

Maryland ACC Letter of Support (Preparticipation S

Uploaded by: Erin Bailey

Position: FAV



Maryland

CHAPTER

Maryland Chapter
American College of Cardiology

1783 Forest Drive, Suite 238
Annapolis, MD 21401

www.marylandacc.org

February 23, 2026

Dear Chair Wilkins and Members of the House Ways and Means Committee,

As the Maryland Chapter of the American College of Cardiology, we are writing today to express our strong support for **House Bill 837** and **Senate Bill 593**, currently under consideration in the Maryland General Assembly. The Maryland Chapter represents cardiologists and cardiovascular team professionals who provide care to patients across our state. Our mission is to prevent cardiovascular disease and ensure the highest quality of care for Marylanders living with heart and vascular conditions. Consistent with this mission, we support HB 837 and SB 593.

HB 837 and SB 593 take an important step toward reducing the risk of sudden cardiac arrest among Maryland's student athletes by requiring a pre-participation screening questionnaire for youth as part of an athlete's annual physical examination. Research demonstrates that a carefully designed questionnaire—grounded in nationally recognized, evidence-based guidelines—can help identify young individuals who may be at increased risk due to concerning symptoms or a family history of cardiac disease.

These measures appropriately balance vigilance with practicality. A standardized screening questionnaire promotes efficient triage, increases awareness among families, coaches, and schools about the warning signs of sudden cardiac arrest, and establishes clear pathways for further evaluation when indicated. At the same time, it helps ensure that additional cardiac testing is reserved for those students who need it most, thereby using healthcare resources responsibly and effectively.

The Maryland Chapter is dedicated to preventing sudden cardiac arrest and improving survival when such events occur. We have consistently supported policies that strengthen cardiovascular emergency preparedness in schools and community settings, including access to automated external defibrillators (AEDs) and well-developed emergency action plans. HB 837 and SB 593 represent another evidence-based approach that aligns public policy with established clinical best practices to safeguard the cardiovascular health of Maryland's student athletes.

We respectfully urge your favorable consideration of HB 837 and SB 593 to help protect the health and lives of young athletes throughout Maryland.

Sincerely,

Sammy Zakaria, MD, MPH, FACC

Governor, Maryland Chapter of the American College of Cardiology

Fav AHA HB 837 Physical Examinations and Cardiovas

Uploaded by: Laura Hale

Position: FAV



February 22, 2026

Testimony of Laura Hale
American Heart Association

Favorable HB 837 Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening

Dear Chair Wilkins, Vice Chair Feldmark and Honorable Members of the Ways and Means Committee,

Thank you for your time and consideration on this important legislation for heart health. My name is Laura Hale and I am the Director of Government Relations for the American Heart Association. The American Heart Association extends its support House Bill 837.

Parents, coaches, and teachers are the support system that allows student athletes to play safely and confidently. They know how important it is to check for heart problems early, detect potential issues, and protect every student before they step onto the field.

The heart is a complex organ, and there's no single test that can detect all indicators of heart conditions. That's why the American Heart Association, the American College of Cardiology and the Hypertrophic Cardiomyopathy Association support an evidence-based, layered approach (includes the assessment, any follow-up testing deemed necessary by a health care professional and cardiac emergency response plans). This surrounds student athletes with protection, checking for problems so they can be monitored and treated early, while also ensuring schools are prepared for emergencies if they occur.

This starts at a student's regular sports physical, with a full assessment that includes a physical exam and a review of personal and family history. This assessment is the best way for their health care professionals to identify serious conditions that may need additional testing.

These include heart failure (when the heart can't pump enough blood to meet the body's needs), hypertrophic cardiomyopathy (a genetic condition where the heart muscle becomes abnormally thick, which can interfere with normal blood flow), and coronary artery anomalies (when the arteries supplying blood to the heart are positioned or shaped differently than normal, which can restrict blood flow during exercise).

Since student athletes routinely undergo sports physicals, these visits create an efficient and cost-effective opportunity to conduct a heart assessment that can reveal conditions requiring further evaluation.

