

**Department of Legislative Services**  
 Maryland General Assembly  
 2026 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 837 (Delegate Ebersole, *et al.*)  
 Ways and Means

**Education – Student Athletic Activities – Physical Examinations and  
 Cardiovascular Prescreening**

This bill requires a physical examination used to determine a student’s physical fitness to participate in interscholastic sports at public or certified nonpublic noncollegiate educational institutions to include a cardiovascular prescreening. Beginning in the 2026-2027 school year, a qualified health care provider who performs specified physical examinations must include a cardiovascular screening. The Maryland State Department of Education (MSDE), in consultation with the Maryland Department of Health (MDH), must develop guidelines to increase health care provider knowledge and awareness of cardiovascular prescreening for children participating in youth sports. Local boards of education and local health departments (LHDs) must report data on cardiovascular prescreening to MDH, which must report local data and analyze outcomes annually by January 31. MSDE, in consultation with MDH, must adopt regulations to implement cardiovascular prescreening requirements. Certified nonpublic, noncollegiate educational institutions must develop policies and programs relating to sudden cardiac arrest as established in current law for public schools. **The bill takes effect July 1, 2026.**

**Fiscal Summary**

**State Effect:** General fund expenditures increase by at least \$100,500 in FY 2027 for staffing at MSDE and MDH. Future years reflect elimination of one-time costs, ongoing costs, and a reduction in staffing in FY 2028. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	100,500	88,100	92,300	96,600	100,900
Net Effect	(\$100,500)	(\$88,100)	(\$92,300)	(\$96,600)	(\$100,900)

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** Local school systems and/or LHDs can likely report information with existing budgeted resources. Local school systems can alter form collection procedures to ensure compliance with the 90-day cardiovascular screening with existing budgeted resources. Any costs associated with providing such screenings are assumed to be borne by parents or guardians of students, as discussed below.

**Small Business Effect:** None.

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## Analysis

### Bill Summary:

#### *Cardiovascular Prescreening Provisions*

Under the bill, cardiovascular prescreening means a set of tests and examinations designed to assess an individual's heart health, identify risk factors for heart disease, and detect any underlying cardiovascular abnormalities before symptoms appear, including a targeted personal and family history and a physical examination based on nationally recognized, evidence-based guidelines recommended by organizations focused on cardiovascular care in pediatric populations. A cardiovascular prescreening may not be conducted earlier than the 90-day period before the first day of the school year in which the student intends to participate in interscholastic sports. If a health care provider determines that a student's cardiovascular prescreening has a positive finding, the provider should determine whether a referral to a cardiologist for further evaluation and testing is necessary.

The bill requires that a physical examination of a student used to determine the student's physical fitness to participate in interscholastic sports, including a try-out, practice, or contest of a school team must include a cardiovascular prescreening. Beginning in the 2026-2027 school year, a qualified health care provider who performs physical examinations for students participating in interscholastic sports or for a nonpublic student must include a cardiovascular screening as part of the examination. The bill's cardiovascular prescreening requirements apply to public schools and certified nonpublic, noncollegiate educational institutions that require students to receive a physical examination determining physical fitness to participate in interscholastic sports.

MSDE guidelines must include policies, programs, training, and continuing education on (1) how to complete a cardiovascular prescreening, including collecting a family history and personal reports of symptoms; (2) identifying early signs of cardiac arrest through physical examination; and (3) referral procedures for positive findings.

Beginning in the 2026-2027 school year, each public school must report to the local board of education or LHD the total number of students who (1) had a physical examination to participate in interscholastic sports, (2) had a physical examination that included a cardiovascular prescreening to participate in interscholastic sports, and (3) were given a referral to a cardiologist for further evaluation and testing resulting from a cardiovascular prescreening. Each local board or LHD must report the information obtained from each public school to MDH by a date established by MDH.

