

Defibtech Support SB294.pdf

Uploaded by: Alexandra Eby

Position: FAV

February 1, 2022

Senator Delores G. Kelley
3 East Miller Senate Office Building
Annapolis, MD 21401

cc: Senate Committee on Finance

Chair Kelly and members of the Finance Committee, thank you so much for allowing me to submit testimony in strong support of SB294, and thank you to Senator Cassilly for introducing this important bill. My name is AJ Pace, and I am the Vice President of Global Marketing for Defibtech LLC, a technology leader and innovator in the design and manufacture of life-saving resuscitation devices including automated external defibrillators (AEDs), mechanical chest compressors, and related accessories.

As you may know, cardiac arrest is a leading cause of death and a major public health crisis, with more than 356,000 out-of-hospital cardiac arrests (OHCA) occurring annually in the U.S. and nearly 90% of those resulting in fatality. Sadly, this staggering fatality rate is partially due to the immense importance of response time in surviving this terrible disease. Within minutes of suffering an attack, much sooner than most people can usually reach emergency medical services, blood is no longer being pumped to the brain. In fact, the chances of survival of sudden cardiac arrest (SCA) decreases by 10% every minute that passes without treatment.

While so many are unable to reach help in time, luckily there are those whose lives are saved by the use of an AED in the first critical minutes of sudden cardiac arrest. Studies have found that the timely use of an AED improves the chances of survival for victims by 40%. This significant difference in health outcome means that providing immediate access to AED's for those suffering from sudden cardiac arrest can save thousands of lives each year in the U.S.

Unfortunately, those suffering from sudden cardiac arrest in a situation with limited access to medical services and devices, such as in health clubs and other exercise facilities, are especially in danger of fatality. SB294 is so crucial because it prevents unnecessary deaths by ensuring an AED is at hand when individuals may be at increased risk of sudden cardiac arrest due to physical exertion. The bill's mandate that health clubs are equipped with an AED and that there is an employee on site trained to properly use it will expand access to AED's and drastically increase the chances that individuals survive an attack of this terrible disease. At Defibtech, we are committed to saving lives through our advanced medical technology and applaud this legislation as an important step to one day ensure critical, immediate AED access to every single individual who needs it.



AJ Pace
Vice President, Global Marketing
Defibtech LLC

SB 294 Support - Marine 2.16.22.pdf

Uploaded by: Carol McDermott

Position: FAV



Joseph E. Marine, MD, FACC, FHRS

Professor of Medicine
Vice-Director of Operations
Section Chief for Cardiology, JHCP

Division of Cardiology
Johns Hopkins Hospital
600 N. Wolfe Street, Halsted 572
Baltimore, Maryland 21287

410-955-2412 T
410-800-4073 F
443-791-4932 M
jmarine2@jhmi.edu

February 16, 2022

Senator Delores G. Kelley
Chair Senate Finance Committee
Maryland General Assembly
Annapolis, Maryland

Re: SB 427 - Automated External Defibrillator, First Aid, and CPR – Requirements for Health Clubs - SUPPORT

Dear Senator Kelley:

As a cardiac electrophysiologist practicing in Maryland for over 17 years, I write on my own behalf in **SUPPORT** of **Senate Bill 427**, which would require that certain health clubs in Maryland develop and maintain an automated external defibrillator (AED) program. My cardiology society, the Maryland Chapter of the American College of Cardiology, will submit a letter of support for this bill and I would like to add my voice.

As a cardiologist who treats patients with arrhythmias, I know that many patients never reach the hospital with an effective heartbeat after suffering sudden cardiac arrest (SCA) because their hearts could not be shocked with a defibrillator fast enough. I have seen many such patients in the course of my career who either died or suffered irreparable organ damage because they could not be resuscitated in time. If only an AED were available at the scene, some of these patients may well have survived.

Data from several studies indicate that application of an AED during a cardiac arrest doubles the chance of survival to hospital discharge.¹⁻³ We also know that each minute of delay from the time of arrest to defibrillation results in a loss of 5-10% of patients. Having AEDs available in places where cardiac arrests occur is therefore critical to improving survival.

