

FLORIDA HOUSE OF REPRESENTATIVES

FINAL BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

| | |
|---|---|
| BILL #: CS/CS/HB 1135 | COMPANION BILL: CS/CS/CS/SB 1070 (Simon) |
| TITLE: Electrocardiograms for Student Athletes | LINKED BILLS: None |
| SPONSOR(S): Shoaf | RELATED BILLS: None |

FINAL HOUSE FLOOR ACTION: 111 Y's 0 N's **GOVERNOR'S ACTION:** Approved

SUMMARY

Effect of the Bill:

The bill requires electrocardiogram (EKG) assessments, beginning in the 2026-2027 school year, for students participating in athletics at public high schools, except for students who reside in a school district that is unable to provide EKGs at a rate of less than \$50 per student. The bill authorizes a parent to exempt their student from an EKG on the basis of religious tenants or practices or a medical exemption. EKGs completed up to 2 years prior to 2026-2027 satisfy the EKG requirement for a high school student. Florida High School Athletic Association (FHSA) bylaws must include a requirement that students in grades 9-12 receive an EKG to participate in athletics unless the student is otherwise exempt. The bylaws must also prohibit students with abnormal EKG results from participating in athletics until they obtain a medical clearance. A school district cannot be held liable if a student who received medical clearance suffers injury or death as a result of a cardiac event arising from participation in athletics or if the student is exempt from the EKG requirements through a medical or parental exemption. School districts are required to pursue public and private partnerships to provide low cost EKGs.

Fiscal or Economic Impact:

The bill has a fiscal impact on the private sector as parents are responsible for the costs of the EKG assessments.

| | | | |
|----------------|-------------------------|--------------------------|--------------------------------------|
| JUMP TO | SUMMARY | ANALYSIS | RELEVANT INFORMATION |
|----------------|-------------------------|--------------------------|--------------------------------------|

ANALYSIS

EFFECT OF THE BILL:

CS/CS/HB 1135 passed as [CS/CS/CS/SB 1070](#).

The bill is titled the "Second Chance Act." (Section [1](#)).

Beginning in the 2026-2027 school year, the bill requires that public school students in grades 9-12 complete at least one [electrocardiogram](#) (EKG) assessment before participating in athletics unless:

- The parent objects to the EKG in writing on the basis of religious tenets or practices;
- The parent secures a certificate of medical exemption for their student from a physician licensed under chapter [458](#) or [459, F.S.](#), who is in good standing; or
- The school district is unable to obtain a public and private partnership to provide EKGs to students for less than \$50 per student. (Sections [2](#), [3](#), and [4](#)).

The [Florida High School Athletics Association](#) (FHSA) must incorporate the EKG requirement into its bylaws for student athletic participation in grades 9–12. An EKG completed up to 2 years prior to the 2026-2027 school year satisfies the EKG requirement. The FHSA must also establish the requirements for the EKG in its uniform preparticipation physical evaluation and history form. (Section [3](#)).

If the student is exempt from the EKG requirement, then no person or entity in a position to otherwise rely on the EKG results may be held liable for the student's injury or death arising from an undisclosed medical condition that would have been revealed by an EKG. (Section [3](#)).

STORAGE NAME: h1135z1

DATE: 6/26/2025

The EKG must be administered in accordance with the standards established by the FHSAA's Sports Medicine Advisory Committee (SMAC). Moreover, the FHSAA bylaws must specify that the required EKG and medical evaluations for athletic participation may be administered not only by medical practitioners licensed in Florida, but also by practitioners with active equivalent licenses in another state where the EKG or medical evaluation is performed. (Section 3).

The bill requires that the FHSAA adopt bylaws or policies that prohibit students with abnormal EKG results from participating in athletics until the student submits a written medical clearance. The medical clearance must be authorized by a health care practitioner trained in diagnosis, evaluation, and management of EKGs. The bill specifies that there shall be no liability on the part of the school district that would otherwise rely on the medical clearance in the event that a student's injury or death arises from a cardiac event due to the student's participation in interscholastic athletics. (Section 3).

Each school district must pursue public and private partnerships to provide low-cost EKGs to students. (Section 4).