Even with careful evaluation, however, emergencies can still happen. This bill expands upon prior legislation (The Bailey Bullock Act) for cardiac emergency response plans, reinforcing an evidence-based layered approach to protecting young hearts.

Sudden cardiac arrest is the leading cause of death among student athletes, and nearly 38% of cardiac arrests in people under 18 happen during sports.

This reality makes school preparation critically important. Every environment where competitive athletes train or compete needs a cardiac emergency response plan that includes training in high-quality CPR, prompt access to an AED device, and a clear plan to get advanced medical care quickly in an emergency.

The research is clear. Performing CPR and using automated external defibrillators (AEDs) within 10 minutes significantly increases survival rates if someone experiences cardiac arrest outside a hospital. Every minute without intervention significantly decreases the chance of survival.

Preventing sudden cardiac arrest begins with early identification of heart conditions, improved education, CPR and AED readiness in schools, and stronger systems to protect the health and safety of our students.

Thank you for your attention and commitment to protecting young hearts. This legislation's evidence-based approach empowers families and health care professionals to decide together what's best, and help every student athlete stay healthy, safe, and in the game—from preseason to playoffs.

Together, we can empower families, coaches, teachers, and health care professionals to make informed decisions and provide safer school environments for Maryland's student athletes.

The American Heart Association urges a favorable report on HB 837.

HB 837 - W&M - MDH - LOSWA.docx.pdf

Uploaded by: Meghan Lynch

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 25, 2026

The Honorable Jheanelle K. Wilkins
Chair, Ways and Means Committee
Room 131, Taylor House Office Building
Annapolis, MD 21401-1991

RE: House Bill 837 – Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening - Letter of Support with Amendments

Dear Chair Wilkins and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments to House Bill (HB) 837 – Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening. This bill requires cardiovascular prescreening for students participating in interscholastic sports. It requires the Department to consult with the Maryland State Department of Education (MSDE) on developing guidelines, training, and regulations; and to develop an annual report based on an analysis of reporting submitted by county boards and local health departments.

The Department supports the bill's goal of ensuring that students receive cardiovascular prescreening before participating in interscholastic sports, consistent with nationally recognized guidelines. The Maryland Public Secondary Schools Athletic Association's (MPSSAA) Medical Advisory Committee currently recommends cardiovascular prescreening based on the American Heart Association's 14-element cardiac history and physical examination, which has been endorsed by the American Academy of Pediatrics and numerous other professional organizations.^{1,2} This bill will require all public and nonpublic school students to have this or a similar cardiac prescreening conducted by a health care provider prior to sports participation.

The Department strongly supports facilitating student participation in school sports because they benefit students physically, mentally, academically, and socially.³ As currently written, some elements of the bill will unintentionally create barriers to students participating in school sports. In

¹ MPSSAA Recommended Preparticipation Physical Form

https://www.mpssaa.org/assets/1/6/Physical-Examination-Form_REVISED_May_2024.pdf

² Maron BJ, Friedman RA, Kligfield P, et al. (2014). [Assessment of the 12-lead ECG as a screening test for detection of cardiovascular disease in healthy general populations of young people \(12-25 Years of Age\): a scientific statement from the American Heart Association and the American College of Cardiology](#). *Circulation*.

³ University of San Diego. (n.d.). The Benefits of Youth Sports in Child Development. University of San Diego Professional and Continuing Education. <https://pce.sandiego.edu/child-development-through-sports/>

particular, the Department believes the bill's requirement that cardiovascular prescreening occurs no more than 90 days before the start of the school year could create barriers to sports participation, especially in socioeconomically or medically disadvantaged communities with limited access to health care providers. Further, some students will see a health care provider for their annual preventive care visit outside of this 90-day window and will need to return for a separate preparticipation physical exam (PPE), which may not be covered by insurance or will require an additional copay. With no available evidence that guides the timing of a cardiovascular prescreening, the Department recommends requiring record of a cardiovascular prescreening within 12 months of a sport's tryout date.