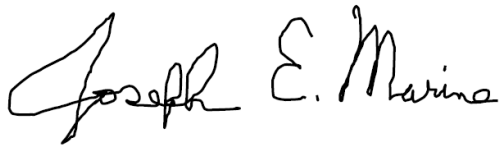
I also know first-hand the life-saving difference that an AED program can make. In March of 2011, I had the experience of participating in the resuscitation of a man who had cardiac arrest due to ventricular fibrillation in a church I was attending. Fortunately, the church had an AED program. After about 10 minutes of cardiopulmonary resuscitation, the AED

shocked his heart back into normal rhythm and stabilized his blood pressure, well before paramedics were able to arrive at the scene. He was taken to the Johns Hopkins Hospital and he made a complete recovery, walking out of the hospital a week later. We continue to exchange Christmas cards every year, including last December, 10 years later.

My experience shows that AEDs in community settings can save lives and can prevent permanent disability by restoring the heartbeat before the brain and other vital organs can be damaged. AEDs have proven to be of significant value in public settings, such as sporting events, airports, and other places where people gather. Health clubs are an opportune location for these lifesaving devices to be available. They are easy to use, and more people now know how to perform CPR. Many health clubs serve older clients with overt or latent heart disease, and exercise is a well-known trigger of cardiac arrhythmias in susceptible patients. It is likely that lives will be saved if this measure is put into place.

I ask that you support this bill. I would be happy to be available to you and your staff to provide any additional information.

Sincerely,

A handwritten signature in black ink that reads "Joseph E. Marine". The signature is written in a cursive, flowing style.

Joseph E. Marine, MD, FACC, FHRS

Cc: Carol McDermott Sheya
Senator Robert Cassilly

References

1. The Public Access Defibrillation Trial Investigators. Public access defibrillation and survival after out-of-hospital cardiac arrest. *N Engl J Med* 2005; 351-637-46.
2. Weisfledt ML, Sitlani CM, Ornato JP, et al. Survival after application of automatic external defibrillators before arrival of the emergency medical system. *J Am Coll Cardiol* 2010; 55:1713-20.
3. FACTS: Every Second Counts. From AHA AED Fact Sheet 2014.
https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_462303.pdf. Accessed 2.16.22

KPertiet_Support_SB0294.pdf

Uploaded by: katie Pertiet

Position: FAV

February 17, 2022

Katie Pertiet
903 Cedarday Drive
Bel Air, MD 21015
410.926.8555

kpertiet@clickcreativegroup.com

****Support****

I'm Katie and I'm a survivor of sudden cardiac arrest in a Maryland fitness facility. I am a survivor, not because the fitness facility I was working out at was prepared for a cardiac emergency, they were not. I am a survivor not because they had and were trained to use an AED, they did not. I am a survivor not because they were CPR certified and had first aid training, they did not. The only reason I am a survivor is because there was a dr. taking the class I was in and knew I was in distress.

Only 7% of people who suffer cardiac arrest outside of a hospital survive. Performing CPR and use of an AED can double or triple the chance of survival outside a hospital. Timing and quick response is the difference between life and death.

When someone is in cardiac distress time is critical. The facility owner had asked someone to call my husband to come pick me up. The dr. knew I needed an ambulance and got one there quickly to get me to the hospital where I flat lined and was shocked multiple times to come back to life. Without her knowledge I would not have received the critical care I needed soon enough to survive.

Left untreated, out-of-hospital cardiac arrest (OHCA) will rapidly result in death in all victims. In an emergency, there are 4 tasks that should be done to help make a difference between life and death:

1. Recognition of cardiac arrest;
2. Call for assistance, likely by dialing 911;
3. Performing some form of cardiopulmonary resuscitation (CPR); and
4. Summoning and applying an Automated External Defibrillator (AED) to the victim's bare chest. 1

Workers in all fitness facilities need to be educated about these steps and be able to recognize the signs of distress in order to save lives.

Fitness facility owners and employees can make a very positive impact on this otherwise dismal outcome. To provide the most optimal opportunity for meaningful survival from OHCA, both interventions should be performed as soon as possible. The potential lifesaving advantages of AEDs in public locations have been investigated extensively. In a large number of scientific studies considering the use of the automatic external defibrillator, survival increased by approximately 25%. 1

AEDs are safe and relatively easy to operate, even by untrained lay rescuers. Operation of the AED by lay rescuers is guided by audible prompts from the AED itself as well as graphical directions on the device. Although AED design differs somewhat by manufacturer, the basic elements of operation are the same. I worked at a health club in Illinois where it was required to be CPR and AED certified before I began teaching. I remember the AED class clearly and it was very easy to do and would not deliver a shock unless necessary.

