

March 12, 2025

To Senator Kunesh

Chair, Senate Education Finance Committee and members of the committee:

My name is Terasa Smith and I am the Project ADAM Coordinator for the state of Minnesota. I am writing in support of SF1457 which would require schools to develop and train staff to implement a cardiac emergency response plan. It would also ensure schools are provided with the resources necessary to meet this new requirement.

I have worked in Cardiology for over 19 years as a Registered Cardiovascular Invasive Specialist. In my career I have personally performed Cardiopulmonary Resuscitation on hundreds of patients in a hospital setting aging from newborn to century-year-old. Caring for each and their families for multiple cardiac conditions, it is with the utmost humility that I say that even in the year 2025 with all our medical sophistication, we are not able to prevent every sudden cardiac arrest event... but we can respond to every sudden cardiac arrest event to stop it from progressing to a sudden cardiac death.

On any given weekday, 20% of the national population, or an estimated 68 million people are spending their time on a primary or secondary school campus. Keeping us all safe on school grounds requires tremendous coordination between staff, security, school health officials, first responders, and local and regional medical centers. Tragically, there are diseases that present with little to no warning prior to a sudden cardiac arrest that threatens and, without intervention, frequently takes the life of the child.

Since the first introduction of the external defibrillator was introduced over 40 years ago, these devices are thankfully becoming more common in our community, from airports to shopping malls to hockey rinks. Their presence is firmly entrenched in basic life support training.

The out of hospital survival rate of sudden cardiac arrest in all Americans has been quoted as low as <6% by the Institute of Medicine in 2015. In a study published in 2013, of more than 2000 high schools that had AED programs, the survival rate in student athletes and those adults being athletically active was 89%!

Wonderfully, many schools in Minnesota have taken it upon themselves to be prepared. I volunteer as the coordinator of Project ADAM Minnesota, an organization that helps schools along this path and designates them as "heart safe" through education and preparedness. We provide these services to schools free of charge.

Project ADAM provides the foundation for schools to plan and develop their CERP program, including program templates and one-on-one consultation on how to prevent sudden cardiac death in the school setting. Project ADAM Heart Safe School Designation is attained by schools upon successful implementation of a quality sudden cardiac arrest program of awareness, training and effective emergency response to promote a Heart Safe environment for students, visitors and staff.

What we are requesting from this committee, is to make sure that all our schools are prepared for not if, but when the next tragedy happens. Evidence shows that an AED used on site within 3 minutes of a cardiac arrest, with a cardiac emergency response plan, greatly improves survival.

Having these devices present will save lives.

In closing I will leave you with the following questions:

1. Why should a young student, or a teacher, or a front office worker at one school in Minnesota have a better chance of surviving the school day than another?
2. Is it reasonable for parents and grandparents to expect that their schools are equipped with life-saving devices at school that exist in other public places?
3. What reasonable explanation is there to a classmate, parent or grandparent of a student who died in the absence of an AED when there could have been one there?

It is within our power to decrease the number of children, adults and visitors who die from cardiac arrest when visiting a school campus. Please support SF1457.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Terasa Smith". The signature is fluid and cursive, with the first name "Terasa" and last name "Smith" clearly distinguishable.

Terasa Smith, RCIS, BHA

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