



Testimony before the Ohio Senate Health Committee

Delivered by Donald Lynch, MD, MSCI

on behalf of the

Association of Black Cardiologists

December 6, 2023

Thank you Chairman Huffman, Vice Chairman Johnson and Ranking Member Antonio for holding today's hearing on House Bill 47 — legislation that expands and enhances requirements of automated external defibrillator (AED) placement in schools and public recreational facilities, and to require the Ohio Department of Health to develop a model emergency action plan for the use of AEDs. I also want to acknowledge Representative Richard Brown for his leadership on this important piece of legislation.

I am Donald Lynch, a practicing cardiologist at the University of Cincinnati where I treat patients with cardiac and vascular disease. The views I express today are not those of the University of Cincinnati. I testify today on behalf of the Association of Black Cardiologists (ABC) and in my capacity as a cardiologist who has treated patients with cardiac arrest over the last 12 years of my career. My role has spanned the continuum from emergent placement of mechanical support devices in the setting of cardiac arrest to management of patients post arrest in the cardiac ICU and in follow-up on an outpatient basis. I have personally seen the impact of early defibrillation on survival for patients who would otherwise have died or experienced other adverse outcomes highlighting the important of accessibility of AEDs, training in their use, and having an emergency action plan in place. I have also seen the dismal outcomes in patients who have out of hospital cardiac arrest and do not have access to early defibrillation. Requiring AEDs in school buildings, at sporting events and other public events, as well as

requiring training in AED and CPR use has the potential to make a difference in all communities, especially minority communities.

I completed my medicine training at Johns Hopkins where I had the fortunate of meeting with Dr. Levi Watkins who implanted the first defibrillator. Dr. Watkins was the first Black medical student to graduate from Vanderbilt School of Medicine. He helped to develop the defibrillator after travel on a plane in which a passenger had a cardiac arrest and unfortunately died as a result, as there was no treatment at that time. Thanks to his work and development of AEDs, it is estimated that 1,700 lives are saved each year by bystanders with access and training to utilize AEDs. In part as a result of Dr. Watkins legacy, I went on to complete cardiology training at Vanderbilt Hospital after which I completed training in interventional cardiology at Stanford Hospital. Throughout my career thus far, I have cared for several patients with cardiac arrest and have participated in the care of a number of athletes. Importantly, my sister was a teacher and subsequently a principal which uniquely helps me to understand challenges that school systems face. I have a young daughter who I hope if she ever has a cardiac arrest will have access to an AED and early intervention place.

Association of Black Cardiologists

The Association of Black Cardiologists was founded in 1974 as a nonprofit organization by Dr. Richard Allen Williams in collaboration with 17 other medical professionals. ABC has grown to more than 2,000 members internationally with membership by community health advocates, corporate members, and healthcare professionals. ABC is accredited by the Accreditation Council for Continuing Medical Education to provide continuing education for physicians. The mission of ABC is to promote the prevention and treatment of cardiovascular disease, including stroke, in Blacks and other minorities and to achieve health equity for all through elimination of disparities. Fundamental to our values is that healthcare should be accessible to all regardless of race, ethnicity, or gender. Despite medical advances, such as development of AEDs, disparities persist.

Disparities in Cardiac Arrest Response

The unfortunate reality is there are racial and ethnic differences in bystander CPR. According to a 2022 study published in the *New England Journal of Medicine*, the relative likelihood of getting bystander CPR for cardiac arrests in public is 37 percent lower for Blacks and Hispanics than for Whites.¹ However, state laws mandating CPR training in high schools is associated with a higher likelihood of receiving bystander CPR for out-of-hospital cardiac arrest and this leads to improvements in outcomes following cardiac arrest.²

House Bill 47, if enacted, will not only help save the lives of young Ohioans, including student athletes, who experience sudden cardiac arrest, but I am hopeful it will help to close the racial and ethnic gap in survival for out-of-hospital cardiac arrest.

The Association of Black Cardiologists strongly endorses House Bill 47 so that there is a strong chain of survival in place if a student, student athlete, faculty or member of the public suffers sudden cardiac arrest on school premises or at a school sporting event or practice.

On behalf of the Association of Black Cardiologists, I ask this Committee and your Senate colleagues to pass this bill.

Thank you.

¹ Garcia RA, Spertus JA, Girotra S, et al. Racial and ethnic differences in bystander CPR for witnessed cardiac arrest. *N Engl J Med* 2022;387:1569-1578.

² CHOP Researchers Find States that Require CPR Training in Schools Have Higher Rates of Bystander CPR <https://www.chop.edu/news/chop-researchers-find-states-require-cpr-training-schools-have-higher-rates-bystander-cpr>