Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching.

During those 15 hours our course covers sudden cardiac arrest in great detail.

Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

Joe Velardi

--

Joseph M. Velardi  
Director of Health, Physical Education and Athletics  
Pomperaug High School  
Regional School District 15  
234 Judd Rd.  
Southbury, CT 06524  
Phone: 203 262-3244  
Fax: 203 262-0528

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Fred Williams and represent the athletic coaches parents and athletes in the community of Colebrook, Barkhamsted, New Hartford and Norfolk.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching.

During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

*Fred Williams*

*Athletic Director*

*Northwestern 379-8525 ext.2700*

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Paul Soucy. I am a resident of Bristol and I represent the athletic coaches parents and athletes at E.C. Goodwin Technical High School in New Britain.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Paul Soucy  
Athletic Director  
E.C. Goodwin Technical High School

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Tracy Nichols and I represent the the athletic coaches, parents, and athletes at Trinity Catholic High School in Stamford. I am writing to express my concern for HB 5113-AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, as well as scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements, and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice, far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229-AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR) certification. In addition to cardio-pulmonary resuscitation and rescue breathing, CPR courses include signs, symptoms and prevention of heart attacks, causes of heart diseases, breathing emergencies such as choking, and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 hour clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours the course covers sudden cardiac arrest in great detail. Furthermore, this proposed law places the onus for implementation and notification on the coach rather than the school district which has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual First Aid & CPR training, the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Tracy Nichols  
Director of Athletics  
Trinity Catholic High School

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Jim Buonocore and I represent the athletic coaches, parents, and athletes in the community of Ledyard.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Jim Buonocore  
Athletic Director/Head Football Coach  
Ledyard High School  
(O) 860.464.9600 ext 6123  
(C) 860.235.6107

Testimony for HB 5113 & SB 229

Laura:

I am contacting you regarding House Bill 5113 (An Act Concerning Youth Athletics and Concussions). After carefully reading and discussing its content with colleagues, I have some very serious concerns and issues regarding House Bill 5113.

I have also read proposed House Bill 229 - An Act Concerning Sudden Cardiac Arrest Prevention. I have many of the same concerns and issues with this bill as well. All secondary school coaches are already currently trained - by law - in First Aid, CPR and AED use which includes emergency management protocols in a sudden cardiac arrest situation. Plus all schools already have an emergency management protocol and emergency action plan in place.

In my thirty-three years as a high school athletic administrator, one thing I know and state with tremendous pride is that the CIAC, the Connecticut Association of Athletic Directors, and the Connecticut High School Coaches Association have been and continue to be at the forefront and cutting edge when it comes to training, mentoring and educating coaches. And these organizations have been and continue to be at the forefront in adopting rules, regulations and guidelines that maximize safety for all athletes in all sports. Connecticut has the most stringent coaching permit requirements in the country. All coaches are required to complete a comprehensive concussion education course. The "Return To Play" after a concussion protocols we follow are both law and written by doctors. We currently provide concussion management education to our parents and student-athletes via pre-season meetings. The CIAC Football Committee recently passed rules limiting live and full contact in football practice. In summary, the current coaching education courses and modules being offered, the rules that we are governed under by the NFHS and CIAC, and the sports committees and agencies currently regulating high school sports are doing an excellent job of maximizing safety for all of our student-athletes.

I would be more than happy to discuss these proposed bills with you point by point if the opportunity arises. Please do not hesitate to contact me if I can answer any questions.

Thank you for your time and attention to this very important matter.

Dave Johnson  
Athletic Director  
Bunnell High School  
1 Bulldog Blvd.  
Stratford, CT 06614  
[johnsond@stratfordk12.org](mailto:johnsond@stratfordk12.org)  
203-906-4831 (cell)  
203-385-4260 (office)



## COMMITTEE ON CHILDREN

February 27, 2014

The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 92% of Connecticut's population. We appreciate the opportunity to testify on bills of interest to towns and cities.

**SB 229, "An Act Concerning Sudden Cardiac Arrest Prevention"**

**HB 5113, "An Act Concerning Youth Athletics and Concussions"**

SB 229 would, among other things, mandate individuals with coaching permits complete training courses regarding sudden cardiac events.

HB 5113 would, among other things, mandate individuals with coaching permits implement a concussion education plan, developed by the State, and would prohibit student athletes from participating in intramural or interscholastic athletic activity unless student athletes, and parents, have completed such education plan.

CCM appreciates the intent of these proposals and shares the common goal of ensuring the safety of our students remains a top priority. However, absent state assistance in implementing these proposals, CCM has concern regarding municipalities having to comply with education plans that have yet to be written.

CCM looks forward to working with the Committee and urges the Committee to **obtain a detailed fiscal analysis on the impact these proposals would have on towns and cities.**

★ ★ ★ ★ ★

If you have any questions, please contact Chelsey Worth, Legislative Associate, at [cworth@ccm-ct.org](mailto:cworth@ccm-ct.org) or (203) 470-5214.