Since my initial cardiac arrest nearly 5 years ago, I have continued to have health challenges that I never experienced before this event. I am fortunate for the quick response I received. As many who survive cardiac arrest are left with brain damage and debilitating physical challenges.

I appreciate you taking the time to truly consider the impact this bill has for the citizens of Maryland and the lives it could save. A single life is worth it. No one should lose their life because their fitness facility was not equipped to handle a cardiac emergency.

AED Bill Senate Hearing (Testimony).pdf

Uploaded by: Senator Bob Cassilly

Position: FAV

February 15, 2022

Senator Bob Cassilly
James Senate Office Building
11 Bladen Street, Room 401
Annapolis, MD. 21401

Dear Senator Cassilly,

My name is Dr. Karla Guzman de Gordon and I live in Harford County, Maryland.

I am writing to ask for your help by supporting the passage of Senate Bill titled Health - Automated External Defibrillator, First Aid, and CPR - Requirements for Health Clubs.

On July 27, 2017, I was in a fitness class called TRX (Total Body Resistance Exercise). Suddenly, a lady in the class complained that she wasn't feeling well and needed to step out of the room. I noticed she was sitting up for a few minutes and not looking any better, so I left the class to see what was going on. I introduced myself as a physician to set her at ease, and did a quick review of her medical history. At the same time, I was checking her pulse which was noticeably very weak. I immediately called for assistance to help lay her flat on the floor. I asked the owner of the fitness center to call the ambulance. I also asked for an AED (Automated External Defibrillator) device, but to my surprise, there wasn't one available. I also asked if anyone in the class knew how to do CPR in anticipation of a sudden cardiac arrest. However, not a single person had ever received any training. Fortunately for Katie, she came out alive due to the quick arrival of paramedics that day and the hasty use of their AED.

Until that day, I was not aware that AEDs were not required to be available on the premises of all health clubs. It is imperative that AEDs be available for immediate use at all health clubs where people at different fitness levels are exerting themselves. Individuals pushing their bodies to a new level may be unaware of an underlying health condition until they begin to exercise beyond their comfort level. In some, the heart may not tolerate this type of exercise and may lead to a cardiac emergency or sudden cardiac arrest.

Once a person is in cardiac arrest, one of the first steps in the Advanced Cardiac Life Support protocol is to attach the AED as soon as it is available. As an anesthesiologist, I know that when it comes to a sudden cardiac arrest or a cardiac emergency, time is of essence. According to the American Red Cross, "the average response time for first responders once 911 is called is 8-12 minutes." For each minute defibrillation is delayed, the odds of survival are reduced by approximately 7-10%. Therefore, having access to an AED and knowing how to use it is critical. Therefore, it is also important to require employees of fitness facilities to have first aid and CPR training. This is not meant to replace the need to call 911 in case of a cardiac emergency, but rather to increase the odds of survival if such an emergency occurs.

The AED is small, portable, and very user friendly. In our community, there are many great classes that are easily available to receive CPR training. One obstacle to successful implementation of this program is the fear of liability. The Good Samaritan laws must apply to users of AEDs to provide immunity. This is the only way to avoid hesitation of purchase and prompt use of this life saving device.

I appreciate you taking the time to read my testimony and taking a strong stand on this important topic. Please feel free to reach out to me if you have any questions.

With gratitude,

Karla Guzman de Gordon, MD
504 Cedar Hill Ct
Bel Air, MD 21015

Cell: 410-913-8430
Email: guzmandegordon@gmail.com

SB294TalkingPoints.pdf

Uploaded by: Senator Bob Cassilly

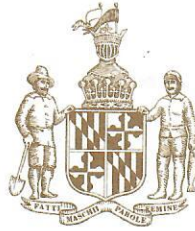
Position: FAV

ROBERT G. CASSILLY
Legislative District 34
Harford County

Judicial Proceedings Committee

Joint Committee on Administrative,
Executive, and Legislative Review

Joint Committee on Federal Relations



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 401
Annapolis, Maryland 21401
410-841-3158 • 301-858-3158
800-492-7122 Ext. 3158
Bob.Cassilly@senate.state.md.us

District Office
1015 South Main Street
Bel Air, Maryland 21014
443-502-0583

February 17, 2022

**RE: Senate Bill 294 – Health – Automated External Defibrillator, First Aid, and CPR –
Requirements for Health Clubs**

Dear Committee Members:

I request your support for SB 294. The purpose of this bill is to require health clubs to have an Automated External Defibrillator (AED) on site and to have staff trained on how to use it as well as trained in first aid and CPR. These same requirements are in our schools, swimming pools, and other public facilities. It only makes sense that at a place where people are continuously exerting their bodies there should be resources available on hand should someone overexert themselves and be in need of life-saving help. Access to an AED and trained operator can mean the difference between life and death.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bob Cassilly".