Annually by January 31, MDH must publish a report on its website listing the total number of students in each category of information collected from local boards and LHDs and analyzing the outcomes of the cardiovascular prescreening requirements, including utilization and uptake by clinicians, the proportion of positive screenings, and recommendations for any additional diagnostic studies.

#### *Sudden Cardiac Arrest Awareness Provisions*

The bill also requires certified nonpublic, noncollegiate educational institutions to develop policies and programs relating to sudden cardiac arrest as established in current law for public schools. The bill accordingly updates the statutory definition of “youth athlete” to include instances where the youth sports program is conducted at a facility of a certified nonpublic, noncollegiate educational institution.

**Current Law:** Under § 7-402 of the Education Article, MSDE, in consultation with MDH, must adopt regulations requiring a physical examination for children entering the Maryland public school system for the first time. The regulations must require each child to have a physical examination completed within the nine-month period before entering the public school system or the six-month period after entering the public school system. The physical examination must be completed by a licensed physician, licensed physician assistant, or certified nurse practitioner.

For each school year, each public school must report to the local board of education or LHD the number of children entering the public school system for the first time who have not had a physical examination due to lack of access to health care, insufficient financial resources, or any other reason, including a religious reason, as the public school deems appropriate. The local board of education or LHD must report the information to MDH.

#### *Noncollegiate Educational Institutions*

Under § 2-206 of the Education Article, the State board must issue a certificate of approval to a noncollegiate educational institution (*i.e.*, a school or other institution that offers an educational program but is not an institution of postsecondary education) if certain requirements are satisfied. With the advice of the State Superintendent, the State Board

must adopt bylaws, rules, and regulations for the approval and accreditation of all public schools. The board must also establish minimum requirements for issuing certificates and diplomas by public and private noncollegiate educational institutions in the State. A noncollegiate educational institution may not operate in this State without a certificate of approval from the board.

#### *Cardiac Arrest Awareness – Generally*

MSDE, in collaboration with MDH, each local board of education, and other experts and stakeholders, must develop and implement a program to provide sudden cardiac arrest awareness to coaches, school personnel, student athletes, and parents.

The sudden cardiac arrest program developed by MSDE must include the nature and warning signs of sudden cardiac arrest and the risks associated with continuing to play or practice after experiencing a symptom of sudden cardiac arrest. The program must include a process to verify that a coach has received information relating to the program.

Before a student enrolled in a public school may participate in an authorized athletic activity, the local board of education must provide a sudden cardiac arrest symptoms and warning signs information sheet to the student and the student's parent or guardian; both must acknowledge the receipt of this sheet by signing a statement. MSDE must create the information sheet and the acknowledgement statement.

MSDE may use materials available from the Centers for Disease Control and Prevention, Parent Heart Watch, Sudden Arrhythmia Death Syndromes Foundation, or any other appropriate entity. A public school may hold an informational meeting before the start of each athletic season regarding the symptoms and warning signs of sudden cardiac arrest.

#### *Cardiac Arrest Awareness – Information for Participants and Parents or Guardians*

Before an individual participates in an authorized athletic activity on school property, the local board of education must provide, or require that a third party provide (1) information on sudden cardiac arrest to the individual and, if applicable, a parent or guardian of the individual and (2) notice that acknowledgement of the receipt of the information.

The information must be in the form of a separate information sheet, or a notice of the registration form for a youth sports program stating that information on sudden cardiac arrest is available, including directions on how to receive the information electronically. The individual and, if applicable, the parent or guardian of the individual must acknowledge the receipt of the information in a specified manner.

*Cardiac Arrest Awareness – Youth Athletes and Sports Programs*

A “youth athlete” means an individual who participates in an athletic activity in association with a youth sports program conducted at a public school facility or by a recreational athletic organization.

A “youth sports program” is defined as a program organized for recreational athletic competition or instruction for participants who are younger than 19 years old.

A youth sports program that uses a public school facility must provide annually to the local board of education (or the board’s agent) a statement of intent to comply for all its athletic activities with the requirement to provide participants and parents and guardians with information on sudden cardiac arrest and notice that acknowledgement of the receipt of the information is required. A youth sports program that does not use a public school facility is encouraged to follow the guidelines.

