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**John R Moyer – Testimony on behalf of HB 1803 April, 2010**

My name is John Moyer and I am here to support HB 1803 requiring automated external defibrillator (AED) placement and cardiac screenings in Pennsylvania's schools. On December 2, 2000, my wife, Rachel, and I lost our fifteen- year old son, Gregory, to cardiac arrest. Greg was playing in a varsity basketball game in a brand new school equipped with state of the art scoreboards, lush playing fields, classrooms equipped with the latest technology but no AED. After Greg's collapse, we had a maximum of ten minutes during which time he may have been saved. Cardiopulmonary resuscitation (CPR) was started, albeit late, but there was no AED on site and one did not arrive for at least one-half hour. CPR, by itself, is effective in sustaining life in less than five percent of the cases in which it is used. Greg needed a shock from an AED to restore normal heart rhythm, but there was no AED. As a consequence, Greg died, as did a part of us. To me, the question isn't whether AEDs should be mandated in Pennsylvania's schools. The real question is why it has taken so long to require them.

In 2001, shortly after Greg's death, Pennsylvania passed groundbreaking legislation providing two AEDs to every school district in the state as well as one AED for every vocational technical school and intermediate unit. Ironically, the House vote on the measure came on April 25<sup>th</sup> – what would have been Greg's sixteenth birthday. Then -Governor Ridge signed the legislation into law in May 2001. This measure was designed to stimulate AED placement. It was not intended that the AEDs paid for via the legislature would be sufficient to protect all children in all schools throughout the Commonwealth. Most districts have more than two school buildings and many school buildings are so large that they require more than one AED to provide adequate protection.

Some school districts rose to the challenge and moved beyond the two "free" AEDs to the point that the devices were installed in all school buildings. Superintendents have told us that they didn't know which buildings to put the AEDs in because sudden cardiac arrest (SCA) can occur anywhere, so they placed them in all schools within their district. Other districts probably have not gone far beyond the two AEDs that were provided to them nine years ago. Shame on them. The truth is no one knows how many AEDs are placed in school buildings throughout the State or how many more are needed to adequately protect our children and our school staff and visitors. I know for a fact that all of the schools in Monroe County have active, adequate AED programs, because we have worked with the schools and have donated AEDs to the public, private, and parochial schools to help them in their AED mission. The same help is likely available to other districts if they would simply ask for the help. The Pennsylvania Trial Lawyers

Association donated over \$100,000 to help Philadelphia put AEDs in its high schools. When we donate an AED to a school district through the Gregory Moyer Defibrillator Fund, we only ever donate one to a school district. Our assumption is that once one is placed, parent pressure will ensure that AEDs find their way into every school within the system. The key is to get the parents involved in helping to raise funds for AED placement.

At any rate, nine years ago, Pennsylvania was a leader in the AED movement. No other state had taken as bold a stand on the issue of AEDs in schools. However, other states soon left Pennsylvania in the dust. New York State passed legislation mandating AEDs in all schools in 2002 – and provided no funding for the implementation of the program. The legislation was strongly supported by the New York State United Teachers Union. Within days of the first AEDs being placed, a sixteen year old girl was saved during her automotive shop class by a teacher using an AED. Since then, more than sixty other lives have been saved through the use of school based AEDs. Since the passage of New York's legislation, twelve other states either support or require AEDs in schools. Just last month, Oregon passed legislation requiring AEDs in all schools. The legislature provided no funding for AED implementation. Their law will be phased in over three years and AEDs will be purchased with funds saved by delaying the purchase of two new computers on each school campus. What a painless way to provide these life saving devices. Clearly, it is time for Pennsylvania to step up to the plate.

Opposition to HB 1803 will come from those who argue that it is another "Unfunded Mandate" coming out of Harrisburg. The bill provides a three year time table for implementing the program. Three years is certainly sufficient time for all Pennsylvania districts to make provision for the inclusion of AEDs in their yearly budgets and to begin searching for other sources of support from parents, student fund raising activities, youth sports organizations and local businesses. In our own home school district of East Stroudsburg, the purchase of ten AEDs would be just over one-one thousandths (.001) percent of next year's proposed budget. Times are tight and school districts are being pushed to the limit, but an expenditure of .001% of the budget to provide for the safety of students and staff is a no-brainer. Unfunded mandates are generally bad especially when school districts are facing double digit increases in school taxes. There are times when such mandates are necessary regardless of how unpopular they are with school administrators. I submit that the placement of AEDs and the implementation of school-based cardiac screening programs is one of those times. School districts were given an AED wake -up call nine years ago. Now is the time to require these life saving programs in districts that chose not to respond.

HB 1803 also requires district-wide cardiac screening once during each child's school career. My son had a condition known as hypertrophic cardiomyopathy (HCM) – a condition that is relatively easy to find if there are warning signs or if there are tests done to look for the condition. Greg had neither. HCM occurs in about one in five hundred people meaning that a district with a student population of 2,000 students probably has four kids with this potentially life threatening condition. And this is only one of a number of cardiac abnormalities that can lead to sudden cardiac arrest.

Major strides have been made in community based cardiac screening programs where hundreds of children can be screened each day for little or no cost. Parents and health professionals throughout the country have initiated community screenings, usually after a child's life has been lost, and each time one is held, several kids who have potentially life threatening cardiac problems are identified and referred for more thorough cardiac testing. School districts will find that local hospitals are an invaluable resource in designing and implementing screening programs. HB 1803 provides for the double barreled approach of screening in addition to the placement of AEDs. Not all children who might suffer cardiac arrest will be identified through screening so the placement of AEDs is still necessary.

Pennsylvania's schools should be safe havens for their students. Safe havens from hunger, from drug abuse, and from violence. The passage of HB 1803 will also make them safe havens from cardiac arrest. I urge you to support HB 1803 and to face those, head on, who decry the lack of funds to implement its components. Make Pennsylvania's schools more safe for our most precious assets – our children.