

TESTIMONY REGARDING OHIO HB 47

Statement for the Record

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Committee on Health

Ohio State Senate

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Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Committee, thank you for the opportunity to submit written testimony regarding HB 47 to require emergency action plans and automated external defibrillators in schools.

I am Dr. James Borchers, Clinical Professor, The Ohio State University College of Medicine, President and CEO for the U.S. Council for Athletes' Health, and the Chief Medical Officer for the Big ten Conference. Prior to my role for the Big ten Conference, I was the Head Team Physician for the Department of Athletics at Ohio State. I have also been the previous Director of the Sports Medicine Fellowship at Ohio State and have served on numerous state and national Sports Medicine committees.

I fully support the efforts of Representatives Richard Brown and Adam Bird for sponsoring HB 47 and working toward its passage in the Ohio General Assembly.

There is no more important component to creating a safe environment for athletes then the development of appropriate Emergency Action Plans (EAPs) for all athletic settings. It is well established that the standard of care and best practice is that EAPS are required for all athletic events, they should be specific for the type of emergency that could be encountered (cardiac, pulmonary, exercise associated collapse, concussion, cervical spine trauma), they should be venue specific and they should be rehearsed regularly by any personnel that could be expected to respond to an athletic related emergency. A failure to engage in this process is considered negligence and not only puts an individual's life at risk, but also increases the risk and liability for the organization holding the athletic event. There is consensus from all major sports medicine organizations that EAPs and their requirement is essential to the health and safety of athletes. An appropriate EAP should address the following:

- The roles and responsibilities of all personnel expected to participate in the response to an athletic related emergency
- The required equipment that should be available and working including Automated External Defibrillators (AEDs)
- The appropriate communication planning to ensure expedient response to an athletic related emergency

Without appropriate EAPs, we are certain to increase the risk of catastrophic injury and death in athletes. It is well established that EAPs instituted and managed appropriately save lives.

A specific athletic related emergency is the risk of a sudden cardiac event in an athlete. Sudden

cardiac death (SCD) is a leading cause of death in athletes. The appropriate availability, training and use of an AED reduces the risk of SCD significantly. There is no action more important to reduce the risk of SCD in athletes than the availability of an AED and an appropriate EAP to respond and utilize the AED when indicated. Training athletics personnel not only to use an AED, but to recognize the situations where they should respond is critical to saving the life of an athlete suffering a sudden cardiac event.

In my career as a Sports Medicine physician over the last 20 plus years, I have seen firsthand the impact that AEDs and appropriate EAPs have in saving athlete's lives when they have suffered a medical emergency. I have also seen the tragedy of athletes dying when AEDs and EAPs are not available and utilized appropriately. I unequivocally support the requirement of AEDs in schools and at athletic events. I also support required CPR training and certification of school and athletics personnel. I also support the requirement for appropriate EAPs and the requirement for regular training and rehearsal related to EAPs. These requirements are best practice and standard of care. In my opinion, these requirements are non-negotiable. Without these requirements, we are putting athletes at risk for catastrophic injury and death if athletic related emergencies occur.

Additionally, I join the call for required clinically appropriate pre-participation examinations and screening, performed by appropriately trained clinicians, to ensure a thorough evaluation of the potential health risks of athletes. These examinations should occur with the athlete's primary medical provider and should be part of their annual health maintenance.

I want to thank you for the opportunity to submit these written comments. I appreciate the Committee's leadership on this issue. Please reach out to me if I can answer any questions (james.borchers@osumc.edu).