



Senate

General Assembly

File No. 494

February Session, 2026

Substitute Senate Bill No. 194

Senate, April 8, 2026

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING CARDIAC SCREENING AND SUDDEN CARDIAC ARREST PREVENTION FOR CERTAIN STUDENT ATHLETES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 10-206 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2026*):

3 (a) Each local or regional board of education shall require each pupil
4 enrolled in the public schools to have health assessments pursuant to
5 the provisions of this section. Such assessments shall be conducted by
6 (1) a legally qualified practitioner of medicine, (2) an advanced practice
7 registered nurse or registered nurse, licensed pursuant to chapter 378,
8 (3) a physician assistant, licensed pursuant to chapter 370, (4) a school
9 medical advisor, or (5) a legally qualified practitioner of medicine, an
10 advanced practice registered nurse or a physician assistant stationed at
11 any military base, to ascertain whether such pupil is suffering from any
12 physical disability tending to prevent such pupil from receiving the full
13 benefit of school work and to ascertain whether such school work

14 should be modified in order to prevent injury to the pupil or to secure
15 for the pupil a suitable program of education. No health assessment
16 shall be made of any child enrolled in the public schools unless such
17 examination is made in the presence of the parent or guardian or in the
18 presence of another school employee. The parent or guardian of such
19 child shall receive prior written notice and shall have a reasonable
20 opportunity to be present at such assessment or to provide for such
21 assessment himself or herself. A local or regional board of education
22 may deny continued attendance in public school to any child who fails
23 to obtain the health assessments required under this section.

24 (b) Each local or regional board of education shall require each child
25 to have a health assessment prior to public school enrollment. The
26 assessment shall include: (1) A physical examination [which] that shall
27 include hematocrit or hemoglobin tests, height, weight, blood pressure,
28 a medical risk assessment for lead poisoning and, when indicated by
29 such assessment, a test of the child's blood lead level, and, beginning
30 with the 2003-2004 school year, a chronic disease assessment which shall
31 include, but not be limited to, asthma. The assessment form shall
32 include (A) a check box for the provider conducting the assessment, as
33 provided in subsection (a) of this section, to indicate an asthma
34 diagnosis, (B) screening questions relating to appropriate public health
35 concerns to be answered by the parent or guardian, and (C) screening
36 questions to be answered by such provider; (2) an updating of
37 immunizations as required under section 10-204a, provided a registered
38 nurse may only update said immunizations pursuant to a written order
39 by a physician or physician assistant, licensed pursuant to chapter 370,
40 or an advanced practice registered nurse, licensed pursuant to chapter
41 378; (3) vision, hearing, speech and gross dental screenings; and (4) such
42 other information, including health and developmental history, as the
43 physician feels is necessary and appropriate. The assessment shall also
44 include tests for tuberculosis, sickle cell anemia and Cooley's anemia
45 where the local or regional board of education determines after
46 consultation with the school medical advisor and the local health
47 department, or in the case of a regional board of education, each local
48 health department, that such tests are necessary, provided a registered

49 nurse may only perform said tests pursuant to the written order of a
50 physician or physician assistant, licensed pursuant to chapter 370, or an
51 advanced practice registered nurse, licensed pursuant to chapter 378.

52 (c) Each local or regional board of education shall require each pupil
53 enrolled in the public schools to have health assessments in either grade
54 six or grade seven and in either grade nine or grade ten. The assessment
55 shall include: (1) A physical examination [which] that shall include
56 hematocrit or hemoglobin tests, height, weight, blood pressure, and,
57 beginning with the 2003-2004 school year, a chronic disease assessment
58 which shall include, but not be limited to, asthma as defined by the
59 Commissioner of Public Health pursuant to subsection (c) of section 19a-
60 62a, as amended by this act. The assessment form shall include (A) a
61 check box for the provider conducting the assessment, as provided in
62 subsection (a) of this section, to indicate an asthma diagnosis, (B)
63 screening questions relating to appropriate public health concerns to be
64 answered by the parent or guardian, and (C) screening questions to be
65 answered by such provider; (2) an updating of immunizations as
66 required under section 10-204a, provided a registered nurse may only
67 update said immunizations pursuant to a written order of a physician
68 or physician assistant, licensed pursuant to chapter 370, or an advanced
69 practice registered nurse, licensed pursuant to chapter 378; (3) vision,
70 hearing, postural and gross dental screenings; and (4) such other
71 information including a health history as the physician feels is necessary
72 and appropriate. The assessment shall also include tests for tuberculosis
73 and sickle cell anemia or Cooley's anemia where the local or regional
74 board of education, in consultation with the school medical advisor and
75 the local health department, or in the case of a regional board of
76 education, each local health department, determines that said screening
77 or test is necessary, provided a registered nurse may only perform said
78 tests pursuant to the written order of a physician or physician assistant,
79 licensed pursuant to chapter 370, or an advanced practice registered
80 nurse, licensed pursuant to chapter 378.

