



**House Bill 356 – Proponent Testimony
House Public Health Policy Committee
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Chair Mathews, Vice Chair Stewart, Ranking Member Liston, and members of the Ohio House Public Health Policy Committee, thank you for allowing me to provide proponent testimony for House Bill 356, also known as the Healthy Cardiac Monitoring Act. My name is Peter Aziz, and I am Director of the Inherited Arrhythmia Clinic at Cleveland Clinic Children’s.

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 6,600 staffed beds, including a main campus near downtown Cleveland and 15 Northeast Ohio regional hospitals, as well as 276 outpatient locations. Cleveland Clinic employs over 5,700 physicians and scientists and over 16,500 nurses. Last year, our system cared for 3.3 million patients, including 13.7 million outpatient visits and 323,000 hospital admissions and observations. Cleveland Clinic is proud to be Ohio’s largest private employer and is dedicated to being a leader in patient experience, clinical outcomes, research, and education for patients.

US News & World Report has named Cleveland Clinic to its Honor Roll of the top hospitals in the country in its 2023-24 Best Hospital Rankings. The annual rankings also named Cleveland Clinic the No. 1 hospital for cardiology, heart and vascular surgery for the 29th year in a row, as well as the No. 1 hospital in Ohio.

As a leader in the heart field, Cleveland Clinic is a strong supporter of House Bill 356, 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 from 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 356. 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 356 could save lives by requiring these screenings.

Thank you again for allowing me to provide written proponent testimony for House Bill 356 on behalf of Cleveland Clinic. We wish to thank the sponsor, Representative Sara Carruthers, for introducing this important issue and for working closely with Cleveland Clinic to ensure the goals of this bill could be accomplished. I encourage the committee to support this legislation and I welcome any questions from the committee.