

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

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**REVISED**

**Bill Number:** SB1320 S1

**Patron:** Bagby

**Bill Title:** Preparticipation physical evaluation; children's cardiac safety.

**Bill Summary:** Prohibits elementary and secondary school students from participating in or trying out for any school athletic team or squad unless such student has submitted to the school principal a signed report from a licensed physician, advanced practice registered nurse, or physician assistant attesting that the student received a physical examination and was found to be physically fit for athletic competition no more than 14 calendar months prior to the date on which such report was signed.

The bill requires that the Department of Education and the Department of Health provide guidance to public elementary and secondary schools relating to the purpose and use of the Preparticipation Physical Evaluation form, which is a form jointly developed 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 Department of Health is required to develop a single Preparticipation Physical Evaluation form that may be used to satisfy the reporting requirement.

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. The Department of Health is also required to publish an annual report on the number of exams completed and the number of subsequent referrals to cardiology.

**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. This fiscal impact statement is reflective of the substitute bill and incorporates additional information provided by the Virginia Department of Health; the revised version clarifies a wording error in the bill description and updates the first paragraph of the "Fiscal Analysis" section to reflect the substitute. 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.

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**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)	-	\$261,326	\$111,326	\$111,326	\$111,326	\$111,326
<b>TOTAL</b>	-	<b>\$325,326</b>	<b>\$111,326</b>	<b>\$111,326</b>	<b>\$111,326</b>	<b>\$111,326</b>

**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 elementary and secondary schools around the purpose and use of the Preparticipation Physical Evaluation (PPE) form. 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.

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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. 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 funding support for VDH to hire a program coordinator who can supervise construction of the provider database and the professional development module, work with providers to ensure accurate and timely reporting of required data, perform analyses, and publish the requested annual report on completed PPE exams and referrals to cardiology. In communicating about the substitute, VDH reassessed the cost responsibilities and maintains that they do not have the staff capacity to comply with the requirements of this bill, and that the responsibilities as stated are extensive to the point that they require a full-time staff member and cannot be assigned to a temporary employee or through a limited-time contract with an external provider. The salary for this employee is estimated at \$111,326 per year and includes salary, fringe benefits, and other non-personnel costs related to operation, training, supplies, and travel.

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

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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.