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HB 445 – Proponent Testimony  
Ohio House Transportation & Public Safety Committee

Chairman Baldrige, Vice-Chair McClain, Ranking Member Sheehy, and other members of the Ohio House Transportation and Public Safety Committee. I am Dr. Ashish Panchal, and I am a Professor of Emergency Medicine at The Ohio State University Wexner Medical Center who is board certified in Emergency Medicine and Emergency Medical Services. I am also heavily involved in prehospital care as an EMS Medical Director and the Research and Fellowship Director for the National Registry of Emergency Medical Technicians.

Thank you for the opportunity to testify today in support of HB 445, which will update the current standards for 9-1-1 operators and **require that those operators to be certified Emergency Medical Dispatch, which will provide pre-arrival medical care instructions to the caller.** I am here today in my role as a longtime advocate for the American Heart Association.

Given that 350,000 sudden cardiac arrest events happen in the US each year, it is unfortunate how low overall survival rates are. Furthermore, survival varies considerably between communities. Many communities report survival (from witnessed ventricular fibrillation) in the single digits. However, there are communities that report survival rates as high as 50% (or higher). Where you live in Ohio should not determine your survival from cardiac arrest.

One critical intervention strongly associated with survival is cardiopulmonary resuscitation (CPR) started by a bystander. When CPR begins prior to the arrival of emergency medical services (EMS) personnel, the person in cardiac arrest has a two to three-fold higher likelihood of survival. An effective way to ensure that CPR is provided quickly is for the emergency telecommunicators to provide instant instructions with telecommunicator CPR (T-CPR). T-CPR allows bystander CPR to begin – it works by keeping the brain and heart alive until EMS arrives to provide defibrillation and other vital interventions. T-CPR can assist the untrained caller as well as remind the CPR-trained caller how to provide high-quality CPR. In a situation where you are struggling because your loved one is not alive in your eyes, having someone on the other side of the line telling you how to save their life is a lifeline that the caller AND the patient need.

Simply put, T-CPR will save lives. Look at any highly performing EMS system and you will find a community committed to providing high-quality T-CPR. National organizations, such as the American Heart Association (AHA) and the Institute of Medicine (IOM) have long endorsed statewide T-CPR programs. We recognize the need for specific training in how to recognize cardiac arrest over the phone and how to rapidly provide quality instructions as well as the need for a robust and ongoing quality improvement program.

Implementing a quality program in T-CPR will undoubtedly save countless lives. We acknowledge that these quality programs will not be achieved overnight. Indeed, they will require unwavering attention and an organizational commitment to doing everything possible to give someone in cardiac arrest a chance to return to their family and loved ones. It is a truism that it takes a system to save a victim of sudden cardiac arrest. Emergency telecommunications centers are a vital part of that lifesaving system.

Thank you for your consideration of this life-saving legislation.