Support SB 1024 Testimony Carron.pdfUploaded by: Carron Laake

Position: FAV

Testimony of Carron Laake

Favorable SB 1024 Public Schools - Cardiac Emergency Action Plan - Requirements

Good Afternoon Chair Feldman, Vice Chair Kagan, and Honorable Members of the Education, Energy, and Environment Committee,

Thank you for the opportunity to speak. My name is Carron Laake and I am here today for my son Peter, in strong support of SB 1024 to protect our students and athletes.

Some say that we were lucky that afternoon of April 16, 2021, when our son Peter was playing lacrosse for his high school team, got hit in the heart by the ball causing him to go into cardiac arrest. Within seconds, he was face down on the field, lifeless. He had suffered what is called a Commotio Cordis, where his heart was struck by an object at a precise time causing his heart to stop. The fact that there were two doctors on the sidelines, several nurses in the stands, all who raced to his side, that was surely luck. However, the fact that he still is with us today with absolutely no damage to his heart or his brain, that was not luck, that was because his high school had a solid emergency response plan in place, which included our head athletic trainer having a working Automated External Defibrillator (AED) right next to him on the sideline. My son had roughly three minutes to be saved that day and after those three minutes, his chance of survival greatly diminished. An AED was the only way to restart his heart, CPR alone would not have done it. I can still vividly remember being at his side on the field and hearing someone say "we are losing him". That feeling of fear and helplessness will never fade from my memory, as I watched my son turn blue and life fade from his body. My next memory is hearing one of the doctors shouted that he felt a pulse. With that, my son sat up as if nothing had happened to him and asked if he could go back into the game. It was a miracle for sure, but if there was no plan and we had to search for an AED, possibly in a locked building, the outcome that day would have been much different.

Tragically, just a month later and not far from my son's school, another family experienced the devastating loss of their son when he had a cardiac emergency at school. Two cases close in time and proximity with two completely different outcomes. My heart ached at the time of my son's injury at the mere thought of what could have been and my heart breaks for that other mother for the tragic loss of her son and whether there could have been a different outcome if there was a plan in place.

The importance of being prepared and the urgency of ensuring that every school is equipped with a Cardiac Emergency Response Plan cannot be ignored. Every student, every athlete deserves the same fighting chance of surviving a cardiac injury or incident as my son Peter had that afternoon of April 16th. I urge a favorable report on SB 1024.

Support SB 1024 Cardiac Emergency Action Plans Ame Uploaded by: Laura Hale

Position: FAV



February 26th, 2024

Testimony of Laura Hale
American Heart Association
Support SB 1024 Public Schools - Cardiac Emergency Action Plan - Requirements

Dear Chair Feldman, Vice Chair Kagan, and Honorable Members of the Education, Energy, and Environment Committee,

Thank you for your time and consideration on this important legislation for heart health. My name is Laura Hale and I am the Director of Government Relations for the American Heart Association. The American Heart Association extends its support for SB 1024 Public Schools - Cardiac Emergency Action Plan — Requirements and support the sponsor amendments.

It is estimated that there are more than 23,000 children under the age of 18 who experience cardiac arrest outside of a hospital each year in the United States. Almost 40% of these events are sports-related. This legislation can help to make sure that kids come home when these events happen at school.

Today we have two mothers here to tell their stories of the difference that having these kinds of plans can make. When cardiac arrest occurs outside of a hospital, survival more than doubles when people nearby take action by dialing 911, starting CPR and using a publicly available AED compared to waiting for emergency responders to arrive. Having plans in place with people trained means lives saved and people coming home.

We ask for a favorable report of SB 1024 to make sure our schools are fully prepared to respond when cardiac events happen as school sporting events.

Patrice Bullock Support HB1219.pdf Uploaded by: Patrice Bullock Position: FAV

February 25th, 2024

Testimony of Patrice Bullock

Favorable HB 1219 Public Schools - Cardiac Emergency Action Plan - Requirements

Good Afternoon Chair Atterbeary, Vice Chair Wilkins, and Honorable Members of the Ways and Means Committee,

Thank you for the opportunity to speak. My name is Patrice Bullock and I am here today for my son Bailey, in strong support of HB 1219.

Improving cardiac response in Maryland high schools is very personal to me, as I lost my son, Bailey, to Sudden Cardiac Arrest (SCA) on May 12, 2021, when he was only 16 years old. Bailey collapsed at his school after completing a 200m track event, and no one performed CPR for over 8 minutes. Once the AED was retrieved from inside the school, the AED was applied versus starting CPR. He died before the paramedics arrived.

Bailey was an incredible young man with a bright future ahead of him. He loved sports, music, and helping others. He excelled in basketball, track, and football. He dreamed of becoming a professional football player and wide receiver. He had a big heart and a smile that could brighten any room. His passing has left a massive void in my heart, my family, and our community.

As a mother, I cannot describe the pain and grief of losing a child. It is something that no parent should ever have to experience. Every day, I miss his voice, his hug, his laugh. Every day, I wonder what he would be doing now, what he would have achieved, what he would have become.

