



Chair Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the Health Provider Services Committee, my name is Peter Aziz and I want to thank you for allowing me testify as a proponent of House Bill (HB) 47. I currently serve as the Director of the Inherited Arrhythmia Clinic and practice pediatric electrophysiology at Cleveland Clinic. My clinical and academic interests are focused on the prevention of sudden cardiac death in the young. The role of the Automated External Defibrillator (AED) can not be overstated.

Sudden Cardiac Arrest (SCA) is a life threatening emergency that is the leading cause of death among young athletes. SCA can be effectively treated if an AED, often combined with CPR, is utilized within 5 minutes of the incident occurring. Unfortunately, Ohio law does not require AEDs to be placed in schools or sports and recreation locations across the state of Ohio. Based on work authored at our institution, access to an AED is the only factor shown to prevent death following a cardiac arrest. Early AED application is also the only factor shown to promote successful hospital discharge following an arrest. Without AED intervention, outcomes are abysmal.

Having an AED in these locations, accompanied with the proper training, can serve as the difference between life and death when it comes to Sudden Cardiac Arrest. This is bipartisan, commonsense legislation that is absolutely necessary to protect the health and safety of our children and our communities.

My clinical practice has emphasized this message, with both stories of triumph and tragedy. The "save" of an athlete is invariably the result of trained providers with local AED access. The lives lost are unfortunately the opposite. Nothing is more frustrating as a provider, and for a grieving parent, to know that those deaths are preventable by simply placing AEDs where the arrests occur. It is very difficult to argue with this logic.

As focused as we are as health providers in identifying the "at risk" patient and preventing sudden cardiac death, the reality is that those patients are simply very difficult to detect. From a resource utilization standpoint, rather than relying strictly on our ability to employ primary prevention as a strategy, secondary prevention (having AEDs available) is more cost effective, and practical. Facing many parents who have suffered the loss of a child to SCD, I yearn to practice in an environment where we can rely on resources being available that are proven to save lives. It is my mission as a clinician and scientist to advocate for those families that suffered preventable tragedy. It is difficult to imagine a more cost-effective approach.

For these reasons, I would encourage you all to be a part of that by voting yes on HB 47.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read 'Peter F. Aziz', written in a cursive style.

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