81 (d) For the school year commencing July 1, 2027, and each school year
82 thereafter, each local or regional board of education shall require each

83 pupil enrolled in grades nine to twelve, inclusive, in the public schools
84 to have an athletics health assessment prior to being permitted to
85 participate in interscholastic athletics for each academic year. The
86 athletics assessment shall include a physical examination that shall
87 include screening for serious cardiac conditions that could lead to
88 sudden cardiac death, which screening shall be performed in
89 accordance with guidelines established by the American Heart
90 Association, the American College of Cardiology or another
91 organization focused on cardiovascular care in pediatric populations.
92 The athletics assessment form shall include (1) a check box for the
93 provider conducting the athletics assessment, as provided in subsection
94 (a) of this section, to indicate any patient or family history of symptoms
95 of such serious cardiac conditions, including, but not limited to, chest
96 pain with exertion or unexplained syncope, and any family history of
97 sudden cardiac death, (2) screening questions relating to a family
98 history of such serious cardiac issues to be answered by the parent or
99 guardian, including, but not limited to, chest pain with exertion,
100 unexplained syncope, sudden cardiac arrest or sudden cardiac death,
101 (3) any additional cardiac screening questions to be answered by such
102 provider, as deemed necessary and appropriate by such provider, and
103 (4) check boxes for the provider conducting the athletics assessment to
104 indicate whether (A) based on such assessment, the provider has
105 conducted an electrocardiogram test on the pupil or referred the pupil
106 to another provider to receive such test, and (B) based on the results of
107 any such electrocardiogram test, the provider referred the pupil for any
108 additional cardiac screening or treatment.

109 [(d)] (e) The results of each assessment done pursuant to this section
110 and the results of screenings done pursuant to section 10-214 shall be
111 recorded on forms supplied by the State Board of Education. Such
112 information shall be included in the cumulative health record of each
113 pupil and shall be kept on file in the school such pupil attends. If a pupil
114 permanently leaves the jurisdiction of the board of education, the pupil's
115 original cumulative health record shall be sent to the chief
116 administrative officer of the school district to which such student
117 moves. The board of education transmitting such health record shall

118 retain a true copy. Each physician, advanced practice registered nurse,
119 registered nurse, or physician assistant performing health assessments
120 and screenings pursuant to this section and section 10-214 shall
121 completely fill out and sign each form and any recommendations
122 concerning the pupil shall be in writing.

123 ~~[(e)]~~ (f) Appropriate school health personnel shall review the results
124 of each assessment and screening as recorded pursuant to subsection
125 ~~[(d)]~~ (e) of this section. When, in the judgment of such health personnel,
126 a pupil, as defined in section 10-206a, as amended by this act, is in need
127 of further testing or treatment, the superintendent of schools shall give
128 written notice to the parent or guardian of such pupil and shall make
129 reasonable efforts to assure that such further testing or treatment is
130 provided. Such reasonable efforts shall include a determination of
131 whether or not the parent or guardian has obtained the necessary testing
132 or treatment for the pupil, and, if not, advising the parent or guardian
133 on how such testing or treatment may be obtained. The results of such
134 further testing or treatment shall be recorded pursuant to subsection
135 ~~[(d)]~~ (e) of this section, and shall be reviewed by school health personnel
136 pursuant to this subsection.

137 ~~[(f)]~~ (g) On and after October 1, 2017, each local or regional board of
138 education shall report to the local health department and the
139 Department of Public Health, on an triennial basis, the total number of
140 pupils per school and per school district having a diagnosis of asthma
141 (1) at the time of public school enrollment, (2) in grade six or seven, and
142 (3) in grade nine or ten. The report shall contain the asthma information
143 collected as required under subsections (b) and (c) of this section and
144 shall include pupil age, gender, race, ethnicity and school. Beginning on
145 October 1, 2021, and every three years thereafter, the Department of
146 Public Health shall review the asthma screening information reported
147 pursuant to this section and shall submit a report to the joint standing
148 committees of the General Assembly having cognizance of matters
149 relating to public health and education concerning asthma trends and
150 distributions among pupils enrolled in the public schools. The report
151 shall be submitted in accordance with the provisions of section 11-4a

152 and shall include, but not be limited to, (A) trends and findings based
 153 on pupil age, gender, race, ethnicity, school and the education reference
 154 group, as determined by the Department of Education for the town or
 155 regional school district in which such school is located, and (B) activities
 156 of the asthma screening monitoring system maintained under section
 157 19a-62a, as amended by this act.