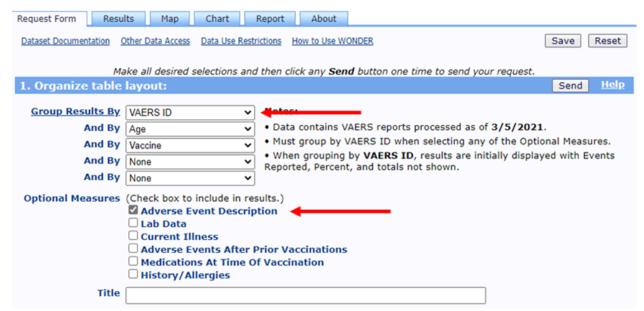
As you might be aware, SCA is the leading cause of death in young athletes and the number one killer on school campuses. It can strike anyone, anytime, anywhere, without warning or symptoms. But it is not inevitable. It is preventable. With proper cardiac response, the survival rate of SCA victims can increase from 10% to 70%.

I urge you to support HB 1219. This bill would save lives and spare families from the tragedy that we have endured. It would honor Bailey's memory and his legacy.

SB1024.pdfUploaded by: Suzanne Duffy
Position: FAV

SB1024 is necessary now that many of our children, especially male athletes are suffering with enlarged hearts aka myocarditis from the C19 shots. Trending on social medal 24/7 is #diedsuddenly since the roll-out of the mRNA ineffective and now highly dangerous vaccine push of Operation Warp-Speed. These shots were for EMERGENCY USE ONLY, but most are unaware of this horrific detail. Another great resource to understand the devastating sideeffects of the C19 EU only shots is VAERS also via the CDC, it is known only 1% of all adverse events are reported.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html



"Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the outer lining of the heart. In both cases, the body's immune system causes inflammation in response to an infection or some other trigger." now an epidemic in our once healthy youth population.

Last week a Maryland 14 year old volleyball player died in her sleep. 14 years old !!! Her family will suffer knowing this could have been prevented. She took the shot so she could keep playing a sport that she loved and now she is DEAD, again, a died suddenly victim of the jabs. SADS has replaced SIDS.

Children were never at risk from Covid we were told early on but they needed to get that poison in as many individuals as possible to make BIG PHARMA flush with cash. How much did they make poisoning our population?

Myocarditis and Pericarditis After mRNA COVID-19 Vaccination (CDC Report)

"CDC and its partners are actively monitoring reports of myocarditis and pericarditis after COVID-19 vaccination. Active monitoring includes reviewing data and medical records and evaluating the relationship to COVID-19 vaccination."

From the belly of the beast: SOURCE

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html#:~:text=Myocarditiss%20is%20inflammation%20of%20the,infection%20or%20some%20other%20trigger.

PLEASE FOR THE SAKE OF SAVING OUR CHILDREN'S LIVES, PASS THIS BILL. It is a damn shame it is even necessary but now here we are and it is.

Suzanne Price AACo, MD

Maryland Legislature Testimony SB 1024 - William M Uploaded by: William Marbray

Position: FAV

Committee on Education, Energy and the Environment

Written Testimony

William Marbray

February 28, 2024

Hello Chair Feldman and Vice Chair Fagan. My name is William Marbray, and I am a Senior at Marriotts Ridge High School in Howard County Maryland. I am grateful for the opportunity to share with you why Senate Bill 1024, which would require schools to implement cardiac emergency action plans, is incredibly important to me and will help all youth in our State. I want to thank Senator Brooks for inviting me here today.

In February of 2022 during my sophomore year of high school, I was playing in a soccer game as a member of the Maryland State Olympic Development Program Team. In 2022 I had been playing soccer for around twelve years and had never experienced signs of having a cardiac issue, but on February 19, 2022, all of a sudden, I collapsed to the turf during my game and went into sudden cardiac arrest.

Even in the midst of all of this confusion and distress, people nearby leaped into action. CPR was almost immediately administered to me by a parent who was watching the game, and soon after AED shocks were delivered to me and ended up saving my life. I was later transported to Johns Hopkins Hospital where I underwent open heart surgery to repair the issue that had caused my sudden cardiac arrest. Fortunately the surgery was successful and I was placed on a full athletic restriction while I healed and recovered. However after 5 months of recovery time, I was fully

cleared by my cardiologist to play soccer again. I have been lucky enough to have been playing again since then for my high school team, a club team and even returning to the Maryland State team. Today, I am about to graduate and plan to continue playing soccer in college while majoring in accounting.

Even though I am very blessed to be in the position that I am today, I believe this would not be the case if the organizers of the tournament I was in in February 2022 had not had a plan to respond to my cardiac emergency. I was one of the lucky ones. Youth every month lose their lives to cardiac emergencies, and too often the reason is because there wasn't a plan in place to respond to one of these emergencies. Passing Senate Bill 1024 will increase the chances of survival for young athletes in the state of Maryland. I am here to ask that you pass SB 1024. Thank you.



