

Kai Lerner Story:

Kai Lerner was playing basketball with his friends at Grandview Park in Waukesha on the first day of spring break in 2019. Kai felt dizzy, sat down and passed out, he never regained consciousness. Kai was transferred to Children's Memorial Hospital where he was diagnosed with Woolf Parkinson White Disease, which caused an erratic heartbeat leading to Cardiac Arrest. He passed away surrounded by family on April 3rd, 2019, Kai would have turned 17 years old in June.

Kai was an Honor Student and Varsity Tri-Athlete competing in football, basketball and track at Waukesha North High School. Kai never showed signs of having an undiagnosed heart condition and he completed the standard WIAA physical every year. We were later told an EKG test could have saved Kai's life.

As a Junior at Waukesha North Kai Lerner was starting to become a true leader and inspiration to others. Kai helped coach younger players in both track and basketball. He had a positive attitude and was always trying to put a smile on everyone's face. Kai could be considered a bit of a prankster among his close friends, taking after his father. Kai had many interests from fishing to weight lifting to playing poker to dancing to arm wrestling to Chess and just hanging with his friends. After he passed we received hundreds of letters from students and teachers sharing memories of Kai.

Kai was planning to attend college for a business degree. He recently toured University of Florida and was planning to apply there as well as UW Madison and UW Whitewater. Kai was working to receive a scholarship for Track & Field as he was ranked 2nd in Triple-Jump and 5th in Long-Jump as a freshman in the State of WI. Breaking personal records as both a Sophomore and during his first and only jump as a Junior, prior to passing away.

We know Kai would have wanted us to make something positive come from his passing. To help prevent this tragedy from impacting another family and community. LRB0651 can save countless young adults' lives.

#FlyHighKai #Kai11Law

For my Son, My Friend and My Buddy

Love you Kai

Dad

### **Kiana Lermer Letter (Kai's Big Sister):**

Kai was my younger brother and I would like to start today by reading a goodbye letter that I had written to him.

Dear Kai,

I have written you plenty of letters but I don't think that I have ever really said goodbye in any of them. Even writing this I don't want to, still, but to heal I know I have to. I know that day we said goodbye but after you didn't come home and a week later seeing your physical body in the hospital bed, monitor playing the long, Mono tone flat-line that goodbye did not feel like closure. Did it hurt little brother? Was it really your time? Were you ready to leave us?

I remember growing up thinking that we would be like Dad and Aunt Missy when we got older. Kids around the same age so they could grow up close like we did with Alanna and Kyla, Holidays together always. When I'm told to think of happy times I can vividly picture us as kids running around carefree. Labor Day parties, family vacations, the hog, even times where you bothered me to no end seem like pleasant memories now. I only wish that I could remember more. In life you taught me lessons of patience, humor, genuine happiness, self-esteem, security and kindness towards others. In death I am learning gratitude, acceptance, humbleness, and faith. I will forever remember you as a goofy, kind hearted person you were and will forever feel your absence. Please give me the strength to except what happened and heal. I love you forever your big sister.

So the question that we are here to answer today is why the Kai 11 bill should be passed. Before I answer with a definitive statement I'd like to first inform you of some of the "why" questions I have to ask myself daily since Kais death.

Why was he taken from my family and his friends so soon?

Why didn't we know?

Why didn't the doctor, in his 16 years of life, once recommend the simple EKG test that would have saved his life?

Why do I have to live with the pain of your absence for the rest of my life?

I have 1 million more questions; there are infinite "what ifs". Losing my brother the way that I did has affected me in ways that would take years to explain to someone who hasn't had the same experience. So to answer the Senates "why", it's so that no other Mother, Father, Sister or family member, so that no other friend, so that no other community ever has to ask themselves any of the heavy weight questions that we are stuck asking ourselves today.



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December 28, 2020

Honorable Scott Allen  
97th Assembly District  
8 West - PO Box 8952  
Madison, WI 53708-8952

**RE: Preventing Sudden Cardiac Arrest/Death in Youth**

Dear Representative Allen,

On behalf of Parent Heart Watch (PHW), the national voice solely dedicated to protecting youth from Sudden Cardiac Arrest and preventable Sudden Cardiac Death, I want to extend our enthusiastic support for Kai 11 bill.

Sudden Cardiac Arrest (SCA) has emerged as a recurring cause of death among people under age 25. According to the American Heart Association, SCA affects between 7,000 to 16,000 youth per year. Studies show that 1 in 300 youth has an undetected heart condition. Many children and their parents are unaware they have a potentially fatal heart abnormality until it is too late. In fact, 72% of those who suffered a SCA were reported to experience prior symptoms, but did not recognize them as life threatening.

Youth participating in sports are particularly susceptible, given SCA is the #1 killer of student athletes. The National Center for Catastrophic Sport Injury Research cites that more athletes die from sudden cardiac arrest than from any other sport-related trauma.

The Kai 11 bill will make significant strides in preventing such tragedies by empowering youth, parents/guardians and school staff with education about the warning signs and risk factors associated with sudden cardiac arrest and about the critical steps in the cardiac chain of survival that can make the difference between life and death.

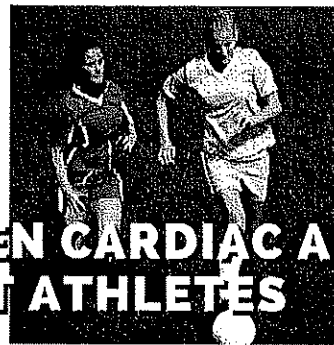
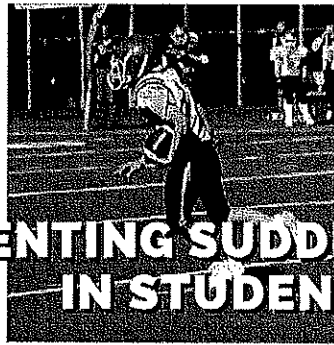
Parent Heart Watch leads and empowers others by sharing information, educating and advocating for change. For more information, please visit [www.parentheartwatch.org](http://www.parentheartwatch.org).

The time is now to protect and save young lives from the perils of sudden cardiac arrest by passing Kai 11 bill.

Sincerely,

Martha Lopez-Anderson  
Executive Director

cc: Kai Lermer Memorial Fund



# PREVENTING SUDDEN CARDIAC ARREST IN STUDENT ATHLETES

## What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens.

When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure.

SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR<sup>1</sup>, and using an AED<sup>2</sup> as soon as possible.

## CALL · PUSH · SHOCK



<sup>1</sup> CPR: Cardiopulmonary resuscitation is when you push hard and fast on the center of chest to make the heart pump; compressions may be given with or without rescue breaths.

<sup>2</sup> AED: Automated external defibrillator is a device that analyzes the heart and if it detects a problem may deliver a shock to restart the heart's normal rhythm.



ParentHeartWatch.org



## Why do heart conditions that put youth at risk go undetected?

- Standard history and physical evaluation misses up to 90% of youth at risk
- An EKG can detect 2/3 of heart conditions that can lead to SCA
- Often youth don't report or recognize symptoms of a potential heart condition
- Parents/Guardians assume youth are okay and just "check the box" on medical forms without asking their child about symptoms
- Youth experiencing symptoms regularly don't recognize these as potentially life-threatening—it's normal to them

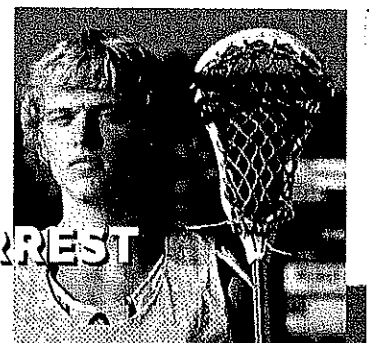
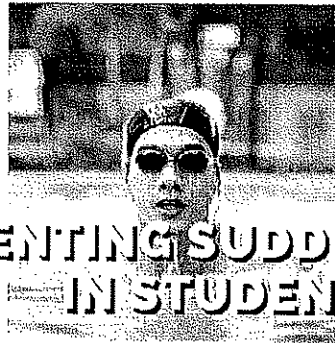
## What is an electrocardiogram?