The bill was approved by the Governor on June 25, 2025, ch. 2025-183, L.O.F., and will become effective on July 1, 2025. (Section 5).

FISCAL OR ECONOMIC IMPACT:

PRIVATE SECTOR:

This bill does not have an impact to state revenues or expenditures. The bill requires an electrocardiogram as part of the medical screening requirement for student athletes which could be a cost to the parent or health insurance.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Electrocardiogram

An electrocardiogram (EKG) represents a recording of the heart's electrical activity. An EKG is an integral part of the initial evaluation of a patient suspected of having a cardiac-related problem.¹

The inventor of the EKG in 1902, William Einthoven was named the "father of electrocardiography" and was awarded the Nobel Prize in Medicine in 1924 for his work that laid the foundation of the most fundamental technique for investigating heart disorders. The EKG was soon recognized as a robust screening and clinical diagnostic tool, and today it is used globally in almost every healthcare setting.²

The EKG is a non-invasive diagnostic modality that has a substantial clinical impact on investigating the severity of cardiovascular diseases. The use of an EKG has expanded from simple heart rate and essential rhythm monitoring to interpreting complex arrhythmias, myocardial infarction, and other abnormalities. The EKG is increasingly being used for monitoring patients on antiarrhythmics and other drugs, as an integral part of preoperative assessment of patients undergoing non-cardiac surgery, and for screening individuals in high-risk occupations and those participating in sports. Also, the EKG serves as a research tool for surveillance and experimental trials of drugs with recognized cardiac effects.³

¹ National Library of Medicine, National Center for Biotechnology Information, *Electrocardiogram*, <https://www.ncbi.nlm.nih.gov/books/NBK549803/> (last visited May 2, 2025).

² National Library of Medicine, National Center for Biotechnology Information, *Electrocardiogram*, <https://www.ncbi.nlm.nih.gov/books/NBK549803/> (last visited May 2, 2025).

³ *Id.*

Electrocardiograms for High School Student Athletes

In 2021 the Office of Program Policy Analysis and Governmental Accountability (OPPAGA) published a report that collected information on the following topics:⁴

- Benefits and challenges of requiring EKG assessments for student athletes.
- Cost of EKG assessments.
- Accuracy of EKG assessments.
- Current school district practices related to requiring or recommending EKGs for student athletes.
- Nationally recognized or accepted criteria to identify athletes who should receive an EKG assessment.

The report stated that sudden cardiac death, while rare, is the leading cause of non-traumatic deaths among young athletes and provided the following:

- The incidence of sudden cardiac death among high school athletes ranges from 1 in 23,000 to 1 in 300,000.
- Intense athletic activity can trigger sudden cardiac death.
- Athletes often have no symptoms of obvious injury prior to sudden cardiac death.
- Hypertrophic cardiomyopathy is the leading cause of sudden cardiac death in athletes and its prevalence among athletes ranges from 1 in 1,426 to 1 in 1,667 (the prevalence in the general population is 1 in 500).⁵

The report stated that EKG assessments may detect certain heart abnormalities by recording the heart's electrical signals and providing information on strength, speed, rhythm and number of heart beats. The EKG may help identify 60% of diagnoses related to sudden cardiac death.⁶ The EKG is non-invasive, only takes a few minutes, and if abnormal results are found, the individual is recommended to seek follow-up with a cardiologist who is trained in diagnosing and treating conditions of the heart and blood vessels.

The report contained information from a study conducted by the Brevard County School District that showed that fewer than 1 percent of student athletes who received an EKG assessment in 2019-2020 had a heart condition that put them at risk for sudden cardiac arrest. Of 5,877 students who received an EKG assessment, 199 or 3.4 percent of students had abnormal EKG assessment results, but only 8 or .01 percent reported a diagnosis that put them at risk of sudden cardiac arrest.⁷ The Brevard County School District began requiring EKG assessments in the 2019-2020 school year for grades 7-12 but authorized parents to opt out for any reason. In the 2020-2021 school year 35 percent of student athletes opted out of receiving an EKG assessment.⁸