SB1024_BrooksF.pdfUploaded by: Benjamin Brooks Position: FWA

BENJAMIN BROOKS

Legislative District 10

Baltimore County

Education, Energy, and the Environment Committee

Energy Subcommittee

Chair, Joint Electric Universal Service Program Workgroup



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TESTIMONY IN SUPPORT WITH AMENDMENT OF SB1024 Public Schools – Cardiac Emergency Action Plan - Requirements

Education, Energy and the Environment Committee February 28, 2024

Chair Feldman, Vice-Chair Kagan and Members of the Committee,

Thank you for the opportunity to testify before you on SB1024, Public Schools - Cardiac Emergency Action Plan - Requirements. The purpose of this bill is to enhance Emergency Action Plans (EAP) in schools by requiring each public middle and high school to develop a cardiac emergency response plan (CERP) to be inserted into their existing EAP.

As a result of the Elijah Gorham Act, passed by this body in 2022, Maryland schools currently have general plans around emergency responses, including having an automated external defibrillator (AED) in place. SB1024 merely updates EAP for school sporting events and adds additional language to strengthen cardiac responses. A cardiac emergency action plan is a written document that can be stand-alone or be inserted into an existing emergency action plan and establishes specific steps to reduce deaths from cardiac arrests in all school settings. School officials will work directly with local EMS to integrate the plan into the community's existing first responder protocol.

Each year more than 356,000 cardiac arrests occur outside of a hospital in the United States, 90% of which are fatal. That's because only 40% get the immediate help they need before emergency responders arrive. Many of us witnessed 24-year-old star safety of the Buffalo Bills, Damar Hamlin collapse on the field when his heart stopped beating after making a tackle. Thankfully the Bills had an EAP in place which allowed the members of the team's medical staff to restore Hamlin's heartbeat using CPR and an AED. This is a classic example of what an emergency action plan can do as far as saving lives. If the plan had not been in place and staff did not respond as quickly as they did, the outcome could have been much different.

Cardiac events can happen to anyone, regardless of age, health, or fitness. A carefully orchestrated response to cardiac emergencies will reduce deaths in school settings and ensure that chaos does not lead to an improper or no response. A cardiac emergency response plan (CERP) can increase survival rates from cardiac arrest by 50% or more by enabling a trained lay-responder team to act. Preparation is the essential key to saving lives.

In schools with emergency action plans, students, athletes, staff, and visitors experiencing cardiac arrest have more than doubled the survival rate compared to the rate in schools with no action plan. Emergency action plans prepare officials to provide immediate care and prevent tragedy. SB1024 ensures school officials are well versed in administering life-saving care in the event of a cardiac arrest and protects the lives of students, teachers, faculty, parents, and visitors.

For these reasons, I am requesting a favorable report on SB1024.

With kindest regards,

Benjamin J. Brooke

Benjamin Brooks

SB 1024 - MATA Favorable with Amendments.pdf Uploaded by: Jane Miraglia

Position: FWA

Chair Feldman and Esteemed Members of the Education, Energy, and Environment Committee,

My name is Jane McClean, and I am the Government Affairs Committee Chair of the Maryland Athletic Trainers' Association. I am writing today with the position of Favorable with Amendments of SB 1024: Public Schools- Cardiac Emergency Action Plan – Requirements.

While the MATA appreciates the intent of the bill, we have concerns.

- 1. During many athletic activities, the only consistent personal onsite is the coaching staff of the specific sport and an Athletic Trainer, if the school has one. On page 4 and line 1, "IDENTIFY THE APPROPRIATE SCHOOL PERSONNEL AS THE 2 CARDIAC EMERGENCY RESPONSE TEAM" poses difficulty with the lack of having consistent team members always available after school. The MATA worked with Senator Hettleman and former Delegate Lierman to pass previous legislation requiring Venue- Specific Emergency Action Plans to be created and practiced with every respective public high school sports team staff before the start of each season. This includes preparing and practicing responses for cardiac emergencies.
- 2. On page 4 and line 5, the bill puts liability on the school and the athletic staff to "IDENTIFY AND COORDINATE WITH FIRST RESPONDERS IN THE LOCAL EMERGENCY MEDICAL SERVICES TO INTEGRATE THE CARDIAC EMERGENCY ACTION PLAN INTO LOCAL EMERGENCY RESPONSE PROTOCOLS". However, what happens when local emergency medical services do not respond to the school? The MATA supports the language to be amended on page 3, line 29 to: A plan developed under this subsection SHOULD: instead of "A PLAN DEVELOPED UNDER THIS SUBSECTION SHALL:"
- 3. On page 4, line 17: 3. "REQUIRING SPECIFIED SCHOOL PERSONNEL TO HAVE CARDIOPULMONARY RESUSCITATION (CPR) TRAINING AND AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING, IN ACCORDANCE WITH § 7–425 OF THIS SUBTITLE, INCLUDING EMERGENCY RESPONSE TEAM MEMBERS, ATHLETIC COACHING AND TRAINING STAFF, AND SCHOOL NURSES;" This is redundant as all public high school athletic coaches and training staff (volunteer and paid), school nurses, and Athletic Trainers are already required to be CPR, AED, and First Aid certified.

Please consider these concerns when discussing SB 1024.

Sincerely,

Jane McClean, MSHA LAT, ATC, CEIS MATA Government Affairs Committee Chair