An electrocardiogram (also known as an EKG or ECG) is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity through small electrode patches attached to the skin of your chest, arms and legs by a technician.

## Why add an EKG to the pre-participation physical evaluation?

Adding an EKG to the pre-participation physical evaluation (PPE) will identify most heart conditions that can lead to SCA and prevent disabilities and sudden death in youth.

- An EKG can be ordered by your physician for screening for heart disease or for a variety of symptoms or a family history of heart disease and will generally be paid for by insurance, ICD 10-CM Code Z03.89.
- EKGs should be read by a medical practitioner proficient in the age group being screened, utilizing current International Criteria for ECG Interpretation in Athletes.
- Like any screening test, if the EKG is abnormal, additional testing and consultation should be done before a diagnosis is made.
- One screening using EKG does not clear the student-athlete for life.
- EKGs should be performed at regular intervals combined with cardiac risk assessment for new symptoms or relevant family history.



# PREVENTING SUDDEN CARDIAC ARREST IN STUDENT ATHLETES

## How common is Sudden Cardiac Arrest?

- SCA affects more than 356,000 people each year in the U.S., including over 7,000 youth under age 18.
- SCA is the #1 killer of student athletes and the leading cause of death on school campuses.
- One in 300 youth has an undetected heart condition that puts them at risk.

## What are the warning signs and symptoms?

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Chest pain or discomfort with exercise
- Racing heart, palpitations or irregular heartbeat
- Dizziness or lightheadedness
- Excessive, unexpected fatigue during or after exercise
- Excessive shortness of breath during exercise

## Why does family history matter?

It is important to gather your family history (parents, siblings, grandparents, aunts, uncles, cousins) and share it with your medical provider as some conditions are inherited:

- any family member with heart disease; even if the condition was treated and remedied
- unexplained fainting or seizures
- unexplained sudden death of a family member under the age of 50

## What are the risks of practicing or playing after experiencing any warning sign or symptom?

By continuing to practice or play without seeking medical attention you risk suffering sudden cardiac arrest, which without immediate action by people nearby could result in death or brain damage. Survival rates are under 10%.

## What if student-athlete is diagnosed with a heart condition that puts him/her at risk for SCA?

- Your medical provider will inform you of the recommended treatment plan, which could include taking medication, making lifestyle modifications to reduce risk (which sometimes means refraining from competitive sports), surgery to correct the issue, or implantable devices that monitor or treat your heart rhythm.
- You will need clearance in writing from a licensed medical practitioner according to the Wisconsin Interscholastic Athletic Association bylaws or state laws.
- It's important to share the student-athlete's treatment plan with school administration, athletic trainers, coaches or any other leaders. As youth caregivers, they must be aware so they can help monitor your child's condition.

## What are some of the causes of Sudden Cardiac Arrest?

- Congenital (runs in families) disease
- Acquired disease (Kawasaki and others)
- Viral heart infection (myocarditis)
- Heart conditions that result from abnormal heart structure or functions
- An abnormality in the electrical system of the heart
- An impact to the chest directly over the heart, also known as commotio cordis
- Drugs (recreational or prescribed) or stimulants that affect the electrical system of the heart, such as performance enhancing or high-caffeine energy drinks or supplements and diet pills

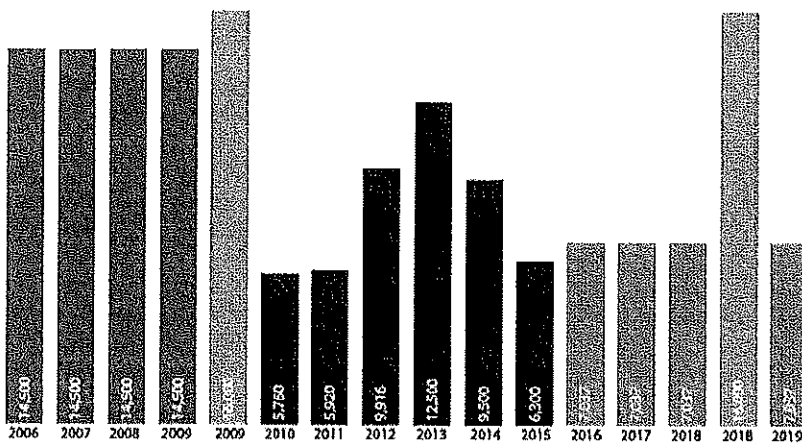


## Sudden Cardiac Arrest Statistics & Citations

Sudden Cardiac Arrest (SCA) is the leading cause of death in the U.S. The American Heart Association quotes more than 356,000 out-of-hospital cardiac arrests annually; 347,422 adults and 7,037 children under age 18 (2016/17/18/19). This equates to one youth stricken, nearly every hour, every day, each year. However, it is clear that the AHA reports are not updated annually (given the same number reported for four consecutive years) and information the AHA publishes is often contradictory so a true count remains elusive.

### Out-Of-Hospital Cardiac Arrest in Youth Under Age 18

American Heart Association (AHA) Heart Disease & Stroke Statistics Reports and News



- OHCA in youth not reported. Estimates as high as 14,500 based on 19.77/100,000
- AHA News quoted this study in 2018: Alexis A. Topjian, Vinay M. Nadkarni and Robert A. Berg. Current Opinion in Critical Care 2009, 15:203-208
- As Parent Heart Watch Campaign gains momentum, OHCA in youth shows decline
- Same number reported for four years in a row, suggesting OHCA in youth is once again not being counted

But what most parents don't know is that:

- SCA is the #1 killer of student athletes<sup>1</sup>
- SCA contributes to the #2 medical cause of death under 25<sup>2</sup>
- SCA is the leading cause of death on school campuses<sup>3</sup>
- 1 in 300 youth have an undetected heart condition that puts them at risk for sudden cardiac arrest<sup>4</sup>

<sup>1</sup>Journal of Athletic Training 2017;52(4):000-000 Harmon et al DOI: 10.1161/CirculatoinAHA.115.015431

<sup>2</sup> [https://www.cdc.gov/injury/wisqars/pdf/10/cid\\_all\\_deaths\\_by\\_age\\_group\\_2010-a.pdf](https://www.cdc.gov/injury/wisqars/pdf/10/cid_all_deaths_by_age_group_2010-a.pdf)

<sup>3</sup> <https://www.asumag.com/safety-security/fire-life-safety/article/20850611/shocking-statistics>

#### Prevalence of Cardiovascular Disorders at Risk for SCD

Study	Population	Prevalence	1 in
AHA (2007)	Competitive athletes age 12-35 (US)	0.3%	1 in 333
Fuller (1997)	5,617 High school athletes (US)	0.4%	1 in 280
Corrado (2006)	42,386 athletes age 12-35 (Italy)	0.2%	1 in 500
Wilson (2008)	2,720 athletes & children age 10-17 (UK)	0.3%	1 in 333
Bessem (2009)	498 athletes age 12-35 (Netherlands)	0.2%	1 in 143
Hervé (2009)	1,110 amateur athletes (Spain)	0.16%	1 in 626
Baggish (2010)	510 college athletes (US)	0.6%	1 in 167
Harmon (2016)	47,137 athletes (meta-analysis)	0.3%	1 in 333
Dresner (2016)	5,258 NCAA Div I, II, III athletes (US)	0.25%	1 in 400

1 in 300 kids have a condition that can cause SCD

A variety of research and data validates the critical need for primary and secondary prevention programs and outreach campaigns that Parent Heart Watch initiates.

