



Students for Patient Advocacy Nationwide

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Alaska House Education Committee
Alaska General Assembly
120 4th Street, Juneau, AK 99801

Proposal Letter: Requiring Automated External Defibrillators in Alaska K–12 Schools

Dear Representative,

I am writing on behalf of Students for Patient Advocacy Nationwide (SPAN) to urge your leadership in advancing legislation that would mandate the placement and maintenance of Automated External Defibrillators (AEDs) on all K–12 school grounds in the state of Alaska.

Sudden cardiac arrest (SCA) remains one of the leading causes of death nationwide, and survival depends overwhelmingly on immediate access to defibrillation. The American Heart Association reports that for **each minute defibrillation is delayed, the likelihood of survival decreases by approximately 10 percent** [1]. In school environments, where an estimated 63.6 million people (about 20% of U.S. children and adults) gather daily [2], delays in emergency response can quickly become fatal.

Current Alaska law does not require Automated External Defibrillators to be placed in K–12 schools statewide. While Alaska statutes provide Good Samaritan protections for AED use and encourage placement in certain public settings, there is no mandate ensuring that elementary, middle, or high school campuses maintain accessible AEDs or standardized emergency response protocols. Voluntary adoption has proven **uneven, unenforceable, and dependent on local resources rather than student need**. While no data exists in Alaska specifically, surveys in other states show that more than **40 percent** of schools surveyed before AED programs launched did not have one on campus, and another **34 percent** said they did not have trained staff for AED use [3].

As a result, access to lifesaving defibrillation varies widely by district funding levels, geography, and administrative priorities. This patchwork approach leaves thousands of students, educators, and visitors dependent on chance rather than policy during a SCA. Legislation is necessary not because AEDs are unproven, but because without a statewide requirement, **access remains inconsistent and inequitable across Alaska’s K–12 system**.



The lifesaving impact of AED access in schools is well documented. A large prospective study of 2,149 U.S. high schools participating in the National Registry for AED Use in Sports found that **85% of students who experienced sudden cardiac arrest (SCA) on school campuses survived to hospital discharge [4]**. These outcomes stand in stark contrast to the Resuscitation Outcomes Consortium's estimate which found that in children, the survival rate of SCA was **6.7% to 10.2% [5]**. The difference is not awareness; it is access.

Legislation ensures that AEDs are not just available, but effectively used. In states like Massachusetts, Ohio, and California, requiring AEDs in schools has led to measurable improvements: schools now maintain clear emergency action plans, staff receive regular CPR and AED training, and devices are routinely checked and replaced. These mandates have shortened response times during cardiac emergencies and helped standardize safety practices across districts. When relying on voluntary guidance, such protections remain inconsistent, and **critical minutes in an emergency can be lost**.

Although opponents often cite cost as a barrier to AED mandates, when Missouri's legislature reviewed a proposal to require AEDs in school cardiac emergency plans, budget analysts noted that units generally cost around **\$1,000 each**. Based on that estimate, the analysts assumed that only half of the state's roughly 2,400 public school buildings would need to install AEDs because some schools already have devices on campus, and calculated a total cost of about **\$1.2 million statewide [6]**.

Even under this conservative assumption, the basic cost of equipping schools with AEDs is a manageable line item for a state and should not be viewed as a prohibitive fiscal barrier. This is especially clear when weighed against the high costs of hospital care after a cardiac arrest, where inpatient charges for children who survive cardiac arrest exceed **\$100,000** and those who do not survive still incur substantial hospital charges, more than **\$10,000 per patient [7]**.

Importantly, legislation also provides a framework for sustainable implementation: addressing training, signage, maintenance, and funding mechanisms in a coordinated and fiscally responsible manner. SPAN stands ready to support lawmakers in crafting legislation that includes clear implementation guidance to minimize burdens on school districts while prioritizing safety.

Crucially, 1 in 25 schools can expect a SCA event each year **[8]**, and thus, **every school day without this protection is a missed opportunity to prevent an unnecessary tragedy**. We respectfully ask that you champion legislation requiring AEDs on all K–12 school grounds in Alaska and help ensure that no family or educator suffers a loss that could have been avoided.



Thank you for your time and your commitment to protecting the health and safety of Alaska communities. We would welcome the opportunity to provide additional data or discuss this issue further.

Sincerely,

A handwritten signature in black ink that reads "Vishank".

Vishank Panchbhavi, Executive Director

A handwritten signature in black ink that reads "Ben Kurian".

Ben Kurian, Executive Director

A handwritten signature in black ink that reads "Shayan Saqib".

Shayan Saqib, Executive Director

A handwritten signature in black ink that reads "Joel Blessan".

Joel Blessan, Executive Director

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