



Date: February 12, 2026

To: Chair Black and members of the House Health Care Committee

From: Tina Zuk, Government Relations Director, American Heart Association

Re: Budget and Policy Recommendations for FY27 Budget

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As your committee considers what it will include in your budget memo to House Appropriations, we hope that you will consider the budget request outlined below. This is a modest request of the American Heart Association that will save lives. We appreciate your committee's support of the issue last year and hope you will again support this request. We don't want any life to be lost because a school needed a little financial support to be prepared.

\$150,000 to provide a grant program for Vermont schools most in need of resources to help implement cardiac emergency response plans which are required to be in place by this fall.

Vermont's cardiac arrest survival rate is among the lowest in the nation at 7.5% compared to the national average of 10.2%.<sup>i</sup> That means most victims die.

Survival rates are low because only about 40% of people who suffer a cardiac arrest get the immediate help they need from lay responders before EMS arrives. And VT's rural nature delays response from even the best rescue services.

This past session, the legislature passed H.480 which was enacted into law in June ([Act 72](#)) and included language to ensure that schools and sporting events have cardiac emergency response plans. Schools need to have these plans in place by the 2026 school year.

Plans like these can double or triple survival rates by enabling a trained lay-responder team to take action.<sup>ii</sup> The plans create an emergency team that is CPR trained, have AEDs well-placed and publicly accessible, make sure the devices are maintained, the plan is practiced and the team integrates with EMS.

While more than 200 Vermont schools have AEDs<sup>iii</sup>, this funding would help ensure equity by providing funds for schools that may have few resources. It could be used for AEDs and CPR training.

While safety grants of up to \$10,000 are available to school districts via the Vermont School Boards insurance Trust (VSBIT) and can be used to purchase AEDs, we have heard this year that some districts have used that funding for other safety needs -- such as security cameras, radios, go-bags -- leaving them with the expense of an AED purchase(s) and CPR training. And while some of the cardiac plan expenses are being covered by the general school budgets, we've heard that costs in some schools are having to come out of the school nurse budget, potentially requiring them to forego other items.

This funding request is intended to help those schools that need it to fully implement those plans by purchasing AEDs and to ensure that appropriate staff are properly trained in the deployment of the plan, the use of AEDs, and lifesaving techniques such as CPR.

Regarding the \$150,000 amount that is being requested, it is based on the number of Title 1 schools in Vermont, according to the National Center for Education Statistics, which is 194, then multiplied by \$3,000, a number that the American Heart Association uses as a likely amount of cost per school, which gave us \$582,000. Being mindful of the limitations of state funding, we then settled on a smaller portion of that, \$150,000, which we believe will be sufficient to help those schools most in need.

The intent is to then set up a grant or funding program within the State Department of Education or another appropriate agency that will allow high-needs schools, to at a minimum, to apply for funding to offset costs for implementing their cardiac emergency response plan within the school.

Cardiac arrests do happen at Vermont schools – 24 in the last ten years – including at the Milton vs. Barre basketball game last January at Spaulding where 16 year-old [Milton sophomore Dominic Barcomb was saved](#) due to the cardiac emergency plan, training and quick response of Spaulding's staff and coaches.

This small investment could literally mean the difference between life and death. It would take away any reason for not implementing these life-saving plans. And the first person saved, would be worth every cent.

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<sup>i</sup> <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001123>

<sup>ii</sup> *Survival in Out-of-Hospital Cardiac Arrest After Standard Cardiopulmonary Resuscitation or Chest Compressions Only Before Arrival of Emergency Medical Services*, <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.038179>

<sup>iii</sup> UVM Larner College of Medicine Public Health Projects Class survey of VT schools, 2024