The Department would be pleased to consult with MSDE on the development of guidelines for the use of cardiovascular prescreening as a required component of the PPE for interscholastic athletes in Maryland. However, health care provider training and continuing education on cardiovascular prescreening are already easily available for free or at a low cost from other sources.^{4,5} The Department recommends identifying existing training resources rather than creating new materials.

The Department appreciates the bill's intention to ensure accountability and analyze the outcomes of cardiovascular prescreening through data collection and reporting. However, outcome studies already exist.⁶ Further, the bill would require health care providers to disclose significant protected health information that schools do not need to confirm a student's cardiovascular prescreening and medical clearance for athletics. The bill's multiple data and reporting requirements will place an undue burden on health care providers, county boards, and local health departments and incur significant costs to these local agencies and the Department.

The Department believes that HB 837 has the potential to ensure Maryland student athletes receive appropriate cardiovascular prescreening by a qualified health care provider prior to participation in interscholastic sports. The Department respectfully asks the Committee to consider amendments removing requirements that may limit equitable student participation in athletics; are duplicative of existing resources; infringe upon student privacy; and place undue operational and financial burdens on health care providers, county boards, local health departments, the Department, and MSDE.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,



Meena Seshamani, M.D., Ph.D.
Secretary of Health

⁴ Children's National Hospital, CME Webinar: Pre-participation Cardiac Screening of Teenage Athletes
<https://innovationdistrict.childrensnational.org/cme-webinar-pre-participation-cardiac-screening-of-teenage-athletes/>

⁵ eMedEvents, Cardiac Screening in Young Athletes
<https://www.emedevents.com/online-cme-courses/webcasts/cardiac-screening-in-young-athletes>

⁶ Petek, B. J., & Baggish, A. L. (2020). [Pre-participation Cardiovascular Screening in Young Competitive Athletes](#).
Current emergency and hospital medicine reports.

AMENDMENTS TO HOUSE BILL 837
(First Reading File Bill)

AMENDMENT NO. 1

On page 3, strike beginning with “MAY” in line 1 through “SPORTS” in line 4 and substitute “**SHALL BE CONDUCTED ANNUALLY AS PART OF A PHYSICAL EXAMINATION DETERMINING PHYSICAL FITNESS TO PARTICIPATE IN INTERSCHOLASTIC SPORTS.**”.

Rationale: The bill’s requirement that cardiovascular prescreening occurs no more than 90 days before the start of the school year could create barriers to sports participation, particularly in socioeconomically or medically disadvantaged communities with limited access to health care providers.

AMENDMENT NO. 2

On page 3, strike beginning with “FOR” in line 12 through “ON:” in line 13 and substitute “**REQUIREMENTS FOR CHILDREN PARTICIPATING IN INTERSCHOLASTIC SPORTS.**”

Rationale: Health care provider training and continuing education on cardiovascular prescreening are already available for free or at a low cost from other sources. The Department recommends identifying existing training resources rather than creating new materials.

AMENDMENT NO. 3

On page 3, strike beginning with “(1)” on line 14 through page 4, line 20, inclusive.

Rationale: The bill would require health care providers to disclose significant protected health information that schools do not need to confirm a student’s cardiovascular prescreening and medical clearance for athletics. The bill’s multiple data and reporting requirements will place an undue burden on health care providers, county boards, and local health departments, and incur significant costs to these local agencies and the Department.

HB 837- – Education - SA cardiac screening MPSSAA

Uploaded by: Andy Warner

Position: INFO

ORGANIZED 1946



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MEMBER OF THE
NATIONAL FEDERATION OF
STATE HIGH SCHOOL
ASSOCIATIONS

R. ANDREW WARNER
EXECUTIVE DIRECTOR

200 West Baltimore Street
Baltimore, MD 21201

TO: House Ways and Means Committee

BILL: House Bill (HB) 837 - Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening

DATE: February 25, 2026

POSITION: Letter of Information

The Maryland Public Secondary Schools Athletic Association (MPSSAA) submits this written informational only testimony for House Bill 837 (HB837), *Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening*. The MPSSAA acknowledges the critical importance of ensuring the health and safety of student-athletes and supports measures that protect their well-being during high school sports events. The MPSSAA respectfully requests the following information be taken into consideration regarding the possible impacts of House Bill 837.