- An abstract from the 2014 IOC World Conference on Prevention of Injury & Illness in Sport warned that SCA rates in U.S. high schools are at least 50% greater than reported by media.

<http://bism.bmi.com/content/48/7/605.1.abstract>

- The National Center for Catastrophic Sport Injury Research stated that more athletes die from a cardiac arrest than from incurring injuries while playing sports.

<https://nccsir.unc.edu/files/2013/10/NCCSIR-33rd-Annual-All-Sport-Report-1982-2015.pdf>

- Sudden cardiac arrest is one of medicine's most catastrophic and little-understood events.

<http://www.wsl.com/articles/clues-to-a-familys-heart-disease-1461618257>

- Conviction that SCA has become of paramount concern for young hearts is further evidenced by a collaboration between the National Institute for Health and the Centers for Disease Control and Prevention to create a Sudden Death in the Young Registry to more fully measure the impact this syndrome is having.

<http://www.nih.gov/news-events/news-releases/nih-cdc-launch-registry-sudden-death-young>

Yet, of the leading causes of youth death (accidents, suicide, homicide, cancer and heart conditions), SCA is arguably the only one that can be *prevented* through primary and secondary prevention strategies.

[https://www.cdc.gov/injury/wisqars/pdf/leading\\_causes\\_of\\_death\\_by\\_age\\_group\\_2015-a.pdf](https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2015-a.pdf)

A second, more general issue relates to the broader perspective of cardiac arrest as a public health burden. Much of the emphasis in this report, as well as in the Institute of Medicine (IOM) report on the status of cardiac arrest in the US, focused on the response to an impending or actual cardiac arrest. A much larger epidemiological problem is the prediction and prevention of cardiac arrest. A larger cumulative benefit to society would be achieved by *both* reducing the number of cardiac arrests and achieving better outcomes from those that do occur **"We now need a parallel effort to develop a roadmap for improving prediction and prevention of OHCA."**

*Myerburg, Journal of the American College of Cardiology dx.doi.org/10.1016/j.jacc.2016.03.611*

#### Warning Signs & Risk Factors

SCA is not a heart attack – it's an electrical or structural problem that causes a fatal arrhythmia – a deadly heartbeat. The underlying condition is something you're born with (often inherited) and/or can develop as young hearts grow. The first symptom of SCA is often death, either because the warning signs of an underlying heart condition were not recognized or symptoms were not present.

An American Board of Family Medicine study noted that 72% of students who suffered from SCA were reported by their parents to have at least one symptom before the event—they just didn't recognize it as life threatening.

<http://www.medscape.com/viewarticle/767325>

The standard approach to youth checkups is a non-cardio focused physical exam/history that misses 90% of youth at risk for SCA.

*Maran et al "Autopsy Study of Athletes with SCD (JAMA276:199-204;1996)*

We've now known for several decades that *the early recognition of prodromal symptoms could be crucial in the prevention of sudden death* if patients reported warning signs/symptoms to their practitioners, and if practitioners, in turn, had adequate training to respond effectively<sup>1</sup>. Sadly, fewer than half of people who die from SCD and who experienced symptoms before their death sought medical attention for those symptoms.<sup>3</sup> The American Academy of Pediatrics also acknowledged this in their 2012 policy statement on Pediatric Sudden Cardiac Arrest – too often the signals about being at risk for SCA are missed – both by patients and by medical personnel. What's more, in up to 60% of SCDs preceded by symptoms, a cardiac diagnosis was not considered. So, a major factor in the prevention of SCA and SCD in youth is educating patients, parents, and medical practitioners about what signs we need to watch for.<sup>2</sup>

<sup>1</sup> Drory Y, Turetz Y, Hlss Y, et al. Sudden unexpected death in persons less than 40 years of age. *Am J Cardiol*. 1991;68(13):1388-1392.

<sup>2</sup> Drezner JA, Fudge J, Harmon KG, Berger S, Campbell RM, Vetter VL. Warning symptoms and family history in children and young adults with sudden cardiac arrest. *J Am Board Fam Med*. 2012;25(4):408-415.

Wisten A, Messner T. Symptoms preceding sudden cardiac death in the young are common but often misinterpreted. *Scand Cardiovasc J*. 2005;39(3):143-149.

<sup>3</sup> Warning Symptoms Are Associated With Survival From Sudden Cardiac Arrest, *Ann Intern Med*. 2016 Jan 5; 164(1): 23–29  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624713/>

Strong consideration should be given to making the robust cardiac risk assessment available to all students versus just athletes.

Maron BJ, Friedman RA, Kligfield P, et al. Assessment of the 12-lead ECG as a screening test for detection of cardiovascular disease in healthy general populations of young people (12-25 Years of Age): a scientific statement from the American Heart Association and the American College of Cardiology. *Circulation*. 2014;130(15):1303-1334.

*Most early cardiovascular events occur in families with a positive family history of cardiovascular disease.* In fact, up to 49% of SCA victims had a significant family history. Eliciting comprehensive and current family history is critical in SCA prevention, which includes inventorying second-degree relatives, including aunts, uncles, cousins and grandparents. Sadly, only 15% of medical practitioners update family histories annually.

- (17) Acheson, L. S., Wiesner, G. L., Zyzanski, S. J., Goodwin, M. A., & Stange, K. C. (2000). Family history-taking in community family practice: implications for genetic screening. *Genet Med*, 2(3), 180-185. doi:10.1097/00125817-200005000-00004
- Kahn, J. S., & Weseley, A. J. (2008). When the third degree is necessary: do pediatricians obtain enough information to detect patients at risk for HCM? *Pediatr Cardiol*, 29(3), 589-596. doi:10.1007/s00246-007-9155-2
- Kluger, C. Z., Morrison, J. A., & Daniels, S. R. (1991). Preventive practices for adult cardiovascular disease in children. *J Fam Pract*, 33(1), 65-72.
- Williams, R. R., Hunt, S. C., Heiss, G., Province, M. A., Bensen, J. T., Higgins, M., . . . Hopkins, P. N. (2001). Usefulness of cardiovascular family history data for population-based preventive medicine and medical research (the Health Family Tree Study and the NHLBI Family Heart Study). *Am J Cardiol*, 87(2), 129-135. doi:10.1016/s0002-9149(00)01303-5

Many researchers have concluded that history and physical exam alone are inadequate to detect the conditions that can lead to SCD. In a recent 2019 study, for instance, among 3,620 athletes screened with the addition of the ECG, the AHA/PPE protocols flagged 7/16 kids (43.8%) who ultimately were diagnosed with an SCD-related condition, whereas, the ECG flagged 15/16 (93.8%). So, we know for sure that the PPE or the AHA protocols will miss a good portion (some argue they will miss nearly all) of youth who have an underlying abnormality. Studies also show that the majority of practitioners are largely unaware of national screening guidelines, including recommended use of either the PPE or AHA protocols even as a baseline of preventative care.

