

SUBJECT: Cardiac assessments of participants in UIL athletics

COMMITTEE: Public Education — committee substitute recommended

VOTE: 11 ayes — Aycock, Allen, Bohac, Deshotel, Dutton, Farney, Galindo, González, Huberty, K. King, VanDeaver

0 nays

WITNESSES: For — Bart Koontz, Augustheart; Thomas DeBauche, Cypress ECG Project; Joe Stephens, Galena Park ISD; Bret Cullers, Living for Zachary; Mo Jahadi, Texas Chiropractic Association; Pat Shuff, Who we play for - Cypress ECG; Laura Britton; John Cadigan; Scott Christensen; Laura Friend; Scott Stephens; (*Registered, but did not testify*: Pam Velasco and Holly Farmer, Augustheart; Melody Stephens, Cody Stephens Foundation; Denise Cullers, Living for Zachary; Freddy Warner, Memorial Hermann Health System; Scott Gilmore and Michael Henry, Texas Chiropractic Association; Paige Williams, Texas Classroom Teachers Association; Yannis Banks, Texas NAACP; Ellen Arnold, Texas PTA; Monty Exter, The Association of Texas Professional Educators; Debbie Goyne, The Brandon Goyne Foundation); and 14 individuals

Against — John Erwin, Texas Chapter of the American College of Cardiology; James Lukefahr, Texas Pediatric Society; Arnold Fenrich

On — John Higgins, The University of Texas Health Science Center at Houston; (*Registered, but did not testify*: Mike King and Gina Mannino, Bridge City ISD; Von Byer and Monica Martinez, Texas Education Agency; Troy Alexander, Texas Medical Association; Jamey Harrison, UIL)

BACKGROUND: The University Interscholastic League (UIL) is an organization separate from the Texas Education Agency that creates rules for and administers most athletic, music, and academic contests for public primary and secondary schools. Education Code, Ch. 33, subch. D governs extracurricular activities at public schools, including UIL competitions.

Under the UIL's Constitution and Contest Rules: Athletics, sec. 1205, each student athlete must undergo a physical examination by a medical professional prior to athletic participation in their first and third years of high school. Student athletes must complete a medical history form each year prior to participation in any practice, scrimmage, or game associated with UIL athletics.

DIGEST: CSHB 767 would require all student athletes to receive an electrocardiogram (ECG) prior to participating or practicing in an athletic activity sponsored or sanctioned by the University Interscholastic League (UIL). The student athlete would have to receive an ECG once before the student's first year of participation and once before the student's third year of participation.

The bill would not create a civil cause of action or liability against a licensed or certified health care professional, a school district, or a district employee for the death or injury of a student athlete who participated or practiced in a UIL-sponsored athletic activity based on the administration of or reliance on an ECG or echocardiogram.

CSHB 767 would permit a parent or guardian to waive the administration of an ECG to the student following a written request citing religious or financial reasons.

The UIL would be required to adopt rules to implement the bill.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2015, and would apply at the start of the 2015-16 school year.

SUPPORTERS SAY: CSHB 767 would help reduce the incidence of sudden cardiac death (SCD) among student athletes in Texas by requiring them to receive an electrocardiogram (ECG) twice during their high school sports careers. Studies show that SCD is the leading medical cause of death in athletes,

and competitive athletes are much more likely to succumb to SCD than non-athletes. Although the exact incidence of SCD is unknown due to a lack of reporting and varying methods of study, by some estimates, one student dies each year from SCD out of a population ranging from 50,000 to 80,000 high school athletes.

The ECG administration required by CSHB 767 would detect cardiovascular issues better than a traditional medical exam. The screening protocol recommended by the American Heart Association (AHA) may not be effective at detecting cardiac disease that can lead to SCD. In a study of 115 SCD cases, only one individual was identified using this approach. The majority of athletes show no warning signs or symptoms prior to an attack. Cardiac arrest is the first manifestation of a problem in up to 80 percent of cases. Due to the risk of false negatives from traditional screening methods, many American professional sporting organizations have adopted the use of an ECG to detect the risk of SCD during cardiovascular screenings.

The mass administration of ECGs would not be a burden on the Texas health care system. ECG machines cost around \$2,000, and results can be reported within 48 hours. A comprehensive online training module for ECG interpretation in athletes was developed and is freely accessible worldwide. This module provides a framework for developing an infrastructure that can be used by primary care physicians and cardiologists to effectively use an ECG for diagnostic purposes.

CSHB 767 would have no fiscal impact to the state and minimal cost to school districts. An ECG is an inexpensive preventive measure that costs \$15 and would be added to the cost of the physical exam. Numerous doctors, hospitals, and non-profit organizations offer free screenings for students.

False positive rates are decreasing as the interpretation process develops, and athletic-specific ECG interpretation standards have the capability to drastically reduce these rates. If an individual receives a positive result, a secondary office visit or an echocardiogram may be administered.

CSHB 767 would protect parental choice by allowing parents or guardians to opt out of the requirement that students receive ECGs for religious or financial reasons. This bill would strike the right balance between protecting the health of students participating in school athletics and allowing parents to weigh issues of cost or conscience in deciding whether receiving an ECG would be best for their child.

OPPONENTS
SAY:

CSHB 767 could be burdensome and costly while conferring little benefit to the student athletes it seeks to protect. Few young athletes have cardiovascular conditions that place them at risk for SCD. Estimates by the AHA of the incidence of SCD cases among high school athletes range from 1 in 23,000 to 1 in 300,000. Requiring two ECGs for all young athletes during high school would cost an estimated \$50,000 to identify each positive case. This small number limits the benefit of an expensive screening program that includes the use of ECGs or echocardiograms.

There is no evidence that SCD is more common in athletes than non-athletes. Non-athletes are just as likely to suffer from genetic heart diseases that raise the risk for SCD. Because only about 30 percent of high school students participate in competitive sports, requiring the mass administration of ECGs would not significantly reduce cases of SCD.

False positives and false negatives limit the extent to which ECGs are helpful in discovering underlying heart problems in athletes. The AHA does not recommend mandatory ECG or echocardiogram administration for young athletes. It recommends use of a prescreening tool to determine risk for SCD in competitive athletes, the elements of which are contained in the UIL's pre-participation medical history form. If an athlete answers yes to any elements, the health care provider can administer an ECG to more accurately determine risk for SCD.

CSHB 767 could create a burden on the Texas health care infrastructure. Texas has 1,025 school districts, most of which participate in UIL athletics. Texas currently has an insufficient number of ECG machines and a shortage of pediatric cardiologists to interpret ECG reports.

OTHER
OPPONENTS
SAY:

CSHB 767 should not permit parents to opt out on behalf of their children from the required ECG administration for religious or financial reasons. Allowing a waiver could leave unevaluated a large population of student athletes at risk for SCD, including those in populations particularly susceptible to the disease, such as African-American males. Also, a waiver could lead some parents or guardians who were aware of existing heart conditions in a young athlete to waive the ECG in fear of the athlete's becoming ineligible to participate in sports.

NOTES:

Unlike the bill as introduced, CSHB 767 would permit a parent or guardian to waive an ECG screening for a student athlete with a written request citing a financial burden or religious reason.

Rep. Smith plans to offer a floor amendment that would permit a parent or guardian to submit a written request to waive an ECG screening for a student athlete for any reason.