

James A. Bishara, MD, MBA  
President, Oregon Pediatric Society

House Committee on Education

Subject: Testimony in Support of HB2529 – Cardiac Emergency Response Plan

Dear Chair Neron, Vice-Chairs Dobson and McIntire, and Members of the Committee,

I am writing today as one of Oregon's pediatric cardiologists and on behalf of the Oregon Pediatric Society, the Oregon Chapter of the American Academy of Pediatrics, to express strong support for HB2529, which would require schools to develop and implement a Cardiac Emergency Response Plan (CERP). Sudden cardiac arrest (SCA) is the leading non-traumatic cause of death in young athletes and can occur in any child, staff member, or visitor on school grounds. Without immediate recognition and intervention, survival rates remain dismally low. This bill is a critical step in ensuring that every Oregon school is prepared to respond effectively to cardiac emergencies.

As a pediatric cardiologist, I have seen firsthand the devastating impact of sudden cardiac arrest in children and adolescents. Far too often these children fail to receive timely CPR and AED access leaving families and schools grieving the loss of a loved one. Schools are hubs of activity where thousands of students, educators, and community members gather daily making them essential locations for preparedness.

HB2529 will ensure that Oregon schools have a structured and practiced plan in place, including:

- Designating a response team trained in CPR and AED use.
- Clearly identifying AED locations and ensuring their accessibility.
- Establishing a protocol for immediate activation of emergency medical services (EMS).
- Conducting regular emergency response drills to enhance readiness.

Other states have successfully implemented similar plans with measurable improvements in response times and survival rates. Oregon should follow suit to protect the lives of its students and educators.

Furthermore, the cost of implementing HB2529 is minimal compared to the potential lives saved. When broken down, the expenses associated with training staff, maintaining AEDs, and conducting regular drills amount to the cost of providing a single school lunch to each student. This small investment in school safety ensures that every student and staff member has access to life-saving interventions in the event of a cardiac emergency. Given the minimal financial burden, there is no reason to delay implementing this critical legislation.

Cardiac emergency preparedness is not just a recommendation—it is a necessity. Passing HB2529 will provide schools with the tools and training they need to save lives. The Oregon Pediatric Society urges this committee to support the bill and prioritize student health and safety.

Thank you for your time and consideration. I welcome any questions and am happy to provide further insight into the medical importance of this legislation.

Sincerely,

James A. Bishara, MD, MBA