- Williams EA, Pelto HF, Toresdahl BG, et al. Performance of the American Heart Association (AHA) 14-Point Evaluation Versus Electrocardiography for the Cardiovascular Screening of High School Athletes: A Prospective Study. *J Am Heart Assoc*. 2019;8(14):e012235.
- The Preparticipation Physical Evaluation: An Analysis of Clinical Practice, Nicolas L. Madsen, MD, MPH,\* Jonathan A. Drezner, MD,† and Jack C. Salerno, MD (*Clin J Sport Med* 2014;24:142–149)



Fainting is the #1 sign of a potential heart condition. It's critically important for medical practitioners to recognize exertional syncope and to immediately refer these patients to a pediatric cardiologist.

*Sudden Cardiac Death: A Pediatrician's Role*, DOI: 10.1542/pir.2018-0241 *Pediatrics in Review* 2019;40;456 Benjamin H. Hammond, Kenneth G. Zahka and Peter F. Aziz <https://pedsinreview.aappublications.org/content/40/9/456>

### Preventative Youth Heart Screenings

- In Italy, screenings for high school athletes has led to a 90% reduction in sudden cardiac deaths.  
*J Am Coll Cardiol*. 2008 52(24) doi:10.1016/j.jacc.2008.06.053
- With respect to criticism that ECG screening is cost-prohibitive, a U.S. based study by Stanford University of Medicine projected the cost of screening in this country at about \$88 per student athlete and calculated two lives would be saved per 1,000 teens screened, concluding that screening is worth it.

<https://med.stanford.edu/news/all-news/2010/03/ecg-testing-of-young-athletes-cost-effective-in-preventing-deaths-study-shows.html>

- ECGs are the most effective tool to identify youth and student athletes at risk for sudden cardiac arrest with the lowest false positive rate.

*Canadian Journal of Cardiology* dx.doi.org/10.1016/j.cjca.2016.06.007; Drezner et al *Am J Cardiol* 2016; 118:754-759; Drezner et al *BJSM* 10.1136/bjsports 2016 096606; *Journal of Athletic Training* 2013;48(4):546-553 doi: 10.4085/1062-6050-48.4.12

- A further 2019 study not only confirms ECG superiority, but underscores that standard history and physical using the AHA-14-point evaluation to determine cardiac risk will miss the majority of athletes with relevant conditions.
  1. The AHA 14-point evaluation performs poorly compared to ECG for cardiovascular screening of high school athletes.
  2. The AHA 14-point evaluation produces a high number of false-positive results with a poor sensitivity and low positive predictive value.
  3. ECG outperforms the AHA 14-point by all measures of statistical performance when interpreted by experienced clinicians.
  4. Cardiovascular screening using only the AHA 14-point evaluation will miss the majority of athletes with conditions at risk of sudden cardiac death.
  5. Recommendation for the routine use of the AHA 14-point evaluation, or similar history-based questionnaires, as the principal tool for pre-participation cardiovascular screening of young athletes should be re-evaluated. <https://www.ahajournals.org/doi/full/10.1161/JAHA.119.012235>

The American Heart Association's panel recommends a standard 14-point screening for young people that includes asking about fainting, chest pain or excessive shortness of breath or fatigue during exercise; premature death or disability due to heart disease or known cardiac conditions involving the heart muscle or heart rhythm in family members; and also includes listening for heart murmurs and checking for other signs that indicate heart or blood vessel disease. **The panel isn't opposed to including ECGs in screening populations if quality control can be assured.**

<https://newsarchive.heart.org/ecgs-wont-save-more-young-people-experts-say/>

## CPR, AEDs and Cardiac Emergency Response Plans

About 91% of SCA victims die because there was a delay in emergency response. Every minute's delay decreases the chance of survival by 10%.

<http://www.sca-aware.org/about-sca>

An estimated 2% of Americans a year get CPR training—an alarming statistic, given one quarter of Americans say they've been in a situation when someone needed CPR.

<https://www.usnews.com/news/health-news/articles/2019-12-24/prepared-bystanders-save-lives-when-cardiac-arrest-strikes>

<https://www.lshn.com/articles/101451-cpr-gets-simplified>

<http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=21723>

9 in 10 cardiac arrest victims who receive a shock from an AED in the first minute live. 51% of employees don't know where their workplace AED is located.

[https://cpr.heart.org/-/media/cpr-files/training-programs/aed-implementation/aed-statistics-infographic-english-ucm\\_501517.pdf?la=en](https://cpr.heart.org/-/media/cpr-files/training-programs/aed-implementation/aed-statistics-infographic-english-ucm_501517.pdf?la=en)

According to the National EMS Information System, it takes an average of 6 minutes (urban/suburban) and 13 minutes (rural areas) for first responders to arrive.

*Mell et al, 2017, Emergency Medical Service Response Times in Rural, Suburban and Urban Areas. JAMA Surgery, 152(10), 983-*

Every minute delayed in treating an SCA victim decreases survival by 10%. A University of Washington study found that when CPR and an AED are used immediately, the survival rate jumps to 89% when an AED was used by a bystander—so the availability of AEDs is literally a life-saving initiative.

<https://www.sciencedaily.com/releases/2018/02/180226085812.htm>

<https://newsroom.uw.edu/postscript/aed-benefit-clear-athletes-sudden-cardiac-arrest>

School systems across the United States should have a clear and concise district-wide cardiac emergency response plan that meets laws, standards and safety practices, according to an American Heart Association (AHA) policy statement. This policy statement notes that the goal of a cardiac emergency response plan is to increase the chance of survival after sudden cardiac arrest and decrease the incidence of sudden cardiac death. [http://cpr.heart.org/idc/groups/heart-public/@wcm/@ecc/documents/downloadable/ucm\\_487599.pdf](http://cpr.heart.org/idc/groups/heart-public/@wcm/@ecc/documents/downloadable/ucm_487599.pdf)

- Teach children as young as 6 & 7 to get help for OCHA victim and call 911
  - Start teaching CPR as young as 9, recognizing quality chest compressions are more likely at age 13
  - Research shown that age 11-12 can properly apply AED within 90 seconds after receiving verbal instructions
- Advocating for Life Support Training of Children, Parents, Caregivers, School Personnel and the Public: A Technical Report from the AAP, Susan M. Fuchs, MD, FAAP, COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE*

## Survival After Exercise-Related SCA in Young Athletes Related to Rapid Resuscitation

- PAD programs should be universal in schools and sporting venues to increase survival

## AAP Finds AED Use in Children Lacking and Cites Education Campaign as Critical

- Study of 1,398 youth <18 found children age 12+ were 1.4x more likely to have AED used before EMS arrive
- Overall AED applied only 385 cases
- Most events occurred secondary to cardiac etiology



THE MAX SCHEWITZ FOUNDATION

*One Max, two missions*

[www.HeartSmartEKG.org](http://www.HeartSmartEKG.org) [www.MaxandtheWildThings.com](http://www.MaxandtheWildThings.com)

December 11, 2020

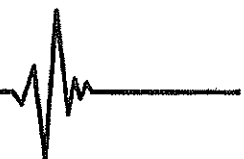
As a cardiologist in the Chicago North Shore region, I also serve as Max Schewitz Foundation's Medical Director. Under this capacity, I personally review EKG's of local high school students and young adults as part of our screening program, HeartSmart EKG, aimed to identify EKG features that place young adults at high risk for sudden cardiac death.

Sudden cardiac arrest in a seemingly healthy young adult is a devastating event to the person, their family and the community. Sudden cardiac arrest is more common in young athletes and thus they deserve a higher level of attention by means of early identification and prevention. Clinical trials over the years has demonstrated that screening has a positive impact on this problem.

