TO: The Honorable Joan Carter Conway, Chair
    Members, Senate Education, Health & Environmental Affairs Committee
    The Honorable Catherine Pugh

FROM: Joseph A. Schwartz, III
    Pamela Metz Kasemeyer
    J. Steven Wise
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DATE: February 12, 2014

RE: SUPPORT – Senate Bill 503 – Public Schools – Cardiopulmonary Resuscitation and Automated External Defibrillator Instruction – Graduation Requirement (Breanna’s Law)

On behalf of MedChi, the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American College of Emergency Physicians (MDACEP), we support Senate Bill 503.

Each year, thousands of individuals suffer “out-of-hospital” cardiac arrest. The provision of cardiopulmonary resuscitation (CPR) or automated external defibrillation (AED) by bystanders in advance of the arrival of emergency medical technicians or other qualified health care providers can often mean the difference between life or death. However, only a minority of those who suffer such an arrest receive “bystander” assistance due to a lack of training among the general public in the provision of those services. Senate Bill 503 provides a framework to ensure over time that virtually all persons are trained to provide these life-saving services.

High school students are already required to take health education and therefore incorporation of the training mandate in the curriculum should not be a burden to the school system. Training students will also help ensure that if they are faced with a friend, family member or even a stranger who suffers a cardiac arrest in their presence, they will have the confidence to respond. Failure to respond not only increases the likelihood of a preventable death but also traumatizes the youth who may suffer lifelong guilt from the failure to know how to respond to such a crisis. Cardiac arrest among youth is rare but does occur, often at times where only friends are present. Teenagers should be able to have the confidence to respond in such circumstances.
Studies have shown that previous training in CPR proves to be a strong predictor of whether a bystander acts to provide CPR to a heart attack victim. Training youth in the high school setting provides a lifelong basis for likely action in the event of a crisis. The American Heart Association, in a 2011 Advisory, highlighted the importance of implementation of training in CPR and AED in schools and recommended that training be a requirement of graduation. Seven states have adopted this recommendation.

The teenagers trained today may be the very persons who save their parents, siblings, spouses, children or friends in the future. Everyone is at risk for cardiac arrest. Training as many members of the community as possible is critical to saving lives and Senate Bill 503 provides an effective framework to accomplish that objective. MedChi and MDACEP urge a favorable report.

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