Senator Bob Cassilly

SB0294_IHRSA_fwa.pdf

Uploaded by: Jake Landry

Position: FWA



The Honorable Delores Kelley
Chair
Senate Finance Committee
Room 3 East Wing, Miller Senate Office Building,
Annapolis, MD 21401

February 16, 2022

RE: Senate Bill 0294: *Health - Automated External Defibrillator, First Aid, and CPR - Requirements for Health Clubs*

Dear Members of the Senate Finance Committee,

My name is Jeff Perkins. I am the Vice President of Government Relations for the International Health, Racquet & Sportsclub Association (IHRSA), the leader in education, research and advocacy for the health and fitness industry, representing health clubs and fitness businesses worldwide, as well as in Maryland.

Thank you for the opportunity to comment on Senate Bill 0294 (S.B.0294). IHRSA has long supported policies that encourage health clubs to house an AED. So long as the law, or bill, contains necessary liability protections—use and non-use—for club owners and their employees, reasonable staffing requirements for staffed and unstaffed clubs, and adequate time to comply with any new rules.

S.B.0294 would require all health clubs in the state to maintain and make available an AED on premises and have an employee trained in first aid and CPR onsite when open for business. As previously stated, IHRSA is supportive of the maintenance of AEDs in health clubs. However, we are concerned about the requirement to have a trained staff member present at all times when open for business.

Health clubs and other health and fitness businesses serve a diverse group of consumers who all are seeking different things from their facility. In order to provide increased flexibility and consumer choice, many health clubs operate with unstaffed hours, typically either late at night or early in the morning. These unstaffed hours ensure that the health club will be accessible to the consumer regardless of a consumer's schedule. By operating unstaffed during off-peak times, staffing costs as a whole are reduced and the consumer benefits with increased flexibility and an affordable rate.



IHRSA respectfully requests the amending of S.B.0294 to change the staffing requirement to only require an employee trained in CPR and first aid to be on site during staffed business hours.

Such an amendment would allow health clubs to continue offering their consumers increased choice and flexibility, while ensuring that Maryland health clubs are keeping their members safe by maintaining an AED on premises.

Thank you again for the opportunity to weigh in on this important matter. If the committee would like any information about Maryland health clubs, please contact me at jdp@ihrsa.org or (617) 951-0055.

Sincerely,

Jeff Perkins
IHRSA Vice President of Government Relations

MAJ Position Paper -- SB 294 - FWA - Health Clubs

Uploaded by: Josh Howe

Position: FWA



SB 294 - Health – Automated External Defibrillator, First Aid, and CPR – Requirements for Health Clubs

FAVORABLE WITH AMENDMENTS

SB 294 requires each health club to obtain a certificate to operate and make available an automated external defibrillator (AED) for use on the premises of the health club. Each health club must comply with the certificate requirements under the Public Access AED Program and the Emergency Medical Services (EMS) Board. When open for business, each health club must have an employee on the premises who, through training with the American Red Cross or a program with equivalent standards, is certified in first aid and cardiopulmonary resuscitation (CPR).

Central to SB 294 is a legislative grant of immunity: An employee of a health club may not be held civilly liable for an act or omission regarding the presence or use of or failure to use an AED. § 24-201 (page 2, Part D, line 16). MAJ is historically critical of legislative grants of immunities such as these, and often tries to propose amendments that clarify the immunity or point to existing immunity statutes.

The Maryland Association for Justice respectfully requests amendments to SB 294, to provide necessary protection for individuals who are treated with a defibrillator device at a health club and received (or did not receive) a response from a health club employee that does not act in accordance with the requirements of this bill.

Beginning on Page 2, Part D, Line 16 – Insert the following:

16 (D) AN EMPLOYEE OF A HEALTH CLUB ACTING IN ACCORDANCE WITH THIS

SECTION MAY NOT BE HELD CIVILLY LIABLE

17 FOR AN ACT OR OMISSION REGARDING THE PRESENCE OR USE OF OR FAILURE TO

18 USE AN AUTOMATED EXTERNAL DEFIBRILLATOR.

**The Maryland Association for Justice respectfully urges a
Favorable with Amendments Report**