With my own personal experience at the Max Schewitz Foundation, I found the screening process extremely inexpensive, and highly effective in diagnosing potential lethal conditions. Since 2007, we have screened 93,879 individuals and diagnosed 2,329 abnormal EKG's, with 924 individuals being referred for further medical evaluation. Many students with abnormal results resulted in procedures or other treatment modalities that hopefully averted unfortunate events.

I fully support the Kai 11 Bill that will increase parents' awareness of risk of sudden cardiac arrest.

Dr. Eli Lavie  
Medical Director





To Whom It May Concern:

When I lost my son, Cody, in 2012 to Sudden Cardiac Arrest from an undetected heart issue, I became a member of a club that no one wants to join. I've made it my life's work to help prevent any other families from experiencing this overwhelming and needless loss.

In my home state of Texas we worked six years to get legislation passed and I was proud to see Governor Greg Abbott sign House Bill 76 - Cody's Law in June, 2019. We were the first state to pass a heart screening law, which made it a long, hard road. My hope is that the Lerner's will be more successful with your help.

Sudden Cardiac Arrest is the #1 cause of death for student athletes and the #1 cause of death on school property. Research shows heart screening with electrocardiograms (ECG) is the most effective way to detect heart conditions before they cause a tragedy. We believe it is an important addition to the pre-participation physical all athletes must have, as well as all active young people.

This legislation allows parent the option to add ECG screening to the standard school physical. When schools offer lifesaving ECG tests to students they are not only ensuring that our youth have access to the best preventative measures, they are literally saving lives. Everyone should have access to heart screening, no matter where they live, how well they play or how much money their parents earn. With this legislation, it gives parents know the importance and then lets them decide.

Our story:

On May 6, 2012, Cody was a few weeks from graduating from Crosby High School near Houston, TX, and looking forward to showing his pig, steer and lamb at the Crosby Fair and Rodeo in June. He was also excited to be headed to Tarleton State University on a football scholarship and working to stay in good physical condition to be prepared for college football practices. Before he died, Cody was talking to me about his goals to play football in a big way in college and beyond. Cody told me, "Go big or go home, Dad." After Cody died, our family turned Cody's motto into a screening effort to prevent other tragedies. It has been a BIG effort in a BIG state - eight years after Cody died, more than 40% of all Texas schools now offer heart screening, and Texas House Bill 76 - Cody's Law gives parents in every school district the right to choose heart screening for their child. The Cody Stephens Foundation partners with the largest to the smallest schools, in the big cities and rural communities.

It is my greatest hope to see heart screening legislation in every state, and I am hopeful that Wisconsin will help lead the way with the Kai 11 Bill. Kai's family needs your vote.

Go Big or Go Home,

Scott Stephens, Co-Founder and President  
Cody Stephens Memorial Foundation



2929 Gettysburg Road  
Suite 8  
Camp Hill, PA 17011  
717.695.1917  
www.peytonwalker.org  
EIN# 46-4655102

January 7, 2021

Representative Scott Allen  
Assembly District 97  
PO Box 8952  
Madison, WI 53708

***Re: Supporting Kai 11 Bill LRB0651***

Dear Representative Allen,

I am writing today to encourage you to support the **Kai 11 Bill LRB0651**.

Here in Pennsylvania, we successfully passed "Peyton's Law" last July 2020. Peyton's Law was modeled after Cody's Law in Texas – and we became only the second state in the US to pass legislation aimed at preventing sudden cardiac arrest in youth due to detectable and treatable heart conditions.

Peyton's Law passed unanimously in the PA Senate and the PA House – then was reconsidered in both chambers after minor revisions were made. In total, Peyton's Law received over 600 bipartisan votes in favor of the legislation – and not one single vote of opposition. This is remarkable, considering the contentious political landscape we are currently living in. It is a true testament to the purpose and benefit of the law – and I feel confident that **Kai 11 Bill LRB0651** can achieve the same impactful success.

We worked tirelessly for just under 11 months to get this legislation passed.....because we lost our 19-year old daughter to Sudden Cardiac Arrest and have met many families who have faced similar tragedies. Every one of those families wishes they had known to have their children's hearts checked. Please help to ensure that not one more child is tragically lost to a detectable and treatable heart condition.

Our Foundation has provided free heart screenings for over 3,500 teens over the past few years. Remarkably, we have identified about 2% of kids with potentially serious issues that could lead to sudden death. Several students have gone on to receive surgical corrections due to findings from our heart screening events. Their families had no idea their child had a potentially life-threatening heart condition – because the child had never received an electrocardiogram or in-depth heart screening.

In addition, we have flagged an additional 6% of kids with other heart issues or health issues that required further testing or additional follow-up care. These statistics demonstrate the effectiveness of a screening program. Simply stated – heart screenings save lives.

I urge you to shepherd this lifesaving legislation through the legislative process. We were blessed to have an incredible leader in Senator Mike Regan here in PA who guided our bill through the entire process and was able to fast-track it to becoming law.

If we can be a resource to you or your staff as you work on this important legislation, do not hesitate to reach out. We could use more legislative champions across the US – the tide is beginning to swell. My hope is that Wisconsin will become the third state in the country to get this legislation passed.

The beat goes on.....

Sincerely,

*Julie Walker*

Executive Director & Peyton's Mom

[julie@peytonwalker.org](mailto:julie@peytonwalker.org)

*— checking hearts — protecting hearts — saving lives —*

Logan Tomasello Story:

My beloved son, Logan, died in his sister's arms while away at college from Sudden Cardiac Arrest. He was a college freshman and loving life and his new found adult independence. Logan was a psychology major at UW Milwaukee. He played hockey and the piano, he was his sister's best friend and people were drawn to him because of his sense of humor, outlook on life, compassion and wisdom. He loved it when I hung out with him and his friends, something a lot of teenagers don't appeal to. We were a tight knit family and my son was my world. He was a bright light, and there is a huge hole in my life and of those who knew and loved him.

Logan had an EKG when he was 14 years old due to heart palpitations but the EKG was "normal". He never had another one. I can't help but wish he would have had an EKG yearly as part of his sport physicals or even as part of his college physical.

Please help make "Kai's Law" a reality. Please help save another family from the gripping grief and despair of losing a son or daughter to Sudden Cardiac Arrest by passing this law.

Sincerely,

Monica Tomasello

Dear Senate,

Looking back on my favorite memories of early childhood and high school it is hard to find one that doesn't include Kai. Kai always loved to have a good time, was always making jokes, and to smile. I can still look back and think about the winter days where we shoveled off the driveway to play basketball, the sleep overs that we built bonds over, and the Friday night lights where we got to live out one of our childhood dreams. Being able to share these things with Kai is just part of the reason we had such a close friendship. These memories are things that I will carry with me for the rest of my life.

Kai played multiple sports growing up and was always active. Almost all of the time spent together was doing some sort of physical activity. This connection was what allowed us to bond and grow. Whether it was messing around in the driveway or going to basketball practice, Kai was always one of the most athletic and energetic kids. I've played countless games with him and I never would have guessed that there was anything wrong with Kai's heart. This is why it came as such a shock when he suddenly passed away. It made me wonder who else had a condition like Kai's that had gone undiagnosed.

This summer I was fortunate to get an EKG test while at UW. I was very grateful for this experience because of the events that had occurred with Kai. I wouldn't wish what happened to my friend upon anyone. Although I was grateful, I couldn't help to be filled with anger. I was angry because of how quick and seamless the test was. The idea that something that was so simple and could save people's lives wasn't something that was provided to the people around me is what caused this. For this reason, and so nobody has to suffer a loss in their family or community that could possibly be prevented. Please pass the Kai 11 Bill to prevent this tragedy from happening to another family, school, and community.

