



**Representative Richard D. Brown**  
House District 20

Primary and Secondary Education Committee Sponsor Testimony on House Bill 426  
March 22, 2022

Chair Manning, Vice Chair Bird, Ranking Member Robinson, and members of the Primary and Secondary Education Committee, thank you for giving me the opportunity to testify in support of House Bill (HB) 426.

HB 426 updates existing Ohio law known as Lindsay’s Law, which concerns Sudden Cardiac Arrest (“SCA”) in young athletes. According to the Mayo Clinic, SCA is the “abrupt loss of heart function, breathing, and consciousness. The condition usually results from a problem with your heart’s electrical system, which disrupts your heart’s pumping action and stops blood flow to your body.”

Every year, some high school aged or younger athletes die from SCA on the field of play or at practices. I received a letter recently from a constituent who told me of her brother’s death eight years ago from SCA at a practice of his high school football team. He had an undiagnosed heart condition and had never had any symptoms prior to his sudden death. She wrote, “I wish there would have been an AED readily available at his practice to save his life.”

An AED is an “automatic external defibrillator,” which is a device that analyzes heart rate and calculates what electric shock level, if any, is needed to establish a consistent working rhythm in the heart of the person suffering from SCA.

SCA is the leading cause of *sudden* death in young athletes. However, SCA can strike both athletes and non-athletes alike, as well as parents and friends attending sporting or school events. SCA can be effectively treated if an AED is utilized within five minutes of the incident occurring. According to a study in the Journal of Athletic Training, “the best way to prevent death from SCA is early defibrillation and survival declines by 7-10% for each minute that defibrillation is delayed.” SCA affects nearly 350,000 Americans a year, with only a third receiving timely treatment from CPR or an AED.

HB 426 modifies ten existing sections of the Ohio Revised Code and enacts new section 3701.851. The bill primarily requires the placement of AEDs in each public school, chartered non-public school, community schools, STEM schools, and college-prep boarding schools. It also requires the placement of AEDs in each public recreational facility.

Ohio schools are currently encouraged, but *not* required, to have an Automatic External Defibrillator on site, but are *required* to institute an Emergency Action Plan (EAP) concerning the use of AEDs. Ohio's recreation centers are not required to have an AED or an action plan under Ohio Revised Code Section 755.13. This legislation mandates that both schools and recreation facilities controlled by a political subdivision have an AED onsite for use during a medical emergency.

Current Ohio law, at RC 3313.5310(B), mandates that prior to the start of each athletic season, a school "*shall* hold an informational meeting" for students and parents "regarding the symptoms and warning signs of sudden cardiac arrest for all ages of students." Current law also mandates, at RC 3313.717(B)(3), that each school district board and administrative authority "*shall* adopt an emergency action plan ("EAP") for the use of automated external defibrillators \*\*\*." However, according to current law, RC 3313.717(B)(1), the placement of AEDs in schools is discretionary. Why mandate the yearly informational meeting about SCA and require the adoption of a mandatory EAP if the automatic defibrillator device itself is not required to be placed in the school? If a student is experiencing SCA, access to an AED can be lifesaving. At least one of these devices should be required to be present at schools.

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

The cost of an AED ranges from about \$600 for a refurbished model to up to \$2,500 for the most premium AEDs. Most of the new, portable AEDs, which are FDA approved and highly accurate, the type that schools are most likely to use, cost in the range of \$1,250 to \$1,500 per unit. AEDs are run by batteries that come with a full battery replacement guarantee by the manufacturers of four to seven years, depending on the manufacturer. 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. Certainly, any costs to our schools is important to consider, but the cost of *not* having these devices—the lives of our students—is simply too high.

I also think it's important to note we even have these devices on every floor of the Vern Riffe Center. Take a look the next time you are waiting for an elevator. If these devices are important enough to have in the hallways of legislators' offices, 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 urge passage of HB 426. Thank you and I will now take any questions that you may have.