



Representative Richard D. Brown
House District 5

Health Provider Services Committee Sponsor Testimony on House Bill 47
March 7, 2023

Chair Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the Health Provider Services Committee, thank you for giving my joint sponsor, Representative Adam Bird and I, the opportunity to testify in support of House Bill (HB) 47.

HB 47 modifies ten existing sections of the Ohio Revised Code and enacts new section 3701.851. The bill primarily requires the placement of Automatic External Defibrillators (AED) in each public school, chartered non-public school, community schools, STEM schools, and college-prep boarding schools. This bill will also require the placement of an AED at sports and recreation locations which are municipally owned or operated, at which organized sporting events occur.

It is of paramount importance that all schools and facilities where our children are participating in physical activity and sports be outfitted with an AED. Sudden Cardiac Arrest (SCA) is a lethal medical event that can affect both athletes and non-athletes alike, but it can be effectively treated if an AED is utilized within five minutes of the incident occurring. The recent event surrounding Buffalo Bills player, Damar Hamlin, has raised crucial public awareness to the risk young athletes take when playing certain sports, whether in a game or at practice, including the risk of SCA, and the need for rapid, appropriate treatment when SCA occurs.

Currently, Ohio schools are merely encouraged, but not required, to have an Automatic External Defibrillator on site and institute a requisite Emergency Action Plan (EAP). Ohio's recreation centers are similarly not required to have an AED or an action plan under Ohio Revised Code Section 755.13. HB 47 will require that both schools and recreation facilities controlled by a political subdivision have an AED onsite for use during a medical emergency.

Additionally, the current Ohio law mandates that "all persons employed by a school district shall receive training in the use of an AED." To assist in that effort, HB 47 requires the Department of Health to develop a model EAP regarding the correct use of AEDs and requires schools adopt an EAP, which may include using the model EAP developed by the DOH.

However, the placement of AEDs is discretionary according to current statute *R.C. 3317.717(B)(1)*. So my question remains, why mandate the training if the device is not required to be placed in the school? SCA is the leading cause of *sudden* death in young athletes.

According to the Mayo Clinic Health System, they estimate that about 1 in 50,000 to 1 in 80,000 young athletes die of sudden cardiac death each year.”

If a student is experiencing sudden cardiac arrest, access to these devices can be lifesaving. The automatic external defibrillator will analyze the heart rate and calculate what shock level, if any, is needed to establish a consistent working rhythm within the student experiencing the event.

These devices are safe, easy to operate, and accurate. Previously, AED equipment was expensive, typically found only in emergency rescue vehicles or hospitals. Now, with advancements in technology, these devices are more accessible to the public.

The cost ranges from about \$600 for a refurbished model to up to \$2,500 for the most premium AEDs. Most of the new, portable AEDs that are FDA approved and highly accurate, which is what schools are most likely to use, cost in the range of \$1,250 to \$1,500 per unit. Most batteries have a shelf life of about seven years. Additionally, the electrode pads need replaced every two years on average. Adult electrode pads cost between \$50 and \$70, while child electrode pads cost about \$100 for a set.

Many, perhaps most, schools already have AEDs and Emergency Action Plans (EAPs) regarding the use of AEDs, so this would not be a new cost to many schools in our state. Any cost to our schools is an important cost to consider, but the cost of not having these devices—the lives of our students—is simply too high.

I think it’s important to note we even have these devices on every floor of the Vern Riffe Center. This is crucial, commonsense legislation. The question is not about *if* a student may experience Sudden Cardiac Arrest, the question is *when*. If these devices are important enough to have in the hallways of legislators’ offices and used by our pro athletes then they are important enough to have in our kids’ schools. By passing this legislation, we are going to save lives of students across the state.

I would now like to turn it over to my joint sponsor, Representative Bird.