



American Heart Association | American Stroke Association

*Learn and Live.*

TO: Judiciary Committee

FROM: Joni Czajkowski, Sr. Director of Government Relations and Advocacy

DATE: March 20, 2009

RE: S.B. 1089, An Act Concerning Automated External Defibrillators

Good morning Senator McDonald, Representative Lawlor and members of the Judiciary Committee. My name is Joni Czajkowski, Sr. Director of Government Relations and Advocacy for the American Heart Association.

The American Heart Association is a national voluntary health agency whose mission is to support and advocate for public policies that will help build healthier lives, free of cardiovascular diseases and stroke with an impact goal to reduce coronary heart disease, stroke and risk by 25 percent by 2010. The AHA's 2009 Policy Goals for Connecticut include Tobacco Control, Stroke, and Access to Care, Obesity Prevention, Quality and Availability to Care, Women and Heart Disease and Chain of Survival.

The American Heart Association would be hard pressed to achieve its 2010 impact goal to reduce CVD and risk by 25% if chain of survival were overlooked. A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies. The four links to the chain of survival include Early Access (call 911), Early CPR, Early Defibrillation (AED) and Early Advanced Care (highly trained EMS personnel). S.B. 1089 speaks directly to the Early Defibrillation link.

While the AHA is pleased to learn that the Judiciary Committee has raised a bill on the placement of automated external defibrillators (AEDs) and immunity protections for those who own and operate the life saving device, the AHA respectfully submits substitute language for consideration. On behalf of the Association, I would ask members to strip sections 1-3 from the current bill and leave section 4. The elimination of section 1-3 will remove any fiscal note associated with the bill as drafted and will result in a stand alone Good Samaritan bill.

Sec 52-557b. "Good Samaritan law" substitute language offered by the AHA:

**" , a medical technician or any person operating a cardiopulmonary resuscitor, an automated external defibrillator, or renders cardio pulmonary resuscitation or, any person, entity, partnership, corporation or firm that, purchases, donates, facilitates implementation, provides training and/or makes available an automated external defibrillator, or a person who voluntarily and gratuitously renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person rendering the emergency care, ....."**

To understand the importance of an AED is to first understand sudden cardiac arrest (SCA). SCA is death resulting in an abrupt loss of heart function. SCA is not a heart attack. The victim may or may not have

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been diagnosed with heart disease and it occurs within minutes after symptoms appear. The heart beats when electrical signals move through it. Ventricular fibrillation is a condition in which the heart's electrical activity becomes disordered. SCA can also be described as a chaotic quivering without any effective heart pumping. This is very serious as collapse and SCA will follow in minutes unless medical help is provided immediately. If treated in time, the extremely rapid heartbeat can be converted into a normal rhythm. This requires shocking the heart with an AED. The sooner a shock is administered the better the victim's chances of survival. For every minute that passes between collapse and defibrillation, survival rates from SCA decrease 7% to 10% if no CPR is provided. When CPR is provided, the decrease in survival rates is more gradual and averages 3% to 4% per minute from collapse to defibrillation.

In order to improve the chance for survival of sudden cardiac arrest, the victim must be defibrillated within approximately 5 minutes. That response time can be difficult in many locations unless an AED is on site, but unfortunately, many sites are unwilling to place AEDs due to liability concerns. These liability concerns result in a lack of needed AED placements, and increased response times. Ultimately helping result in a current 95% death rate of those suffering sudden cardiac arrest and approximately 250,000 deaths per year in the United States. .

An AED is extremely easy to use and effective. They verbally walk a responder through the process, read the heart beat, determine if a shock is needed and will not shock a victim unless the AED determines it is necessary. But, true public access to AEDs can not happen until those who want to implement an AED program are covered under state statute with liability protections.

The AED is meant to save lives, but if they aren't on the scene in time, they can't be effective. I urge the committee's support of the proposed amendments and help make Connecticut better prepared to save the life of a sudden cardiac arrest victim.

Thank you for your time and attention.