

House Bill 437 – Proponent Testimony
Ohio House Health Committee
Bradley S. Marino, MD, MPP, MSCE, MBA
Chair, Department of Heart, Vascular & Thoracic Institute
Cleveland Clinic Children’s
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Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the Ohio House Health Committee, thank you for allowing me to provide proponent testimony for House Bill 437, also known as the Healthy Cardiac Monitoring Act. My name is Bradley Marino, and I am Chair of the Cleveland Clinic Children’s Institute Department of Heart, Vascular & Thoracic. Additionally, I serve as Chief of the Division of Cardiology & Cardiovascular Medicine, Vice-Chief of Cleveland Clinic Children’s Institute – South Sub-Market leader, and Executive Co-Director of the Pediatric and Adult Congenital Heart Center at Cleveland Clinic.

Cleveland Clinic is a not-for-profit, integrated healthcare system dedicated to patient-centered care, teaching, and research. Cleveland Clinic Health System operates 23 hospitals with more than 6,700 staffed beds, including a main campus near downtown Cleveland and 15 Northeast Ohio regional hospitals, as well as 280 outpatient locations. Cleveland Clinic employs over 5,700 physicians and researchers, and 16,800 nurses. Last year, our system cared for 3.5 million patients, including 14.1 million outpatient visits and 333,000 hospital admissions and observations.

As a leader in the heart field, Cleveland Clinic is a strong supporter of House Bill 437, which would require a preparticipation physical exam for all student and youth athletes in order to participate in athletic activities.

Preparticipation cardiac screenings are used to determine when a child needs further evaluation before they can be cleared for sports. The job of that preparticipation cardiac screen is to obtain a baseline assessment of a child’s heart health. A cardiac screening is done in addition to a sports physical. Unlike a physical, which focuses on the overall health of an athlete as it relates to playing sports, a preparticipation cardiac screening is focused on heart health and heart conditions. The screening is divided into three separate factors: personal history, family history, and a physical examination.

In terms of personal history, a pre-participation cardiac screening asks kids about their own specific background, including:

- Have you ever had unusual symptoms during periods of exertion?
- Do you ever feel dizzy or lightheaded?
- Do you ever pass out during sporting activities?
- Have you had a previous abnormal cardiac exam?

Questions are also asked to determine if there is a family history of sudden cardiac death, inherited cardiac conditions (for example, long Q-T syndrome), inherited cardiomyopathies, heart disease under the age of 50, or connective tissue disorders (like Marfan syndrome).

During the physical exam, health providers are on the lookout for atypical signs such as: a heart murmur, high blood pressure, abnormal femoral pulses in the leg, and characteristic features of a syndrome associated with cardiac disease.



The best-case scenario is that a health provider won't find anything of concern during a cardiac screening and a student athlete is given a green light to compete. However, the screening might detect something that warrants a referral to a cardiologist for further evaluation. One thing health providers are especially looking to identify are conditions that can cause sudden cardiac arrest (also known as sudden cardiac death). Sudden cardiac arrest is rare — estimates are the occurrence is anywhere between 1 in 50,000 to 1 in 300,000 people. However, kids are at an increased risk for cardiac arrest during physical activity if they live with cardiomyopathy or a condition that affects their heart muscle. Depending on the condition, their heart can be stiff, have scar tissue or become enlarged or thicker. Hypertrophic cardiomyopathy, which is when the heart muscle becomes thicker, is particularly dangerous.

Another thing a provider looks for during a screening are symptoms that occur during exertion. You exert yourself during any kind of exercise, but especially when playing sports. When there's a problem with your heart, you might experience chest pain or chest discomfort. Kids can experience musculoskeletal pain or get winded and feel chest discomfort when they're really pushing themselves. But if it's significant pain, and it doesn't resolve with resting or rehydrating, those would be things of concern. A rapid heartbeat, passing out, feeling tired easily, or having shortness of breath are also red flags.

Student athletes should get these cardiac screenings annually, which would be a requirement in House Bill 437. Any child who is going to play competitive sports should get a screen, regardless of how intense one may perceive a sport to be. Generally, when people think about when cardiac events happen, it's usually during sports like soccer, football and basketball. However, events can occur during any sport, from field hockey to swimming and beyond. It applies to any activity where your heart rate rises, you're pushing yourself, and breaking a sweat.

A preparticipation cardiac screening, when done in tandem with a physical, can bring peace of mind to students and parents alike. House Bill 437 would truly save lives of children by requiring these screenings.

Thank you again for allowing me to provide written proponent testimony for House Bill 437 on behalf of Cleveland Clinic. We wish to thank the sponsors, Representative Jean Schmidt and Representative Tristan Rader, for introducing this important issue to ensure the goals of saving lives could be accomplished. I encourage the committee to support this legislation, and I welcome any questions from the committee.