The report provided information from two other states, Texas and Pennsylvania, that at that time had passed recent legislation to address use of EKG assessments. Neither state has mandated EKG assessments but have stressed providing information to students and parents about sudden cardiac arrests and EKGs.⁹

The American Heart Association (AHA) asserts that annual prescreening of competitive athletes can improve detection of cardiac abnormalities and minimize the risks associated with athletic participation. However, the AHA does not recommend the use of tests such as a 12-lead EKG or echocardiogram in mandatory preparticipation screening programs. Instead, these tests are best used as follow-up if an initial screening raises suspicions about the presence of a cardiovascular disease. Reasons given include the strain on the healthcare system, access to testing, and the rate of false-positive results.¹⁰

⁴ OPPAGA Report, Office of Program Policy Analysis and Governmental Accountability, *Electrocardiograms for High School Student Athletes*, (Dec. 2021), available at <https://oppaga.fl.gov/Documents/Presentations/OPPAGA%20Dec%201%202021%20Presentation%20Slides--EKG--Sec%20Ed%20and%20Career%20Dev.pdf>, at slide 2.

⁵ *Id.* at slide 4.

⁶ *Id.* at slide 5.

⁷ *Id.* at slide 19.

⁸ *Id.* at slide 18.

⁹ *Id.* at slide 11.

¹⁰ American Heart Association, *Pre-participation Cardiovascular Screening of Young Competitive Athletes: Policy Guidance*, available at <https://www.heart.org/-/media/Files/About-Us/Policy-Research/Policy-Positions/Healthy-Children-and-Schools/Athlete-Screening.pdf>.

Regulation of Florida High School Athletics

The Florida High School Athletic Association (FHSAA) is designated in Florida law as a governing nonprofit organization of athletics in Florida public schools.¹¹ Any high school in Florida, including charter schools, virtual schools, and home education cooperatives, may become a member of the FHSAA and participate in the activities of the FHSAA. Membership in the FHSAA is not mandatory for any school. A private school that wishes to engage in high school athletic competition with a public high school can become a member of the FHSAA. Florida middle schools may also become members of the FHSAA.

The FHSAA is required to adopt bylaws that, unless specifically provided otherwise by statute, establish eligibility requirements for all students who participate in high school athletic competition in its member schools. The FHSAA is specifically required to adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation each year before participating in interscholastic athletic competition. The medical evaluation must be administered by a healthcare practitioner who is licensed in Florida.¹² This includes engaging in any practice, tryout, workout, conditioning, or other physical activity, during or outside the school year, associated with the student's candidacy for an interscholastic athletic team. As a result, students must have a Preparticipation Physical Evaluation form (form) on file—complete with a healthcare provider's signature and certification that the student is physically fit to participate in interscholastic athletics—that is valid for 365 days.¹³ The form asks 29 medical history questions, including 10 questions about heart health history.¹⁴ The form also notes that the FHSAA Sports Medicine Advisory Committee strongly recommends that student athletes undergo a medical evaluation of risk factors for sudden cardiac arrest, which may include an EKG.¹⁵

The FHSAA conducts an annual Sports Participation Survey. The most recent survey found that for the 2023-2024 school year, there were 299,383 student athletes among 19 different sports from an overall student enrollment population of 873,804 from member schools (grades 9-12).¹⁶

¹¹ Section [1006.20\(1\), F.S.](#)

¹² Section [1006.20\(2\)\(c\), F.S.](#)

¹³ Florida High School Athletic Association, *Preparticipation Physical Evaluation Form*, available at https://fhsaa.com/documents/2023/3/3/EL2_Form.pdf; Florida High School Athletic Association, *Bylaws of the Florida High School Athletic Association*, at 31, available at https://fhsaa.com/documents/2025/2/22/2425_handbook_2_21_25.pdf?id=6339#31.

¹⁴ Florida High School Athletic Association, *Preparticipation Physical Evaluation Form*, available at https://fhsaa.com/documents/2023/3/3/EL2_Form.pdf.

¹⁵ *Id.*

¹⁶ Florida High School Athletic Association, *Sports Participation Survey (2023-2024)*, available at https://fhsaa.com/documents/2024/7/11//2023_24_Total_Participation_Study_for_website.pdf?id=5591.