HB 837 requires cardiovascular prescreening as part of the preparticipation physical evaluation (PPE). In May 2024, the MPSSAA, in consultation with its Medical Advisory Committee—including physicians, pediatricians, school health professionals, and athletic trainers—adopted an updated PPE reflecting the most current medical guidance related to cardiovascular prescreening. The revised PPE incorporates a thorough review of individual medical history, family medical history, and cardiovascular risk factors. It also includes a clearly highlighted statement advising consideration of an electrocardiogram (ECG), echocardiogram, and referral to cardiology when an abnormal cardiac history, examination finding, or family history is present to address the risk of Sudden Cardiac Arrest and Sudden Cardiac Death.

The MPSSAA has concerns regarding provisions that would require the Maryland State Department of Education (MSDE) to oversee training and continuing education for physicians conducting cardiovascular screening. Neither the MPSSAA nor MSDE has the statutory authority, resources, medical infrastructure, or professional network necessary to provide or mandate physician training and continuing education. Additionally, members of the MPSSAA Medical Advisory Committee serve in a volunteer capacity and do not have the ability to assume these expanded responsibilities.

The MPSSAA is also concerned about the requirement that a physical examination occur no earlier than 90 days prior to the start of the academic year. Limiting examinations to a June–August window may create access and affordability challenges for students and families. Insurance providers may restrict coverage for multiple physicals within a calendar year, and the concentrated demand during summer months could strain both families and healthcare providers, potentially limiting timely access to required evaluations.

The MPSSAA supports appropriate and evidence-based medical screening for high school student-athletes and respectfully asks the Committee to consider the potential impact of HB 837, particularly with respect to access, affordability, and practical implementation.

The MPSSAA respectfully request that you consider this information as you deliberate HB 837. For further information, please contact Andy Warner, MPSSAA Executive Director, at 410-767-0376, or Robert.warner1@maryland.gov.



MARYLAND PUBLIC SECONDARY SCHOOL ATHLETIC ASSOCIATION (MPSSAA)
Recommended Preparticipation Physical Form
MPSSAA Medical Advisory Committee

Student Athlete and Parent/Guardian Check list for Sports Registration

- _____ 1. Please make sure to read all information that your school provides about Eligibility, Expectations, Tryouts, Practice & Game Schedules, Transportation (to and from games), Login to the School System Registration website.
- _____ 2. Page 2: Health History form. This is filled out by the student athlete & parent/guardian. Please fill out the Student Athlete Health History form, take it to the Pre-participation Physical Exam (PPE) appointment and review with the Healthcare Professional. Make sure to clarify/explain any questions that you have answered "YES". Please keep a copy to turn into the school.
- _____ 3. Page 3: Pre-participation Physical Exam (PPE). This will be completed by a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Certified Registered Nurse Practitioner (CRNP) or Physician Assistant – Certified (PA-C) only.
Pre-participation Physical may not be completed/signed by a parent/guardian even if they are a licensed healthcare professional.
- Before leaving the appointment, please make sure the following have been completed:
 - ___ The Healthcare provider signed, dated, and stamped the PPE.
 - ___ The Healthcare provider has checked off the appropriate participation in athletics box.
 - ___ You have both the Health History form and Pre-participation, Physical Exam (PPE) form. (you will need to provide both forms to the school during sports registration)
- _____ 4. Page 4: Emergency Information Form (to be completed and signed by parent/guardian). This information will be shared with the coach(es) in case of an emergency at practice/game.
- _____ 5. Students who require medication at school (including during school team practices or games) must have a doctor's order on file with the school's nurse for each medicine. Please visit this link and take this form to your Healthcare provider for school medication administration authorization. (This needs to be completed each year) [School Medication Administration Authorization Form \(marylandpublicschools.org\)](https://marylandpublicschools.org)

The information provided on the Health History and Pre-Participation Physical is considered confidential medical records, it is established and maintained for every student. The confidentiality of a student's medical records information is protected under the federal Family Education Rights and Privacy Act (FERPA), Maryland state law and/or the local school system policy, as applicable.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

Completion of the Preparticipation Physical is a requirement for student-athlete participation in interscholastic athletics. Falsifying information, forging signatures, or misrepresentation of a student's physical fitness compromises the health and safety of the student and may lead to penalties assessed by the local educational agency, including potential determination of ineligibility.