Sincerely,

Chimere Dike





Dear Senate,

I had known Kai since he was 3 years old. He was best friends with my son Tanner for many years. He was at my house so much for play dates and sleepovers, it was like he was one of my boys. I had seen him grow up to be a smart, athletic, and popular teenager all to be taken away in a moment. When Kai passed away, it was one of the most horrendous days of our lives. We were shocked, angry, and sick with grief over losing such a wonderful friend. He was someone special to our entire family, and he will never be forgotten. You would never have known Kai had a heart defect. He was always healthy, active, and ready for anything. To think just having an EKG done, could have prevented such a loss of a great kid. He was only 16 years old and taken way too soon. You hear about other teenagers collapsing during sports, on the news, the internet, or by word of mouth quite frequently. And it always sounds so horrible and shocking. But when it's someone you know and love, it is ten times worse, and it deeply affects so many of us. If EKG's would be done during physicals, think of all the young lives that could be saved. Kai could have been saved! Please pass the Kai11 Bill to prevent this tragedy from ever happening again. We miss you and love you always Kai.

Sincerely,  
Lisa Janotta

Ann Lamb Testimony Letter:

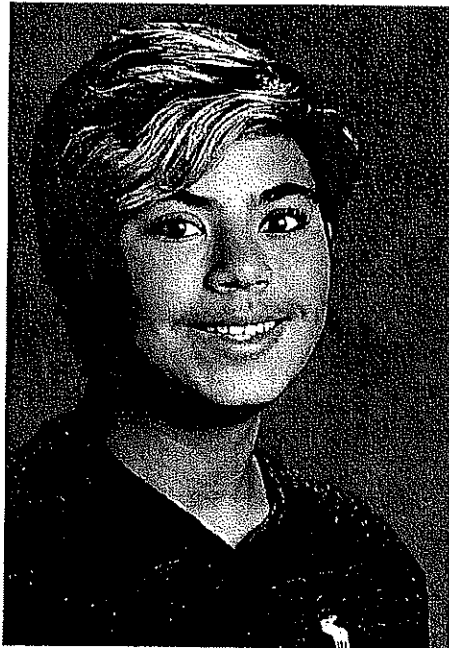
I just wanted to take a moment to thank you for pushing for this legislation for the EKG's. My son was diagnosed with Wolf Parkinson White syndrome by accident when he was in 5th grade. He was very active in soccer and kept saying his heart was beating superfast. We thought maybe he was just a little out of shape and we kept pushing him, not realizing we could have killed him. The Doctor ordered the EKG and the irregularity was found. The fabulous doctors at children's hospital were able to cauterize the extra electrical current. My sons comment after the surgery was, « So, this is what it feels like to be normal. ». As you are well aware, we are one of the lucky families. There are far too many that needlessly suffer the agony of losing a child. My heart goes out to you and your family. Please know that the word is getting out and hopefully through this legislation more children can be saved.



## Condolence Announcement

إلى رحمة تعالى

ISM Brookfield would like to extend its heartfelt condolences to the family of



**Mark Kassab**

who passed away today in Brookfield, Wisconsin.

Dear Legislators,

Kai was not ordinary. He was one of the funniest kids I knew and had a smile that could light up a whole room. I dearly miss him. I'm happy that I got to grow up with him and wish that he was still with us. I'm lucky to have so many great memories with him such as our sleep overs, playing sports together, and being able to always tease him about how bad the Bears are. It's not always easy to focus on the good times. It still hurts me to this day that I don't remember what my last words to him were and that I never had a true chance to say goodbye to him. He still had much more joy and happiness left to bring to the people that knew him.

This bill can help make sure that the next "Kai" is able to continue to be a pillar of happiness and love. This bill should not only pass due to the emotional trauma that it can prevent to those left behind, but also because an EKG test could be done, just like a physical. This bill would help ensure that an athlete is healthy and able to participate in sports. If this bill were to pass it would help me to find some closure knowing that Kai's death wasn't meaningless but was instead used to save lives and prevent others from going through the same grief that I experienced.

Please pass the Kai 11 bill to prevent this tragedy from impacting another family and community in Wisconsin.

Ben Janiszewski

Class of 2020, Friend of Kai

Dear Senators,

My name is Micaela Hastings. I'd known Kai since before either of us could even remember. Our families grew up inseparable and I've always considered Kai my second little brother. We spent almost every day together as kids playing with our siblings and many of my favorite childhood memories are with Kai and his sister, Kiana. His unexpected passing was earth shattering for me, my family, and all of my friends and loved ones who held Kai so dearly. Kai had everything to offer and everything ahead of him in life was so promising. It's just so heartbreaking that something so preventable had to take that from him and take him from us. I had no idea that cardiac arrest could affect anyone my age, let alone younger. Who would have known that 1 in 300 young adults has some type of undiagnosed heart condition? ... but we all should. We need to do more to identify these issues. Please pass the Kai 11 Bill to prevent this tragedy from impacting another family and community in Wisconsin

To the members of the Wisconsin State Legislature,

Please allow me a few moments to talk to you about a young man named Kai Lerner that was a big part of my life and my family member's lives. I met Kai's parents when Kai was just a very young toddler. We were neighbors and quickly became very close friends. Growing up together, Kai and my youngest son AJ were very good friends and even through divorce for both families, Kai and his family stayed close to myself and my family. My ex-husband and Kai's father are close friends and the kids (my 3 and Kai and his sister) spent many fun times together, including vacations. They were close for the last 15+ years and myself and Kai's mother are to this day very best friends. To me she is family.

From the beginning, Kai was a sweet, good natured and kind child. He was a joy to be around. He grew quickly and began to excel in sports. His mother Patty was so proud of his accomplishments and would sweetly brag about him to me many times, which I loved. Kai continued trying new sports, basketball, football and track, and he only got better every year. He was a varsity letter athlete in 3 sports in high school along with being a great student and a wonderful son....so impressive. Near the end of his Junior year, while celebrating time off of school with a basketball game with friends in a local park, Kai collapsed and was rushed to the hospital. The diagnosis was a defective heart valve known as Wolf Parkinson's White Syndrome. No one knew that Kai had this ailment as he was the very picture of physical health to that point. Tragically, once at the hospital, he was unable to be revived. Despite the doctors best efforts, Kai would never recover from the loss of oxygen to his brain. I will never forget Patty calling me, with screams and sobs, choking out the words that they would need to take Kai off life support and she would need to let him go. I rushed to the hospital to be with her as she has no family close by. Those last days in the hospital trying to help my best friend muster up the courage to finally say goodbye to her baby boy were the worst I've ever experienced. It was the most gut wrenching awful time for everyone involved. The pain this family has and is going through is immeasurable. But it is not just the pain of Kai's family and close friends that lingers, the entire community is in mourning. Kai was such a special kid and he touched so many while on this earth...and many more with his passing. He was always happy, always positive, always well liked. He was inspirational to his peers and admired by teachers and coaches. He was a true gem to all who knew him. To watch his sweet life leave his body in that awful hospital room is something I will never get over, and as you can imagine, for Patty and Mike, and Kai's sister and his whole extended family, it has been the most painful experience ever. So sudden, so tragic, so awful...yet so preventable. What Kai had was a treatable condition, but went undetected despite regular physicals and a healthy active lifestyle and attentive caring parents.

