

CHAPTER 260

AN ACT establishing the New Jersey Student Athlete Cardiac Screening Task Force.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. The Legislature finds and declares that:

a. There is growing concern throughout the State about the incidence of young athletes who die suddenly while playing high intensity sports, often due to a heart problem that was undetected;

b. These tragic deaths may be prevented if the athletes' "silent" heart problems can be detected before they do damage;

c. Sudden cardiac death in a young person is often caused by a heart or heart artery defect that the person had from birth; and several heart problems are known to cause sudden death, many of them inherited;

d. The most common cause of sudden cardiac death in student athletes is hypertrophic cardiomyopathy, a condition in which the heart muscle is thicker than normal, which can make it harder for the heart to pump and can also affect the electrical system of the heart and lead to dangerous heart rhythms; and sudden cardiac death often occurs because of a very fast or quivering heart rhythm that prevents the heart from pumping effectively, which deprives the heart and brain of oxygen;

e. It may be difficult to know whether a child is at risk for sudden cardiac death because a child with an inherited heart problem may seem perfectly healthy, since the child's heart may work well with normal activity and symptoms may only occur when the heart is overstressed during exercise; however, in many cases, there are premonitory symptoms, a family history of sudden death at a young age, or clinical or electrocardiographic abnormalities that indicate risk for sudden cardiac death;

f. The American Heart Association and the American College of Cardiology recommend that all student athletes be screened before they take part in sports, which would include a review of the student's personal and family history and a physical examination;

g. In recognition of this serious problem, this Legislature enacted P.L.2007, c.125 (C.18A:40-41) to require that the Commissioner of Education, in consultation with the Commissioner of Health and Senior Services, the American Heart Association, and the American Academy of Pediatrics, develop an informational pamphlet about sudden cardiac death, for distribution to all school districts in the State, and that school districts distribute the pamphlet to the parents or guardians of students participating in school sports; and

h. Further action is required to address this problem, and it is in the public interest to establish a task force to review and assess current procedures and documentation relating to the screening of student athletes in order to detect risk for sudden cardiac death, and consider ways to ensure better screening in order to minimize the possibility of these tragic occurrences.

2. a. There is established the New Jersey Student Athlete Cardiac Screening Task Force in the Department of Health and Senior Services.

The purpose of the task force shall be to study and evaluate, and develop recommendations relating to, specific actionable measures to enhance screening of student athletes for hypertrophic cardiomyopathy and other cardiac conditions that will help identify student athletes who are at risk for sudden cardiac death.

b. The task force shall consist of eight members as follows:

(1) the Commissioners of Health and Senior Services and Education or their designees, who shall serve ex officio; and

(2) six members, who shall be appointed by the Commissioner of Health and Senior Services no later than the 60th day after the effective date of this act, as follows: one person who represents the American Heart Association; one person who represents the American Academy of Pediatrics, New Jersey Chapter; one person who represents the American College of Cardiology; one person who represents the New Jersey State School Nurses Association; one person who represents the New Jersey State Interscholastic Athletic Association; and one person who represents the New Jersey Academy of Family Physicians.

Vacancies in the membership of the task force shall be filled in the same manner provided for the original appointments.

c. The task force shall organize as soon as practicable following the appointment of its members and shall hold its initial meeting no later than the 120th day after the effective date of this act. The task force shall select a chairperson and vice-chairperson from among the members, and the chairperson shall appoint a secretary who need not be a member of the task force.

d. The public members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties and within the limits of funds available to the task force.

e. The task force shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county or municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes.

f. The task force may meet and hold hearings as it deems appropriate.

g. The Department of Health and Senior Services shall provide staff support to the task force.

3. The task force shall report its findings and recommendations to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), along with any legislative bills that it desires to recommend for adoption by the Legislature, no later than 12 months after the initial meeting of the task force.

4. This act shall take effect immediately and shall expire upon the issuance of the task force report.

Approved January 17, 2010.