



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

March 8, 2024

Testimony in Support of House Bill 1092
Public Safety Answering Point Personnel - Training in Telecommunications
Cardiopulmonary Resuscitation

Good afternoon Chair Peña-Melnyk, Vice Chair Cullison and members of the House Health and Government Operations Committee. Thank you for the opportunity to present HB 1092 for your consideration.

Out-of-hospital cardiac arrest (OHCA) is a serious issue that continues to affect lives nationwide and across the state of Maryland. HB 1092 seeks to accomplish the following:

- Provides one-on-one continuing telecommunications CPR or T-CPR for county 9-1-1 Specialists as an authorized expenditure of the 9-1-1 Trust Fund.
- Will allow the 9-1-1 Trust Fund to help train Specialists across Maryland on best practices for saving lives.

The Issue

The Centers for Disease Control and Prevention (CDC) report that more than [356,000](#) people experience cardiac arrest outside of the hospital each year. And sadly, [60% to 80%](#) of them die before reaching a hospital. Additionally, sociodemographic factors such as age, gender, and race/ethnicity are associated with a higher risk of OHCA. The CDC also reports that [older adults and men](#) are at a higher risk of OHCA events and [disproportionately](#) affect people of color. The University of Michigan reports that an estimated [74%](#) of OHCA occur in a home and yet CPR is performed by a family member or bystander only [40%](#) of the time. Each minute that passes, the chance of survival from cardiac arrest decreases by 10%. Studies show that OHCA survival rates [increase](#) when CPR is initiated before EMS arrival. In fact, an individual experiencing OHCA is almost twice as likely to survive when witnesses perform CPR while emergency personnel are enroute.¹ Thus, 911 specialists are pivotal in increasing the survival time for OHCA events by recognizing when CPR is needed and providing CPR instruction to a household member or bystander on the telephone.

¹ Naim MY, Burke RV, McNally BF, Song L, Griffis HM, Berg RA, Vellano K, Markenson D, Bradley RN, Rossano JW. Association of bystander cardiopulmonary resuscitation with overall and neurologically favorable survival after pediatric out-of-hospital cardiac arrest in the united states: a report from the Cardiac Arrest Registry to Enhance Survival Surveillance Registry. *JAMA Pediatr.* 2017; 171:133–141. doi: 10.1001/jamapediatrics.2016.3643

The Opportunity

In Maryland, 911 specialists are the first link in the chain of survival and have the ability to make a difference in saving the life of someone experiencing cardiac arrest. T-CPR is a training that gives 911 specialists the tools and knowledge they need to calmly walk a likely frantic and potentially untrained caller through CPR. This training has been shown to increase the chance of survival by 51%.

This bill was initiated by a 2020 pilot in Charles County that provided speciality training to 9-1-1 Specialists, which resulted in significant quality improvements and saved lives in the County. HB 1092 provides access to continuing T-CPR training for county 9-1-1 Specialists and clarifies the utilization of the 9-1-1 Trust Fund for these training opportunities.

In collaboration with the Maryland Department of Emergency Management (MDEM) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS), I have a sponsor amendment that will remove specific training directions, as these are broadly included in current law.

I respectfully request a **FAVORABLE** report, as amended.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "J. White Holland", with a stylized flourish at the end.

Delegate Jennifer White Holland