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H.B. 356
135th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsor: Rep. Carruthers

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SUMMARY

- Prohibits student and youth athletes from participating in athletic activities unless the athlete has a physical examination performed by a physician, advanced practice registered nurse, or physician assistant, and the health care provider fills out a preparticipation physical evaluation form.
- Requires health care professionals performing those exams, or otherwise performing annual physical exams on children, to complete, every four years, certain professional development related to childhood cardiac screening, and to annually report certain information regarding cardiac screenings to the Ohio Department of Health (ODH).
- Requires ODH and the Ohio Department of Education to develop guidelines and educational materials related to sudden cardiac arrest in children and adults, and to develop the preparticipation physical evaluation form and professional development module, described above.
- Requires ODH to complete an annual report on outcomes related to the professional development module and health care professional reports that the bill requires.
- Names the act the “Healthy Cardiac Monitoring Act.”

DETAILED ANALYSIS

Student and youth athletes

The bill adds to a 2017 Ohio law known as “Lindsay’s Law,”¹ which relates to sudden cardiac arrest in student and youth athletes. Under that existing law, various schools and youth

¹ [LSC’s Final Analysis for S.B. 252 of the 131st General Assembly.](#)

sports organizations must ensure students and parents or guardians review sudden cardiac arrest guidelines and must restrict student and youth athlete participation in athletic activities and youth sports if the athlete exhibits certain symptoms or has certain family history and has not been cleared for participation by a physician.

Except as noted below, the bill – named the “Healthy Cardiac Monitoring Act”² – largely maintains these provisions and expands on them. One addition is that the bill prohibits a student³ or youth athlete from participating in an athletic activity unless the athlete has a physical examination performed by a physician, advanced practice registered nurse (APRN),⁴ or physician assistant. The health care provider must fill out a preparticipation physical evaluation form that is to be created by the Ohio Department of Health (ODH) under the bill (see below regarding duties of ODH). The physical exam must be conducted within the earlier of six weeks of the first day of official practice in an athletic season, or within six weeks of the student or youth athlete beginning to participate in the athletic activity. Schools and youth sports organizations must retain the original, signed preparticipation physical evaluation forms.⁵

Because the bill requires a preparticipation physical exam for all student and youth athletes, the bill eliminates a law prohibiting student and youth athletes to participate in athletic activities if the athlete’s biological parents, siblings, or children have previously experienced sudden cardiac arrest and the athlete has not been evaluated and cleared for participation. The bill continues to prohibit student and youth athlete participation if the athlete is known to have exhibited syncope or fainting at any time prior to or following an athletic activity and has not been evaluated and cleared by a health care provider.⁶

Also related to those changes, the bill eliminates the authorization in the school and youth sports laws for certified nurse midwives to conduct clearance examinations; and in the youth sports law, adds authority for physician assistants to conduct them.⁷ These changes conform the existing law to the bill’s authorization that physicians, clinical nurse specialists, certified nurse practitioners, and physician assistants are authorized to perform the preparticipation physical exams for students and youth athletes.

² Section 3.

³ The bill applies to the same schools as Lindsay’s Law: public schools, including schools operated by school districts; community schools; science, technology, engineering, and mathematics (STEM) schools; and any chartered or nonchartered nonpublic schools that are subject to the rules of an interscholastic conference or an organization that regulates interscholastic conferences or events. R.C. 3313.5310; see also R.C. 3314.03 and 3326.11, not in the bill.

⁴ For purposes of the bill, an APRN includes only clinical nurse specialists and certified nurse practitioners. R.C. 3313.5310(A)(2)(a) and 3707.58(A)(1).

⁵ R.C. 3313.5310(E) and 3707.58(E).

⁶ R.C. 3313.5310(F) and 3707.58(F).

⁷ R.C. 3313.5310(F)(3)(b) and 3707.58(F)(3)(b).

Duties of ODH and ODE

Educational pamphlet

In addition to the current law requirement that ODH and the Department of Education (ODE)⁸ jointly develop guidelines to inform and educate students and youth athletes, parents, and coaches about warning signs of sudden cardiac arrest, the bill requires ODH and ODE, in consultation with the American Academy of Pediatrics and the American Heart Association, to develop a pamphlet that provides information about sudden cardiac arrest in children and adults. It must explain sudden cardiac arrest, its incidence, early warning signs, and an overview of screening options. It may include any of the information from the guidelines developed under current law. The pamphlet must be developed within one year of the bill's effective date, and updated as ODH and ODE determine appropriate.⁹

The bill requires ODE to distribute the pamphlet free of charge to all school districts in Ohio, and to any other school on request.¹⁰

Creation of preparticipation physical evaluation form

Within one year of the bill's effective date, ODH must create the preparticipation physical evaluation form to be used by physicians, APRNs, and PAs in evaluating student and youth athletes, as described above.¹¹ The form must be based on both of the following:

- A form developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine; and
- The American Heart Association's 14-point screening for heart disease in the young.

