

**Department of Planning and Budget
2025 General Assembly Session
State Fiscal Impact Statement**

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ORIGINAL

Bill Number: SB1320 **Patron:** Bagby
Bill Title: Preparticipation physical evaluation; children’s cardiac safety.

Bill Summary: Requires physicians, advanced practice registered nurses, and physician assistants that perform annual physical examinations of students 19 years old or younger to evaluate the student’s family history related to cardiac conditions. The bill requires that such evaluation be in accordance with a preparticipation physical evaluation form developed jointly by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine and that includes the American Heart Association’s 14-point screening for heart disease in youth.

The bill requires the Department of Education and the Department of Health to provide guidance for both public and private schools and requires that prior to any student participating in an athletic team or squad, the student must have a physical examination using a preparticipation physical evaluation form. Such examination shall take place within six weeks of the first day of official practice in an athletic season.

The bill also requires the Department of Education and Department of Health to establish a childhood cardiac screening professional development module to increase the assessment skills of health care providers completing these examinations. The bill requires health care professionals to complete such module prior to performing the preparticipation physical examinations and every four years.

Budget Amendment Necessary: Yes **Items Impacted:** Item 117, Item 277

Explanation: The Department of Education will need additional funding to comply with the requirements of this bill, attributable to Item 117 (Instructional Services). The Department of Health will also need additional funding to comply with the requirements of this bill, attributable to Item 277 (State Health Services). See table and fiscal analysis below.

Fiscal Summary: This legislation will require expenditures on the part of the Department of Education (DOE) and the Department of Health (VDH) for which they are not currently appropriated. The exact fiscal impact is indeterminate as the legislation presents multiple options by which the agencies may fulfill the stated requirements. See table and fiscal analysis below.

General Fund Expenditure Impact:

<u>Agency</u>	<u>FY2025</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>
DOE (201)	-	\$64,000	-	-	-	-
VDH (601)	-	\$160,000	\$10,000	\$10,000	\$10,000	\$10,000
TOTAL	-	\$224,000	\$10,000	\$10,000	\$10,000	\$10,000

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Fiscal Analysis: The first portion of this legislation (§ 22.1-271.9, subsections A, B, and C) requires the Department of Education (DOE) and the Department of Health (VDH) to provide guidance to public and private schools requiring that students in grades K-12 complete a Preparticipation Physical Evaluation (PPE) exam prior to participating on any school-sponsored or community organization-sponsored interscholastic or intramural athletic team or squad. The PPE form is a standardized form jointly developed by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine. The Department of Health would be required to edit this existing form to incorporate the American Heart Association's 14-point screening for heart disease in youth and include the related questions that are outlined in § 54.1-2973.2 of the bill text.

The second portion of this legislation (§ 22.1-271.9, subsections D and E) requires DOE and VDH to collaborate on a professional development module for healthcare professionals (including physicians, advanced practice registered nurses, and physician assistants) on the topic of childhood cardiac screenings and assessments. The bill requires the module to be ready for implementation by the beginning of the 2026-2027 school year. The legislation provides that this module may either be developed from scratch, or that the agencies may choose to employ a similar module from the New Jersey Department of Education. This module is publicly accessible through a popular media platform.

Finally, VDH is also required to keep an active database of providers who have completed the modules for 10 years, compile data on the number of PPE exams that were completed and the number of associated referrals to cardiology specialists, and publish an annual report analyzing the outcomes of such data.

The Department of Education anticipates that the responsibilities of implementing and hosting a professional development module (as well as providing guidance and input on the revisions to the PPE form as outlined in the bill) cannot be absorbed as part of existing staff responsibilities. DOE expects that they will need to liaise with outside contractors to prepare the module for implementation by fall 2026; it is estimated that this will cost the agency around \$64,000 in FY 26. It is not clear whether this estimate is reflective of the agencies utilizing the New Jersey professional development module or of the agencies developing a module in-house; if the agencies use the New Jersey module, it is still likely that DOE will experience fiscal impacts related to creating opportunities to access the module on their website. Additionally, if DOE and VDH decide to create the module in-house, the contracting costs may be more extensive and could exceed the current estimate; the exact nature of such costs is indeterminate at this time.

The Department of Health expects that the agency will experience cost impacts related to editing the PPE form, collaborating with DOE on the professional development module, creating and maintaining a database, tracking provider compliance with the stated requirement to complete the module every four years, and compiling and publishing an annual report containing the data outlined in the bill. VDH does not currently have the technological infrastructure to receive online submissions of the specified data, including completed trainings, provider information, number of examinations, and number of referrals to cardiac specialists.

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Accordingly, the fiscal impact table includes an initial estimate of \$100,000 for the agency to build out the capacity to receive this information electronically; this estimate is preliminary and the exact nature of such costs is unknown at this time. Additionally, the fiscal impact table includes an estimate of \$50,000 for VDH to contract with outside providers to collaborate on the professional development module with DOE; again, if the agencies decide to create a module in-house, the cost to develop and implement the module could exceed this initial estimate. Any resulting increases to this estimate are indeterminate at the time.

The fiscal impact table also includes \$10,000 annually for VDH to contract with a temporary employee who can organize data submissions, perform analyses, and provide the requested report on completed PPE exams and referrals to cardiology. For reference, a similar annual report requirement at the Board of Health Professions was estimated to cost around \$7,200 for 45 days of work at a rate of \$20/hour in 2025; this estimate assumes that the work requirements and level of expertise required will be similar and the length of employment will be around 60 days.

This legislation also requires the Board of Medicine and the Board of Education to adopt and promulgate new regulations reflecting the requirements for health care providers, public schools, and private schools as outlined in the bill. It is expected that any costs to the boards associated with developing and adopting such regulations can be absorbed with existing resources.

Other: The Virginia High School League (VHSL) is a private, non-profit organization which oversees sports activities throughout all Virginia public and non-boarding high schools. VHSL Rule 28-B-3-1 requires that students must complete a preparticipation physical examination as a condition for participating on a school sports team, the contents of which shall be validated by the student, their parent, and a healthcare provider licensed to practice in the United States. While the VHSL oversees high school activity, many middle schools in the Commonwealth utilize the VHSL policies and require completion of the VHSL PPE form prior to participation in middle school sports. The American Academy of Pediatrics references VHSL policies and forms when identifying existing PPE policies in the Commonwealth of Virginia, and the VHSL form is very similar to the PPE form referenced in the legislation, even including versions of the questions highlighted in § 54.1-2973.2 B of the bill.

While understanding that this bill is meant to refer to the activity of all K-12 students and the VHSL specifically regulates high school sports, it is unclear whether the patron intends for this form to supersede the existing VHSL form, or whether the form is intended to be completed in addition to the existing VHSL physical form. If the VHSL physical form is sufficient for the purposes of this legislation, VDH and DOE would not have to edit and/or develop a new form. It is also unclear whether having two forms would lead to duplicative efforts for healthcare providers and/or public or private schools tracking student eligibility to participate in sports programs.