

Dear Sen. McDonald, Rep. Lawlor, Sen. Handley and Rep. Fox,      March 19, 2009

I would like to thank the Judiciary Committee for their continued work on improving access to emergency care in Connecticut with S.B 1089. I am writing to support the changes to the bill recommended by the American Heart Association. While the goal of SB 1089 is important, to improve availability to AEDs and outcomes from cardiac arrest, I believe there are better ways to achieve this goal. I am an interventional cardiologist at Stamford Hospital and have been leading an effort called, Hands For Life, to teach "hands only" CPR to improve the outcomes of cardiac arrest. Our advisory board includes hospital and community leaders, as well as representatives from the City of Stamford, the department of public health, local emergency medical services and the AHA and American Red Cross. We currently have 40 nurse and physician volunteers.

As we have been developing our program, we noticed an anomaly in our "Good Samaritan Law" (CGS § 52-557b) that does not provide immunity to bystanders who are not trained to the "standards" of the American Heart Association or the American Red Cross. Unfortunately, there are two key problems with this approach. First, the "standards" are based upon the ILCOR 2005 guidelines which are being continually updated but due to concern about the mandate imposed by the use of the word "standard" the AHA is only developing "guidelines." Although we can train people in accordance with the newest guidelines, assurance of training to a standard cannot be assured. Second, we have noticed a strong reluctance for people to perform CPR and utilize AEDs because they might not be covered by CGS § 52-557b. This is especially true for AED placement where a group may feel they have potential liability if a device placed on their premises is used by an uncertified rescuer. AEDs are designed to be used by untrained bystanders. The current ILCOR and AHA guidelines recommend increased access to these devices as well as 911 dispatcher instructed "just in time" training.

The current bill up for consideration, S.B. 1089, does not address these very important issues. I believe we can increase access to these life saving techniques and devices by strengthening our current "Good Samaritan Law" instead of the narrow approach to mandating AED placement in health clubs alone. The AHA has recently advocated for changes in the wording of the current law that would be better suited to that goal by eliminating the confusing language. I strongly believe that this change will improve access to AEDs throughout the region, improve the ability to train our citizens in these life saving techniques, improve the utilization of bystander CPR and ultimately improve outcomes from cardiac arrest.

**In summary, I would strongly support the changes recommended by the American Heart Association to SB 1089 and the CT Good Samaritan Law. Thank you again for working towards the goal of making Connecticut a leader in treatment of cardiac arrest and the safest state in the nation for heart disease.**

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