I have learned so much because of this tragedy. Before Kai's passing, I was unaware that the #1 killer of student athletes is Sudden Cardiac Arrest. That shocked me to learn. I didn't know about the risk of cardiac arrest in young adults...I always assumed it was an issue only for the old and unhealthy. I would never have known that 1 in 300

young adults have some type of undiagnosed heart condition and that standard physicals only catch 10% of heart conditions in teens. We need to do more to identify these issues. We protect the head with concussion protocols, now it's time to protect the heart! In honor of Kai his family started the Kai Lermer Memorial Fund. With their efforts, they are raising awareness of these undiagnosed conditions and helping put measures into place that will keep other families from experiencing this kind of profound loss. Please pass the Kai 11 Bill to prevent this tragedy from impacting another family and community in Wisconsin. It is such a small thing, but can be life changing to Wisconsin families.

Thank you for your time.

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Diana Byington  
262-271-8077 cell  
[diana.byington@gmail.com](mailto:diana.byington@gmail.com)



Dear Legislators,

My son was a classmate of Kai Lermer's at Waukesha North high school. The North community was all stunned and saddened when we learned of Kai's undiagnosed heart disease and subsequent passing. I can't imagine the feelings of sadness and grief that his parents, family members and close friends have gone through since that date, especially knowing that this tragedy could have been prevented if an EKG and heart testing were done during his childhood checkups or high school physicals. Since Kai's passing there have been several more local kids who have gone into cardiac arrest – another Waukesha North high school alumni died October 2019 in his sleep from an undiagnosed heart condition; recently a basketball player at Wisconsin Lutheran collapsed during a basketball game but was able to be revived due to trained professionals in the stands; a 14 year old boy at Brookfield Central high school passed away in his sleep – all caused by heart disease that could have been detected and prevented; and this is only in the Waukesha County area. I don't even know how many other cases are in the state of Wisconsin that we don't hear about. It seems like these occurrences are becoming more frequent, or maybe I just have a heightened awareness of this issue. I had no idea that 1 in 300 young adults has some type of undiagnosed heart condition – can we stop being Democrats vs Republicans and come together and do something good during this godawful pandemic, and pass a bill that would prevent this tragedy from occurring again and devastating other families? I feel terrible about Kai's death, but can you please take action so that something positive comes from this?

Please pass the Kai 11 bill to prevent this tragedy from impacting another family and community in Wisconsin.

Jo Ellen Janiszewski

Concerned parent and mother of Kai's classmate

Joey Winship

Sunday, February 21,

2021 March 26th, 2019. I received a phone call that I will remember for the rest of my life. I was informed that Kai had collapsed, at that moment, I didn't know that I would never hear from him again. I felt that I had lost a part of me, I had lost my best friend, my brother. He will always have a place in my heart, I grew up with him by my side and he was taken away from me in an instant. He had an impact on not only me, but the whole community of Waukesha, Wisconsin. Kai was a great student, and a great athlete and his passing will leave a mark on all student athletes across Wisconsin. What hurts me the most, is his death was preventable. Kai may still be here with us today if EKG testing was noted on the WIAA athletic form. We can prevent future deaths of student athletes across Wisconsin by educating parents about EKG testing, whether the Kai 11 Law saves one life or a thousand, we can't pass on this bill knowing that we can prevent this tragedy from happening ever again.

Senate Committee on Education  
February 23, 2021

**Wisconsin Department of Public Instruction  
Testimony for Information on Senate Bill 95**

**Background**

The Wisconsin Department of Public Instruction (DPI) currently provides information to schools, parents, coaches, and others on the nature and risk of concussion and head injury in youth athletic activities as required under Wisconsin Statutes 118.293.

The DPI's website provides both concussion guidelines (<https://dpi.wi.gov/sped/program/traumatic-brain-injury/concussion-guidelines>) and resources (<https://dpi.wi.gov/sped/program/traumatic-brain-injury/concussion-resources>) in carrying out the provisions of this legislation.

**Analysis**

Senate Bill 95 would extend the DPI's responsibilities in relation to youth athletics to also address the nature and risk of sudden cardiac arrest.

Specifically, information developed by DPI must include information about 1) the risks associated with continuing to participate in a youth athletic activity after experiencing a sudden cardiac arrest symptom; 2) the potential risks and benefits of, and evidentiary basis for, electrocardiogram testing; and 3) requesting an electrocardiogram from a pupil's health care provider.

If this bill becomes law, DPI will work with the Wisconsin Interscholastic Athletic Association to publish information and resources for those identified under the bill and members of the public.



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# SCOTT ALLEN

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REPRESENTATIVE • 97<sup>TH</sup> ASSEMBLY DISTRICT

February 23, 2021

**Testimony before the Senate Committee on Education  
On Senate Bill 95 / AB 82, relating to: Sudden Cardiac Arrest Awareness**

Chairwoman Darling, Vice-Chair Bernier, members of the Committee, good morning, and thank you for permitting me to testify today on Senate Bill 95 / Assembly Bill 82, relating to sudden cardiac arrest awareness.

In 2019, Waukesha tragically lost one of our own - a student athlete by the name of Kai Lerner. Kai had an undiagnosed heart condition known as 'Wolff Parkinson's White Syndrome.' In a few minutes, Kai's parents, family, and friends will share more of Kai's story. I'm grateful for Kai's family, who are choosing to turn a painful tragedy into something positive for other parents and families.

Perhaps the most troubling part of Kai's passing is that he was so young and that his condition was undetected. Knowledge, they say, is power. Kai and his parents did not have the knowledge to ask the right question to the right doctors.

We are here today to help fix that gap in knowledge.

Senate Bill 95 / Assembly Bill 82 is modeled after Wisconsin's Youth Athlete Concussion Law. It requires the Department of Public Instruction, in consultation with the Wisconsin Interscholastic Athletic Association, to develop an information sheet about sudden cardiac arrest. The information provided would include the risks associated with participation in a youth athletic activity after experiencing a sudden cardiac arrest symptom, the potential risks and benefits of electrocardiogram (ECG/EKG) testing, and that a person can request an ECG from their health care provider, at their expense.

This information sheet will be provided to and signed by participants and parents or guardians of those participants 18 years of age or younger.

Thank you again for hearing this bill today. I hope that parents and participants in youth sports will utilize this knowledge, get the simple test, and prevent future tragedies.

I'm happy to answer any questions you have about the bill.



Alberta Darling

Wisconsin State Senator • District 8

Testimony before the Senate Committee on Education

Senate Bill 95

Tuesday, February 23, 2021

Thank you committee members for taking the time to hear public testimony on Senate Bill 95. This legislation will provide parents with important information about sudden cardiac arrest as their children compete in high school level athletics.

In April of 2019, Kai Lermer was playing basketball with his friends. Kai felt dizzy, sat down, and then passed out. He was admitted to Children's Hospital, where he was diagnosed with a disease causing erratic heartbeat that led to cardiac arrest. Kai never regained consciousness and passed away on April 3, 2019. Kai was a Tri-Varsity athlete, competing in football, basketball, and track. Despite completing his annual physicals, Kai never showed signs of a heart condition. After his passing, Kai's family was told that an electrocardiogram (EKG) test could have discovered the heart condition and saved Kai's life.

Senate Bill 95 requires the Department of Public Instruction to develop an information sheet about sudden cardiac arrest for youth participating in sports. The sheet needs to include information about sudden cardiac arrest symptoms, potential risks and benefits of EKG testing, and how to request an EKG. In order to participate in sports, this sheet needs to be signed by the youth's parent. This legislation is modeled after concussion legislation, which also strove to ensure parents are educated about the potential risks of participation in athletics. Unfortunately, since introducing this legislation, I have been contacted by many other parents from Wisconsin with similar stories to the Lermer family. Kai's story is not an outlier, and it's critical that we act to spread public awareness about sudden cardiac arrest in young athletes.