PART III- PHYSICAL EXAMINATION

(Pre-participation Physical may not be completed/signed by a parent/guardian even if a licensed healthcare professional)

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	Sex Assigned at Birth
BP /	RR	Resting pulse
Vision	R 20/	L 20/
Corrected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pediatric Population > 13 years and older within normal limits = BP (F) 102-121/64-79 mmHg BP (M) 102-124/64-80 mmHg RR 12-20 breaths per minute Pulse 55-90 bpm		
MEDICAL		NORMAL
ABNORMAL FINDINGS		
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Neck - Lymph nodes, thyroid enlargement		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses (radial, femoral, pedal)		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurologic (cranial nerve and gait)		
MUSCULOSKELETAL		NORMAL
ABNORMAL FINDINGS		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop, or step drop test)		
Consider ECG, Echocardiogram, and referral to cardiology if abnormal cardiac history/exam or family history to address Sudden Cardiac Arrest & Sudden Cardiac Death risk. Consider cognitive evaluation or baseline neuropsychiatric testing if history of significant prior to concussion.		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed the student’s medical history form and make the following commendations for the students’ participation in athletics:

Healthcare Professional completed and reviewed a Mental Health Screening with the athlete.

MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION

MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:

MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: _____
Reason: _____

NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA) + DATE **: _____

EXAMINER’S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Physician Office Stamp:

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted.

PART IV- EMERGENCY INFORMATION FORM* (To be completed and signed by the parent/guardian)

Please Print

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

SPORT(S): _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency:**

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER? (circle only one) YES NO

IS THE STUDENT CURRENTLY PRESCRIBED AN EPI PEN? (circle one one) YES NO

Primary Contact Name: _____ **Relationship to student:** _____

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

Secondary Contact Name: _____ **Relationship to student:** _____

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: _____

Parent/Guardian signature

Date: _____ **PARENT/GUARDAIN NAME (PLEASE PRINT)** _____

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

HB 837 - LOI - Student Athletic Activities – Physi

Uploaded by: Jessica Goff

Position: INFO



621 Ridgely Avenue, Suite 300, Annapolis, Maryland 21401
410-841-5414 · 800-841-8197 · Fax: 410-841-6580 · MABE.org

BILL: House Bill 837
TITLE: Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening
HEARING DATE: February 25, 2026
POSITION: Letter of Information
COMMITTEE: Ways and Means
CONTACT: Jessica Goff, Governmental Affairs Associate (jgoff@mabe.org)

The Maryland Association of Boards of Education (MABE), representing all 24 local boards of education in Maryland, provides this **letter of information for HB 837 Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening**.

HB 837 requires schools to require cardiovascular prescreening for student athletes in addition to a physical exam to be cleared for participation. A cardiovascular prescreening must occur within 90 days of the first day of the school year in which the student intends to participate in sports. Collaboratively, MSDE and the Maryland Department of Health must develop guidelines to increase healthcare provider knowledge and awareness of cardiovascular prescreening for children. Additionally, schools must report information to their respective county board or county health department containing data regarding student physical exams and cardiovascular screenings, and students who received referrals for further testing. County boards or county health departments must then report this information to the Maryland Department of Health, who must then publish the data.

MABE acknowledges the importance of physical exams and cardiovascular screenings for student athletes ensuring adequate health for participation and overall safety. Student safety remains a priority for MABE and its members, and we provide the below information for the General Assembly’s consideration.

