

1089

March 20, 2009

Chairman McDonald, Chairman Lawlor and Members of the Judiciary Committee:

My name is Evelyn Pontbriant from Norwich, CT, and I'm here as a parent. I'm speaking for both my husband Larry and myself. We are testifying to you today about Raised Bill 1089, An Act Concerning Automated External Defibrillators or AEDs. As one of the founders of a non-profit that purchases and places AEDs, we wish to insure that both our donors and our recipients are comfortable with Connecticut Good Samaritan protections concerning AEDs.

While we thank the Judiciary Committee for raising a bill on AED placement and Good Sam protections, we cannot support Bill 1089 as written. Instead, we agree with the American Heart Association's substitute language and their request to strip sections 1-3 of the bill, eliminating fiscal notes, and to keep section 4, resulting in a stand alone Good Samaritan bill.

We can't speak to you as experts in the field of AEDs but we can speak to you as parents who witnessed their own son's cardiac arrest. This is our son Larry: 15, a conditioned athlete, a high honors student, and girls loved those curls. He's on his way to Hofstra in this picture to play with his select lacrosse team in a tournament. In less than a month, he would be dead.

In this picture, Larry's laughing and stretching with his friends before a run. Does he look like he's about to have a cardiac arrest? Well, he did, 15 minutes later, right in front of us, half-way through a 3 mile fun run. It didn't happen at a health club or at a school. It happened in the town park. Larry was completely unresponsive, 911 was called, CPR was performed, a nurse was there (she took this picture), but there was no AED. Brain damage from lack of oxygen starts at 4 to 6 minutes. Only defibrillation can reverse a cardiac arrest. When the EMTs shocked Larry with their defibrillator, his heart returned to a more normal rhythm but too much time had elapsed. Larry was declared brain dead 3 days later at Connecticut Children's Medical Center on August 19th, 2007. As Nuclear medicine technologists, both my husband and I did brain death studies; it was hard enough to witness them on strangers. Had an AED been at the park, Larry might still be with us today.

Through the Larry Pontbriant Athletic Safety Fund we set up in Larry's memory and with help from our local hospital, we have placed 52 AEDs so far in schools and on athletic fields. We do this because we don't want what happened to Larry to happen to anyone else, not if we can help it. With what we know now, it would be irresponsible of us NOT to act. And would you believe that some of these donated AEDs are turned down, even in Norwich where Larry collapsed?

Schools are not the problem. One school initially hesitated accepting an AED because it did not want to favor one school over another but it quickly reversed that decision.

Where some AEDs ARE turned down is at the youth sports organization level. The refusal is usually over liability concerns. Our Police Athletic League or PAL turned down an AED for their youth leagues because, "it becomes a liability to have (an AED) on the premises. (The league stated) we can't afford to have that liability problem." We were also told youth organizations have a hard enough time getting volunteers to help coach; add to it the responsibility of CPR/AED training AND a liability concern, and prospective volunteers would be driven away. Larry played for PAL. All I can say, is you have 3 minutes to react to an unresponsive individual before problems from lack of oxygen occur. EMT arrival can be delayed due to traffic, inadequate directions and just panic. CPR, though necessary, will NOT reverse a cardiac arrest.

Another example of liability we've found was at a Norwich Youth Lacrosse meeting. The club questioned the possibility of a lawsuit coming back to sue the organization's officers. We couldn't see where current Good Sam language extended them protection. Fortunately, US Lacrosse covers the youth teams through their insurance policy and now Youth Lacrosse and Youth Football share an AED. But not all leagues have that coverage.

Still another liability concern we've found is with physician oversight. It is a good recommendation that a physician or healthcare provider (a nurse or EMT) offer medical support and oversight for a successful and viable AED program, i.e., oversee initial implementation, offer guidance, insure training is current, answer any questions, etc. When I've asked physicians to provide their oversight for a sports team's AED program, no one readily came forward. I asked a school nurse why this could be so and she said the healthcare provider's license would be on the line. Medical oversight for an AED

program is not required by Connecticut law but if we want a good, working program with its members comfortable with the way it which it is run, we need to cover participants.

Our fund's focus is AED placement in schools and athletic fields but other community gathering places have now begun to ask our help. All I can see is as awareness grows, so will concern over liability.

In conclusion, a downturn in the economy, unfortunately, does not mean a downturn in the number of cardiac arrests. They can happen anytime, anywhere, to anybody. But people can't afford to get sued. And the state's economic atmosphere could very well turn the responsibility of AED placement over to communities and grassroots organizations like ours. We are asking you to please consider the AHA's substitute language for Bill 1089. This will result in a stand-alone Good Samaritan protection bill for AEDs that is clear and concise enough in its content to eliminate any doubt over who is covered.

Thank You.

Larry and Evelyn Pontbriant
Norwich