The form must contain a (1) patient history component with specified questions relating to fainting, chest pain, family history of heart problems, and certain cardiac disorders, (2) physical examination component, and (3) certification that the health care professional performing the examination complied with all of the bill's requirements (see "**Health care professional obligations**," below).

Creation of cardiac screening professional development module

Within one year of the bill's effective date, the ODH Director, in consultation with ODE, must establish a childhood cardiac screening professional development module to increase the assessment skills of health care professionals who perform annual physician examinations and

⁸ After H.B. 356 was drafted, H.B. 33 renamed the Department of Education as the Department of Education and Workforce. A technical amendment is needed to update the sections of H.B. 356 that refer to the Department of Education.

⁹ R.C. 3707.59(B)(2)(a).

¹⁰ R.C. 3707.59(B)(2)(b).

¹¹ R.C. 3707.59(D).

screenings for children. The module may be developed by the ODH Director in accordance with various requirements specified in the bill,¹² or the Director may adopt the Student-Athlete Cardiac Assessment Professional Development Module created by the New Jersey Commissioners of Education and Health.¹³

The module must be posted on the ODH and ODE websites. ODH must make internet links of the module available to the American Academy of Pediatrics, Ohio Academy of Family Physicians, American Heart Association, American College of Cardiology, Athletic Trainers' Society, State Medical Board, Board of Nursing, and Society of Physician Assistants.¹⁴

ODH must facilitate the database storage of completion of the module by health care professionals, and may coordinate with health care professional licensing boards in doing so. The records must be kept for ten years.¹⁵

Annual report

The bill requires ODH to complete an annual report on outcomes related to the module and health care professional reports that the bill requires, as discussed below. The report must be posted on ODH's website and a copy provided to the public on request.¹⁶

Health care professional obligations

Beginning one year after the bill's effective date, each APRN, physician assistant, and physician who performs annual physical examinations on individuals who are 19 or younger, or who performs preparticipation examinations for student athletes, must do all of the following:¹⁷

- Complete the preparticipation physical evaluation form created by ODH for each examination;
- At least once every four years, complete the childhood cardiac screening professional development module adopted by ODH, and retain a hard copy of the certificate of completion;
- At least once every four years, read the pamphlet developed by ODH and ODE under the bill;
- Annually report to ODH the total number of preparticipation physical examination forms completed, and the total number of cardiology referrals resulting from those exams.

¹² R.C. 3707.591(B).

¹³ R.C. 3707.591(A).

¹⁴ R.C. 3707.591(C).

¹⁵ R.C. 3707.591(D).

¹⁶ R.C. 3707.591(E).

¹⁷ R.C. 4723.484(A), 4730.46(A), and 4731.89(B).

Failure to comply

A health care provider that fails, on request of the provider's licensing board, to produce a copy of the certificate of completion of the childhood cardiac screening professional development module may be fined \$5,000, plus an additional \$1,000 for each individual the provider is found to have examined without having completed the module.¹⁸

A health care provider who knowingly falsely certifies completion of the module or reading the pamphlet is guilty of a first degree misdemeanor.¹⁹ The health care provider is also subject to professional discipline by the provider's licensing board.²⁰

To facilitate the certification, renewal applications for APRNs, physician assistants, and physicians must include a check box that the provider can use to certify completion of the module and reading of the pamphlet.²¹

Finally, an APRN, physician assistant, or physician who fails to complete the module or read the pamphlet as required by the bill, and who is a Medicaid provider, is prohibited from seeking payment from the Medicaid program for any examination to which the failure applies. The provider is also prohibited from collecting or billing the Medicaid recipient for such an examination.²²

HISTORY

Action	Date
Introduced	12-06-23

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¹⁸ R.C. 4723.484(B), 4730.46(B), and 4731.89(C).

¹⁹ R.C. 4723.484(C), 4723.99(C), 4730.46(C), 4730.99(C), 4731.89(D), and 4731.99(G).

²⁰ R.C. 4723.28(B)(38), 4730.25(B)(30), and 4731.22(B)(55).

²¹ R.C. 4723.24(A)(2), 4730.14(A), and 4731.281(A)(1).

²² R.C. 5164.21.