The American Academy of Pediatrics (AAP) recommends that all students receive a preparticipation physical evaluation (PPE) before their first preseason practice. The frequency and specifics of a PPE are determined by each state. The standard sports physical includes an in-depth medical history evaluation that considers cardiovascular, neurologic, respiratory, musculoskeletal, and mental health, among other factors. The goal is to identify symptoms that can be warning signs of an underlying risk. Maryland’s Public Secondary School Athletic Association (MPSSAA) developed a recommended preparticipation physical [form](#), which notably includes detailed questions related to cardiovascular health. It includes a space for a physician to note any abnormal heart findings, and notes that doctors and parents should “consider ECG, Echocardiogram, and referral to cardiology if abnormal cardiac history/exam or family history to address sudden



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cardiac arrest and sudden cardiac death risk.” This form aligns with the AAP recommendation and appears to meet the requirements of HB 837.

Because the MPSSAA recommended preparticipation physical form appears to meet the cardiovascular prescreening requirements in HB 837, MABE recommends that the General Assembly consider whether the cardiovascular prescreening requirement in HB 837 is necessary. We would like to note our support for HB 837’s requirement for additional guidance for health care providers on cardiovascular prescreening for children participating in youth sports, as the health and safety of Maryland’s students is a top priority for MABE.

HB0837 - State Board & MSDE - LOI.docx.pdf

Uploaded by: Richard Kinkaid

Position: INFO

TO: House Ways and Means Committee

BILL: House Bill (HB) 837 - Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening

DATE: February 25, 2026

POSITION: Letter of Information

The Maryland State Department of Education (MSDE) is providing additional information regarding HB 837 - Education – Student Athletic Activities – Physical Examinations and Cardiovascular Prescreening, which establishes requirements for high school interscholastic athletics preparticipation physical examinations, including the addition of a cardiovascular screening component.

HB 837 outlines timelines for when a physical examination may be conducted, establishes education and training expectations for those administering examinations, and requires local educational agencies (LEAs) to report certain information to the Maryland Department of Health (MDH). While MSDE supports the goal of safeguarding student athletes, the Department seeks to highlight existing practices and potential implementation concerns related to HB 837.

Through mutual agreement with the State’s 24 LEAs, MSDE authorizes the Maryland Public Secondary Schools Athletic Association (MPSSAA) to administer interscholastic athletics in accordance with the Maryland State Board of Education regulations set forth in COMAR 13A.06.03. MSDE recognizes the intent of HB 837 to ensure that students participating in interscholastic athletics are appropriately screened for potential cardiac conditions. Notably, the MPSSAA—guided by its Medical Advisory Committee, which includes physicians, pediatricians, athletic trainers, and school health professionals—has already identified this need. The current MPSSAA preparticipation physical form, last updated in May 2024, includes a cardiac prescreening component along with guidance for addressing identified irregularities.

HB 837 requires MSDE, in consultation with the MDH, to develop guidelines designed to increase health care provider knowledge and awareness of cardiovascular prescreening for children participating in youth sports. The development and oversight of health care provider training, continuing education, and related medical policies fall outside MSDE’s statutory authority and professional expertise. MSDE does not have jurisdictional oversight of the medical community and would face significant challenges in fulfilling this requirement.

Additionally, HB 837 mandates that a preparticipation physical examination be conducted no earlier than 90 days prior to the start of the academic year. This provision raises equity, access, and financial concerns for families and the medical community. Most insurance providers cover only one physical examination per 365-day period. Requiring students to obtain a physical within a 90-day window before each academic year—while also complying with insurance limitations—may create access barriers for families and capacity

challenges for medical providers.

Further, the 90-day requirement creates an inconsistency in the timing of cardiovascular prescreening. While it would apply to fall sports beginning in August, it would not align similarly with winter or spring sports beginning in November and March, respectively, raising questions about equitable application and the underlying rationale for the specified timeframe.

For further information, please contact Laurel Cratsley, Interim Executive Director of Government Affairs, at 443-571-5461 or Laurel.Cratsley@maryland.gov.