SECOND REGULAR SESSION

HOUSE BILL NO. 1846

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE GALLICK.

4921H.01I JOSEPH ENGLER, Chief Clerk

AN ACT

To amend chapter 160, RSMo, by adding thereto one new section relating to sudden cardiac arrest screening.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 160, RSMo, is amended by adding thereto one new section, to be known as section 160.484, to read as follows:

160.484. 1. This section shall be known and may be cited as the "Sudden Cardiac Arrest Screening Act".

2. As used in this section, the following terms mean:

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- (1) "Athletic activity" includes, but is not limited to, the following:
- (a) Interscholastic athletics at a public or private school offering instruction to students in kindergarten through grade twelve;
- (b) Any athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity including, but not limited to, clubsponsored sports activities;
- 10 (c) Competitive or noncompetitive cheerleading that is sponsored by or 11 associated with a school entity; and
- 12 (d) Any practice, scrimmage, or interschool practice related to activities listed in 13 paragraphs (a) to (c) of this subdivision;
 - (2) "Department", the state department of elementary and secondary education;
- 15 (3) "MSHSAA", the Missouri State High School Activities Association;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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(4) "Qualified medical professional", a licensed physician, licensed physician 16 17 assistant, nurse practitioner, certified athletic trainer, or cardiologist trained in 18 recognizing and treating cardiac conditions in athletes;

- (5) "Student athlete", a student who:
- 20 (a) Is enrolled in a public or private school offering instruction to students in 21 kindergarten through grade twelve; and
 - (b) Participates in any athletic activity.
 - For the 2027-28 school year and all subsequent school years, the department, in collaboration with the state department of health and senior services and MSHSAA, shall distribute educational materials that follow evidence-based science to inform and educate student athletes, parents and guardians, and coaches about the diseases that can cause sudden cardiac arrest and the nature and warning signs of sudden cardiac arrest including, but not limited to, the risks associated with continuing to participate in or practice an athletic activity after experiencing symptoms. Such educational materials shall be distributed annually in conjunction with a student athlete's preparticipation physical examination and completion of the required permission forms.
 - (2) (a) For the 2027-28 school year and all subsequent school years, before any student athlete participates in any athletic activity, the student athlete and such student athlete's parent or guardian shall sign and return to the student athlete's school the required acknowledgment form acknowledging the receipt and review of such educational materials.
 - (b) The state department of health and senior services, in collaboration with MSHSAA, shall develop such acknowledgment form for MSHSAA's member schools. As part of the student athlete's eligibility requirements, a new acknowledgment form shall be signed and returned to the applicable school at the beginning of each school year in which the student athlete intends to participate in an athletic activity. Each acknowledgment form shall be stored in the school's online eligibility software program.
 - (3) The department, the state department of health and senior services, and MSHSAA shall post any educational materials distributed under this section on each entity's publicly accessible website.
- 4. (1) For the 2027-28 school year and all subsequent school years, each coach of 48 an athletic activity shall annually complete a cardiac arrest training course provided by MSHSAA or a qualified provider for its member schools. The training shall be 50 approved by the school board.

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(2) The training shall be in correlation with any other training required by the relevant school association related to cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs).

- (3) A coach of an athletic activity shall not be eligible to coach in a practice or competition until such coach has completed the training course required under this section.
- 5. (1) For the 2027-28 school year and all subsequent school years, a qualified medical professional who performs a physical examination for student athletes shall include a cardiovascular prescreening that follows nationally recognized, evidence-based guidelines recommended by organizations focused on cardiovascular care in pediatric populations.
- (2) Key prescreening elements shall include a targeted personal history, targeted family history, and a focused physical examination to detect or raise suspicion for cardiovascular disease and shall incorporate at least the following elements:
- (a) For personal history, prior elevated systemic blood pressure, unexplained exertional chest pain or syncope, palpitations, or decreased exercise tolerance;
- (b) For family history, known cardiac conditions such as cardiomyopathy, arrhythmia syndromes, premature sudden cardiac death, and unexplained drowning or seizures; and
- (c) For physical examination, detection of a pathologic heart murmur, irregular rhythm, abnormal pulses, or other findings suggestive of structural or electrical heart disease.
- (3) Athletes with positive findings shall be referred to a cardiologist for further evaluation and testing.
- (4) Prescreening shall take place within the three months before the first day of the school year in which the athletic season takes place.
- (5) (a) The state department of health and senior services shall compile and publish on its website an annual report containing the total number of examinations that were completed and the number of referrals that were made to cardiology. The report shall analyze the outcomes under this section and be made publicly available.
- (b) Monitoring shall record the total number of screenings including, but not limited to, utilization and uptake by clinicians, proportion of positive screens and follow-up, and, where possible, data regarding the follow-up including, but not limited to, false positive rates, and additional diagnostic studies.
- 6. Qualified medical professionals who perform a physical examination for student athletes as required under this section shall increase knowledge of prescreening guidelines through policies, programs, training, and continuing education implemented

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by the state board of registration for the healing arts and the Missouri state board of nursing. Such policies, programs, training, and continuing education shall include, but not be limited to:

- (1) How to complete the cardiovascular risk assessment including, but not limited to, collecting family history and personal reports of symptoms;
 - (2) Identifying early signs of cardiac arrest through physical examination; and
 - (3) Referral procedures for positive findings.
- 7. The department shall promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after the effective date of this section shall be invalid and void.

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