158 Sec. 2. Section 10-206a of the general statutes is repealed and the
 159 following is substituted in lieu thereof (*Effective July 1, 2026*):

160 Each local or regional board of education shall provide for health
 161 assessments pursuant to [subsection (c)] subsections (c) and (d) of
 162 section 10-206, as amended by this act, without charge to all pupils
 163 whose parents or guardians meet the eligibility requirements for free
 164 and reduced price meals under the National School Lunch Program or
 165 for free milk under the special milk program. To meet its obligations
 166 pursuant to this section, a board of education may utilize existing
 167 community resources and services.

168 Sec. 3. Section 19a-62a of the general statutes is repealed and the
 169 following is substituted in lieu thereof (*Effective July 1, 2026*):

170 (a) The Commissioner of Public Health shall maintain a system of
 171 monitoring asthma screening information reported to the Department
 172 of Public Health pursuant to subsection [(f)] (g) of section 10-206, as
 173 amended by this act.

174 (b) Not later than October 1, 2021, and triennially thereafter, the
 175 Department of Public Health shall post on its Internet web site the
 176 activities of the asthma screening monitoring system maintained under
 177 subsection (a) of this section, including a report of the information
 178 obtained by the department pursuant to subsection [(f)] (g) of section
 179 10-206, as amended by this act.

| | | |
|---|--------------|--------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | July 1, 2026 | 10-206 |

| | | |
|--------|---------------------|---------|
| Sec. 2 | <i>July 1, 2026</i> | 10-206a |
| Sec. 3 | <i>July 1, 2026</i> | 19a-62a |

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

| Municipalities | Effect | FY 27 \$ | FY 28 \$ |
|-------------------------------------|--|----------|-------------------|
| Local and Regional School Districts | STATE MANDATE ¹ - Potential Cost | None | Potential Minimal |

Explanation

The bill, which requires high school student athletes to complete an athletics health assessment and local and regional boards of education (BOEs) to pay for the assessment for certain students, results in a potentially minimal cost to BOEs beginning in FY 28. The cost is dependent on the number of students for whom the BOE must pay for the assessment and the cost of the assessment. It is anticipated the cost of the assessment will be minimal and may be covered by insurance for some students.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

¹ State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

OLR Bill Analysis**sSB 194*****AN ACT CONCERNING CARDIAC SCREENING AND SUDDEN CARDIAC ARREST PREVENTION FOR CERTAIN STUDENT ATHLETES.*****SUMMARY**

Starting in the 2027-28 school year, this bill generally requires public high school students, before participating in interscholastic sports, to have an annual athletics health assessment by a health professional. This must include a physical exam that screens for serious cardiac conditions that could lead to sudden death.

Among other things, the assessment form must include information on relevant patient or family history and whether the provider did an electrocardiogram (EKG) or referred the student for one.

As with other student health assessments under existing law, the bill requires schools to (1) provide the assessment for free if the student is eligible for free or reduced price meals and (2) record the assessment results in the student's health record.

The bill extends to these athletic health assessments certain other provisions that apply to student health assessments under existing law, including those shielding the records from public inspection and requiring a religious exemption (CGS §§ 10-208 & -209).

The bill also makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2026

ANNUAL ATHLETICS HEALTH ASSESSMENT

Under the bill, the required athletic health assessment for high school student athletes must be done by a qualified health care provider, such as a physician, advanced practice registered nurse, or physician assistant. It must include a physical exam that screens for serious cardiac conditions that could lead to sudden death, with the screening done in line with guidelines set by the American Heart Association, the American College of Cardiology, or another organization focused on pediatric cardiovascular care.

The assessment form, to be supplied by the state Board of Education, must include:

1. a check box for the provider to indicate any patient or family history of serious cardiac symptoms, such as chest pain with exertion or unexplained syncope (fainting), and family history of sudden cardiac death;
2. screening questions for the parent or guardian about family history with these issues, including those listed above or sudden cardiac arrest;
3. any additional screening questions for the provider to answer as he or she deems necessary and appropriate; and
4. check boxes for the provider to indicate whether, based on the assessment, the provider conducted an EKG or referred the student for one and if so, whether he or she then referred the student for additional screening or treatment.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
 Yea 32 Nay 0 (03/23/2026)