A youth sports program must make available information on sudden cardiac arrest developed by MSDE to coaches, youth athletes, and the parents and guardians of youth athletes. A coach of a youth sports program must review the information.

*Maryland Public Secondary Schools Athletic Association Guidance*

In May 2024, the Maryland Public Secondary Schools Athletic Association (MPSSAA), in consultation with its medical advisory committee, adopted an updated [preparticipation physical evaluation form](#) that incorporates the most current medical guidance related to cardiovascular prescreening, including individual medical history, family medical history, and cardiovascular risk factors. The form includes a section with language directing evaluating medical professionals to “[c]onsider ECG, echocardiogram, and referral to cardiology if abnormal cardiac history/exam or family history to address Sudden Cardiac Arrest and Sudden Cardiac Death risk.”

**State Expenditures:** General fund expenditures increase by at least \$100,485 in fiscal 2027, which accounts for a 90-day start-up delay from the bill’s July 1, 2026 effective date. This estimate reflects the cost of hiring (1) one half-time program manager at MSDE to oversee development and implementation of the required guidance and training on cardiovascular prescreening and (2) one half-time contractual epidemiologist at MDH to manage data collection, analysis, and reporting. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Full-time Equivalent Positions	1
Salaries and Fringe Benefits	\$84,287
Operating Expenses	<u>16,198</u>
<b>Total FY 2027 State Expenditures</b>	<b>\$100,485</b>

Future year expenditures reflect full salaries with annual increases and employee turnover as well as annual increases in ongoing operating expenses. This analysis assumes that the half-time epidemiologist position at MDH steps down to a quarter-time position beginning in fiscal 2028 once initial reporting is established.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

To the extent that MDH requires additional resources to provide consultation to MSDE on cardiovascular prescreening guidelines, MDH general fund expenditures increase by an additional amount beginning in fiscal 2027.

MDH also estimates that the agency requires one half-time health policy analyst to assist with collection of data and generation of annual reports. However, this analysis assumes that the part-time epidemiologist can complete the required analysis with support from existing staff at MDH.

MSDE advises that the agency requires significant contractual support to implement training on cardiovascular screenings in all 24 local school systems. This analysis, however, assumes that MSDE must only *develop guidelines* relating to cardiovascular prescreening, including training and continuing education. The bill does not require the agency to deliver such training to local school systems.

MPSSAA advises that its medical advisory committee members may require additional stipends to collaborate on policy, guidance and training materials that are not reflected in the above estimate as such costs are assumed to be absorbable with existing resources.

**Additional Comments:** Nonpublic schools affected by the bill can likely provide student athletes and their parents or guardians with the required information about sudden cardiac arrest using existing resources.

MSDE, MPSSAA, Baltimore City Public Schools, Montgomery County Public Schools, Prince George's County Public Schools, St. Mary's County Public Schools, and Wicomico County Public Schools all advise that the bill's cardiovascular prescreening requirements may impose an additional burden on parents and guardians of students to provide a screening within 90 days of the start of the academic year. MSDE specifically notes that insurance plans typically cover one physical exam per year and to the extent an additional cardiovascular exam within 90 days of the start of the school year is required outside of normal yearly physicals, families may face additional out-of-pocket costs for such exams. This may place an additional barrier to student participation in athletics.

## **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** SB 593 (Senator Brooks) - Education, Energy, and the Environment.

**Information Source(s):** Maryland Department of Health; Maryland State Department of Education; Maryland Association of County Health Officers; Anne Arundel County Public Schools; Baltimore City Public Schools; Frederick County Public Schools; Montgomery County Public Schools; Prince George's County Public Schools; St. Mary's County Public Schools; Wicomico County Public Schools; Department of Legislative Services

**Fiscal Note History:** First Reader - February 24, 2026  
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