



Testimony of Whitney A. Parrish Perry, Government Relations Director
American Heart Association
**LD 984, “An Act to Require Every State and Municipal Building to Have at Least One
Automated External Defibrillator”**
March 26, 2025

Senator Baldacci, Representative Salisbury, and distinguished members of the State and Local Government Committee: My name is Whitney Parrish Perry, and I am the Maine Government Relations Director for the American Heart Association. The American Heart Association is the nation’s oldest and largest voluntary organization dedicated to fighting heart disease and stroke, whose mission is to be a relentless force for a world of longer, healthier lives. I am here testifying in support of LD 984, “*An Act to Require Every State and Municipal Building to Have at Least One Automated External Defibrillator.*” We extend our gratitude to Senator Moore for the introduction of this important bill.

Preparation is key to survival from sudden cardiac arrest (SCA) due to the time-sensitive nature of treatment. Tragically, only about 1 in 10 victims will survive this traumatic event.¹ With each minute delay in treatment the chance of survival decreases by 10%.^{2,3} This is especially concerning given the rural locations of municipal buildings throughout Maine.

However, we can double, or even triple, survival rates through the rapid initiation of cardiopulmonary resuscitation (CPR) and use of an automated external defibrillator (AED).⁴ Of the people with cardiac arrest who receive a shock from an AED in the first minute, 9 out of 10 live.⁵ This bill seeks to facilitate this by a) directing the Department of Administrative and Financial Affairs to equip all State buildings with at least one (1) AED, and b) directing all municipalities to do the same in municipal buildings.

¹ Martin SS, Aday AW, Allen NB, et al., on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2025 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. 2025;151:e41–e660. doi: 10.1161/CIR.0000000000001303

² Hara M, Hayashi K, Hikoso S, Sakata Y, Kitamura T. Different impacts of time from collapse to first cardiopulmonary resuscitation on outcomes after witnessed out-of-hospital cardiac arrest in adults. *Circ Cardiovasc Qual Outcomes*. 2015;8(3):277-284.

³ Larsen MP, Eisenberg MS, Cummins RO, Hallstrom AP. Predicting survival from out-of-hospital cardiac arrest: a graphic model. *Ann Emerg Med*. 1993;22(11):1652-1658.

⁴ Sasson C, Rogers MA, Dahl J, Kellermann AL. Predictors of survival from out-of-hospital cardiac arrest: a systematic review and meta-analysis. *Circ Cardiovasc Qual Outcomes*. 2010;3(1):63-81

⁵ Martin SS, Aday AW, Allen NB, et al., on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2025 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. 2025;151:e41–e660. doi: 10.1161/CIR.0000000000001303



An AED is a simple-to-use portable device that is used to shock the heart of a person suffering a cardiac arrest to return the heart to a normal rhythm; you may have seen them in this building or other locations. Automated external defibrillators may be used by emergency responders or bystanders when CPR cannot restart normal heart rhythm during cardiac arrest. The device provides audible step-by-step instructions to the user and independently determines if a shock is needed, making them very easy for almost anyone to use. Given more than 10,000 sudden cardiac arrests occur annually in the workplace,⁶ the placement of these devices could save the lives of both state and municipal employees, as well as visitors to these buildings.

Bystanders, or lay responders, play a crucial role in achieving high survival rates, and as a result, more AEDs and CPR training for these individuals are needed to provide this life-saving treatment. As such, we offer the friendly recommendation that this bill include a requirement to develop and implement Cardiac Emergency Response Plans (CERPs). A CERP is a comprehensive, written document that establishes the specific steps to improve survival from SCA. While the American Heart Association does not recommend any device over another, we do recommend that the device chosen to be simple and easy to use.

Early defibrillation can make all the difference for our coworkers and neighbors who may experience sudden cardiac arrest. We urge the committee to vote Ought to Pass on LD 984.

Thank you for your time and consideration. I am happy to answer questions about this testimony.

⁶ Ibid.