



Texas
CHAPTER

HB 76

ECG does not detect athletes who will die of a cardiac arrest VOTE NO

1. **There is ZERO scientific evidence that ECG screenings of asymptomatic student athletes detects those who will die of a cardiac arrest; therefore the ECG DOES NOT BY ITSELF SAVE LIVES.** ECGs can hint at possible underlying problems; but in asymptomatic individuals with no family history of disease, they do not tell us who needs aggressive therapy to prevent sudden cardiac arrest.
2. **New data has shown even more convincingly that ECG screening of athletes does not save lives, and those who did experience Sudden Cardiac Arrest (SCA) had normal ECG screenings.** In the only prospective study to date, published this year in the NEJM, >11,000 young British soccer players were screened with an ECG and echocardiogram, and followed for over 10 years. 7% (not 2 or 3%) had abnormal screening and underwent additional testing. Nevertheless, 8 young people died of cardiovascular causes with an overall sudden cardiac death rate higher than that reported in any other group of young athletes.

Therefore not only did the screening NOT result in a lower rate of cardiac death, but 6 of the 8 had NORMAL SCREENINGS. ECG screening did NOT identify those who would die from SCA; and in the other 2 athletes that died, identifying their disease did NOT prevent them from dying, and NONE of the identified athletes received therapy that even in severely affected patients has been shown to prevent SCA (i.e., defibrillators). Finally, 24 young people underwent unnecessary procedures that had greater risk for harming them, than protecting them. **So no one was helped, and many were injured.**

3. **The argument about athletes “having cardiac surgery” that allowed them to return to play is ridiculous.** The HB 76 advocates have consistently picked up small numbers of congenital heart defects (mostly atrial septal defects) and sent those kids to surgery. But atrial septal defects have NEVER been identified as a cause of death in young athletes, and the care of such individuals is not debated in the cardiology world. So the “surgery” had nothing to do with the ECG screening or with their sports participation, and did not “protect” them from future SCA.
4. **Similarly no one argues about doing an ECG in a symptomatic individual.** The middle aged patient who testified that he was short of breath and an ECG demonstrated atrial flutter is not relevant to the screening of asymptomatic student athletes with no family history of heart disease.

We are all in agreement about evaluating patients with symptoms, which is why our team developed video enhanced pre-participation evaluations to ensure that we accurately identify young people who really have symptoms. These have been published in the British Journal of Sports Medicine and are now on the UIL web site in English and Spanish:

<https://www.uiltexas.org/health/cardiac-symptom-videos>

5. Although some companies and advocates might offer an ECG for \$20, that is certainly not universal, and very few cardiologists would read them at no charge indefinitely. But more importantly, it is the downstream cost (monetarily, physically, and emotionally) of the testing required to evaluate an abnormal ECG that has the potential to overwhelm an uninsured or underinsured family. It is the most vulnerable of our students who are at greatest risk of being devastated from such unnecessary screening.
6. Despite the fact that ECG screenings will greatly enhance the revenue of all pediatric and sports cardiology practices, including those of the HB 76 advocates who testified and the members of the Texas Chapter of the American College of Cardiology, we cannot idly stand by and watch these young people be harmed. **Every therapeutic option has substantial risk which outweighs the benefits in nearly all asymptomatic young people with no family history of cardiovascular disease.**
7. Please remember that HB 76 goes AGAINST the recommendations of every science and clinical based medical organization responsible for the welfare of young athletes or individuals with cardiovascular disease. The scientific and medical positions of these cardiologists, scientists and their organizations should not be pushed aside by the testimony of one or two cardiologists who stand to gain financially from the passage of this bill.
8. In addition to the scientific and medical reasons to oppose HB 76, the language of HB 76 is implementing the exact same actions that UIL is already performing, without costing the school districts \$1 or 1 minute of valuable personnel time. UIL already requires that every student (and their parent) who is participating in UIL activities to receive *“(1) information about sudden cardiac arrest and electrocardiogram testing; and (2) notification of the option of the student to request the administration of an electrocardiogram, in addition to the physical examination.”*
No parent or student athlete needs to be given permission or informed of their existing right to have an ECG screening. Nor do we need a new law to tell parents and students that they have the right to seek the medical care and tests of their choice. Moreover, the bill is only one amendment away from being “opt out” and mandatory, with costly and disastrous consequences.

HB 76 ignores scientific and medical evidence, places new duties and costs on school districts for actions already performed (for several years) by UIL, and professes to create a parent and student’s right to medical care and tests which already exists.

9. Current requirements of UIL provides an SCA awareness form and notification to parents of the option to obtain an ECG. By codifying it into law, it will imply to school leaders, young athletes and families that ECG screening will detect SCA. Non-profits and other companies are already misrepresenting the value of ECG screenings and preying on the local school district decision makers to contract with them to do ECG screenings on their campuses.

Premises underlying these discussion points:

- A prime dictum in medicine is “*Primum Non Nocere*” or “Above All - Do No Harm”
- The sudden death of a student athlete is devastating to families, teams, schools and entire communities.
- The desire to do “something, anything” to prevent such a tragedy is normal, understandable and admirable; physicians, patient advocacy groups, and legislators all want to reduce the risk of sudden cardiac death in young athletes without causing harm;
- Cardiologists dedicate their lives to the prevention and treatment of heart disease, and would love nothing more than a test that could actually achieve that goal. Unfortunately, such a test does not exist, yet.

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