

HB 76 FAQs



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<p>What does this bill do?</p>	<p>House Bill 76 offers student athletes information and the opportunity to request an electrocardiogram (ECG) screening as part of the required physical evaluation to participate in University Interscholastic League (UIL) sponsored athletic activities.</p>
<p>What problem or issue will it address?</p>	<p>Every year, students across Texas and the nation die from sudden cardiac arrest. Many of these deaths could have been or could be prevented with the implementation of an electrocardiogram or “ECG”, a medical test that scans for heart abnormalities. SCA is the #1 cause of death for student athletes¹ and the #1 cause of death on student campuses².</p>
<p>Why is this bill important to implement now?</p>	<p>Offering information about this medical examination could bring certain heart conditions to light that may otherwise go unnoticed. This bill will allow physicians and parents to identify at-risk students early, and allow them to take the necessary precautions before participating in athletic activities.</p>
<p>What is the fiscal impact of this bill?</p>	<p>The state will not put forth any funds to cover the fees for the ECGs. School districts will be required to ensure that students participating in UIL have the option to receive an ECG, with various options on how funding can be structured. Districts may elect to partner with a nonprofit entity, pay for ECGs with district funding, or pass the cost on to parents.</p>
<p>Are ECGs scientifically proven to predict heart issues?</p>	<p>Yes. Several recent studies have determined the ECG is the most effective screening tool for detecting serious cardiac disease.^{3,4,5} However, the ECG is a screening tool and as such it does not detect all heart problems.</p>
<p>Would these ECGs set off too many false alarms and prompt unneeded follow ups for some students?</p>	<p>No medical screening test is 100% effective. If properly interpreted by a qualified physician such as those who work with the Cody Stephens Foundation, the false positive rate for an ECG screening is less than 2%.⁶ To compare, mammograms have a 60% false positive rate.</p>

Would anyone be held liable in the event of a student-athlete's injury or death?	School districts and physicians are protected from liability in the event of a student-athlete's injury or death. The bill ensures smaller districts with limited resources could delay implementation after demonstrating a hardship.
What was the reason for the filing of this bill?	This bill was brought forward by the Scott Stephens, who lost his son to a heart defect that went undetected. Scott created the Cody Stephens Go Big or Go Home Foundation in honor of Cody. The foundation seeks to screen the hearts of young students to prevent another family from experiencing the same tragedy as Scott and his family.
Which students would this bill allow to opt-in to receive an ECG screening?	HB 76 only addresses student athletes. However, Cody Stephens Foundation encourages screening all active kids: band, cheer, drill team, JROTC, etc.
Does this bill mandate that students undergo an ECG?	This is an OPT-IN for students... not a mandate. Students participating in UIL athletics are simply allowed to request an ECG from any appropriately licensed health care professional.
Why screen some students if we cannot screen the entire student body?	Student athletes are at higher risk for sudden cardiac arrest, and as a result should be the primary focus. Schools are welcome and encouraged to offer ECG screening to the entire population.
How much does each ECG screen cost?	Cody Stephens Foundation provides funding in the first year, either to cover screening or for schools to have their own ECG systems. Otherwise the cost is \$20/person.
How often should a student receive an ECG screen?	Students should be screened every other year, starting in middle school, to follow the changes in the heart before, during and after puberty.

Reference Footnotes:

¹ Drezner, J, et al. Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: A Consensus Statement. Heart Rhythm Society. 2007;4:549-565. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1896083/>

² Drezner, J, Toresdahl B., et al. Outcomes from sudden cardiac arrest in US high schools: a 2-year prospective study from the National Registry for AED Use in Sports. Br J Sports Med, published online October 11, 2013 Available at: <https://www.nata.org/sites/default/files/outcomessuddencardiacarrest.pdf>

³ Drezner J, Owens D, et al. Electrocardiographic Screening National Collegiate Athletic Association Athletes. Am J Cardiol 2016;118:754-759 Available at: <https://doi.org/10.1016/j.amjcard.2016.06.004>

⁴ Malhotra A, Dhutia H, Finocchiaro G, et al. Outcomes of cardiac screening in adolescent soccer players. N Engl J Med. 2018;379:524-534. doi:10.1056/NEJMoa1714719. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMoa1714719>

⁵ McKinney, et al, Detecting Underlying Cardiovascular Disease in Young Competitive Athletes. Canadian Journal of Cardiology Volume 33, Issue 1, Pages 155–161 Available at: <https://doi.org/10.1016/j.cjca.2016.06.007>

⁶ Sharma S, et al. International Recommendations for Electrocardiographic Interpretation in Athletes. Am J Cardiol 2017;69 (8)1057-1075. Available at: <http://www.onlinejacc.org/content/69/8/1057>