According to the Center for Disease Control, approximately 2,000 young, seemingly healthy people under the age of 25 pass away every year from sudden cardiac arrest. It's my hope Senate Bill 95 will educate parents and young athletes about the warning signs of sudden cardiac arrest. Not every child will need an EKG, but it's important for parents to be educated when speaking to their child's doctors about participating in sports.

I hope to count on your support for Senate Bill 95, so that we may work together to protect our youth athletes.

**As parent, however, if you don't know that your child has a heart condition, how can you inform those who spend time with her/him – especially when engaged in high risk activities – to act? To not assume a benign cause when your child stumbles and falls or seems to 'pass out' because of 'dehydration' – but rather to call 911, grab the AED, and save his/her life.**

**Every single parent has a right to know. Just like me.**

**Senate Bill 95 does just that – it gives parents the information needed to advocate for their children.**

Concussions happen. We can't really diagnose them well and we certainly can't treat them well. Yet, we do so much training and education around concussions.

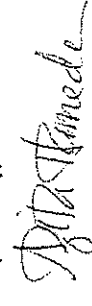
**Hearts stop and they can be restarted.** Not just restarted in a child who may soon succumb to their underlying medical condition ... but **restarted in children who can go on to live normal, long, and active lives.** And, yet, we provide no education around sudden cardiac death in students and we offer parents no options to assess and mitigate risk.

EKG screening in the pediatric population will become the standard someday soon. The least we can do now is educate parents and give them the choice to opt in.

Given the frequency by which these needless deaths occur in our community, I am confident that the next time you hear of such a death (just like five days ago in Brookfield), you will wonder if you voted appropriately today. I hope your answer is in the affirmative.

Please do not hesitate to contact me for any further information.

Respectfully,



Azita Hamedani, MD, MPH, MBA  
The Distinguished Wisconsin Endowed Chair of Emergency Medicine  
Associate Professor  
BerbeeWalsh Department of Emergency Medicine  
[azh@medicine.wisc.edu](mailto:azh@medicine.wisc.edu)  
608-695-7378

**UWHealth**



School of Medicine  
and Public Health  
UNIVERSITY OF WISCONSIN-MADISON

Contact: **Connie Schulze**  
Director, Government Affairs  
749 University Row, Suite 240  
Madison, WI 53705  
608/422-8063 office  
608/516-2552 mobile  
cschulze@uwhealth.org

**TO:** Sen. Darling, Chair and Members of the Senate  
Committee on Education

**FR:** Dr. Ellen Wald, Chair, Department of Pediatrics  
Connie Schulze, Director, Government Affairs

**DT:** February 23, 2021

**RE:** SB95 – Information about sudden cardiac arrest during youth athletic activities

UW Health American Family Children's Hospital is ranked among the nation's top-50 pediatric cardiology and heart surgery programs by U.S. News and World Report. The program has seen tremendous growth in the last ten years as the health system and UW School of Medicine and Public Health have recruited top pediatric specialists and clinicians to care for very sick children. Furthering the Wisconsin Idea, the program caters to patient families by providing pediatric cardiology clinics at nine locations outside of Madison. From Wausau to Rockford, Illinois, regional clinics save families hours of travel time and expense by allowing their children to be seen close to home by a UW Health pediatric cardiologist. In addition, the program provides excellence in education to medical students, residents and providers already in practice in Wisconsin and surrounding areas.

Given our goal to support and improve the cardiovascular health of children, we read with interest Senate Bill 95 and we'd like to thank Sen. Darling and Rep. Allen for their leadership in developing and introducing this legislation. Education and awareness play a critical role in preventing injuries and by providing information about sudden cardiac arrest (SCA) to young people involved in athletic activities along with coaches and parents, you hopefully reduce the likelihood of injury and increase the likelihood of seeking medical intervention when necessary.

To that end, we respectfully ask the authors of the bill to consider amending the legislation to allow pediatric cardiologists from each of Wisconsin's two medical schools, the UW School of Medicine and Public Health and the Medical College of Wisconsin, to serve as advisors to the Department of Public Instruction and Wisconsin Interscholastic Athletic Association. They can use their medical expertise to help shape the information that is shared relative to SCA and further explain the symptoms which can be misinterpreted by those outside the field of medicine.

Thank you very much for your consideration. Please contact us if you have any questions or concerns about the content of this message.



**TO:** Senate Committee on Education  
**FROM:** Anoop Singh, MD, Director of Cardiac Electrophysiology, & Kevin Walter, MD, Program Director, Sports Medicine, Children's Wisconsin  
**DATE:** Tuesday, February 23, 2021  
**RE:** SB 95 – Information about sudden cardiac arrest during youth athletic activities

Chairwoman Darling and members of the Education Committee, thank you for allowing us the opportunity to share our written testimony with you today. We are Dr. Anoop Singh, Director of Cardiac Electrophysiology, and Dr. Kevin Walter, Program Director of Sports Medicine – both practicing at Children's Wisconsin.

As the only independent children's hospital in the state, we are 100% dedicated solely to kids' health and well-being. As a nationally ranked hospital, we are proud of our excellent specialty care, including the care provided at the Herma Heart Institute at Children's Wisconsin. We care for patients with congenital heart disease from before birth through adulthood, and we consistently report some of the best surgical outcomes for even the most complex types of heart disease. We are proud to be known as innovators in the field as we continue to challenge the standard of care through new treatments, technologies and follow-up programs that are often adopted by other pediatric hospitals.

Additionally, we are home to Project ADAM, which began in 1999 after the death of Adam Lemel, a Whitefish Bay high school student who collapsed and died while playing basketball. Adam suffered sudden cardiac arrest (SCA) and tragically, no defibrillation or automated external defibrillator (AED) was available. Project ADAM works to provide schools and their staff with cardiac emergency training and AEDs to help prepare schools to protect our children and others in the school community. We have made great strides across Wisconsin and across the country, but we know more can be done to raise awareness and provide improved access to preventive training and resources. Our providers and staff, both inside and outside the hospital settings, are committed to improving outcomes for kids who suffer SCA and to help prevent tragedies like those experienced by both the Lemel and the Lerner families.

Education and awareness are critical to preventing many types of injuries. Helping ensure families have access to factual information and resources regarding SCA is an important and worthwhile effort. The proposed legislation requires the Department of Public Instruction (DPI) to develop an information sheet for parents and caregivers of youth athletes on SCA and electrocardiogram (ECG) testing. To ensure that current pediatric guidance and expertise is reflected in the information sheet, Children's respectfully requests that the legislation require DPI and the Wisconsin Interscholastic Athletic Association (WIAA) to consult with at least two pediatric cardiologists – one from each of the state's medical schools – in developing the information sheet. We believe this requirement will ensure the information sheet reflects evidence-based information that families and caregivers will find valuable.

We acknowledge the Lerner family's personal dedication and commitment to this important issue and thank them for carrying forward their son's legacy to improve the lives of others. We would like to thank Senator Darling and Representative Allen for their work on this important legislation and for their willingness to consider this amendment to ensure that pediatric providers are able to share their expertise to inform the information sheet. Thank you.

*Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.*

Children's complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llámonos al (414) 266-7648 (TTY: 414-266-2465). Yng haist hoi koy hoi tawaj haid hoi. Achiv, pab yuzw teem si huzom huzab hoi pab tufans hoi pab dawat hoi hoi. Hui hau (414) 266-7648 (TTY: 414-266-2465).

Kids deserve the **best.**