

WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

Engrossed

Senate Bill 488

BY SENATORS TAKUBO, STOLLINGS AND PLYMALE

[Introduced February 3, 2016;

Referred to the Committee on Education.]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §18-2-25b, relating to establishing protocols and protections to limit and treat
3 injury to youth athletes and students; creating Leland's Law; setting out legislative findings;
4 establishing requirement for an emergency action plan at all high school and middle school
5 athletic activities; defining certain terms; requiring promulgation of certain rules; and
6 setting forth certain minimum provisions of rules.

Be it enacted by the Legislature of West Virginia:

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new
2 section, designated §18-2-25b, to read as follows:

ARTICLE 2. STATE BOARD OF EDUCATION.

**§18-2-25b. Management of hypertrophic cardiomyopathy in athletics at West Virginia
Secondary School Activities Commission member high school and middle
school.**

1 (a) The requirements set forth in this section shall be cited as Leland's Law.

2 (b) The Legislature makes the following findings:

3 (1) Hypertrophic cardiomyopathy is a disease in which the heart muscle becomes
4 abnormally thick making it harder for the heart to pump blood. It is a very common condition and
5 can affect people of any age. About one out of every five hundred people have hypertrophic
6 cardiomyopathy. It affects men and women equally. It is a common cause of sudden cardiac
7 arrest in young people, including young athletes.

8 (2) Hypertrophic cardiomyopathy often goes undiagnosed because many people with the
9 disease have few, if any, symptoms and can lead normal lives with no significant problems.
10 However, in a small number of people the thickened heart muscle can cause shortness of breath,
11 chest pain or problems in the heart's electrical system, resulting in life-threatening abnormal heart
12 rhythms. It is also genetic and can be passed on from generation to generation. Younger people
13 are likely to have a more severe form of hypertrophic cardiomyopathy.

14 (3) Hypertrophic cardiomyopathy can be triggered by physical activity which may trigger
15 dangerous arrhythmias. Because the disease has few symptoms and due to its link to physical
16 activity, student athletes are particularly at risk. In fact some experts find it is a leading cause of
17 sudden cardiac death in young athletes. Receiving immediate treatment with an adverse event is
18 essential.

19 (4) Most people with hypertrophic cardiomyopathy have a low risk for sudden cardiac
20 death. However, it is important to identify the small number of patients with hypertrophic
21 cardiomyopathy who do have a higher risk for sudden cardiac death so preventive measures can
22 be taken.

23 (5) The type of treatment prescribed depends on a number of factors, including the age of
24 the person diagnosed. Treatment is aimed at minimizing or preventing symptoms and reducing
25 the risk of complications, such as heart failure and sudden cardiac death. Treatment may include
26 risk identification and regular follow-up, lifestyle changes, medications and procedures as needed.

27 (c) For the purposes of this section:

28 (1) “Emergency action plan” means a plan requiring emergency action to be taken at any
29 sporting event, game or practice that would require at least two designated individuals to notify
30 emergency responders; two designated individuals to perform compression only cardiopulmonary
31 resuscitation and two designated individuals to be properly trained to obtain and use an
32 automated external defibrillator should an interscholastic athlete become unresponsive at the
33 event, game, scrimmage or practice.

34 (2) “Hypertrophic cardiomyopathy” means a disease of the muscle of the heart in which a
35 portion of the myocardium is thickened without any obvious cause, creating functional impairment
36 of the cardiac muscle.

37 (3) “Interscholastic athlete” means any athlete who is participating in interscholastic
38 athletics at a high school or middle school that is a member of the West Virginia Secondary School
39 Activities Commission.

40 (d) The West Virginia Secondary School Activities Commission shall promulgate rules
41 pursuant to section twenty-five of this article that address hypertrophic cardiomyopathy in
42 interscholastic athletes: *Provided*, That prior to state board approval and notwithstanding the
43 exemption provided in section three, article one, chapter twenty-nine-a of this code, the state
44 board shall submit the rule to the Legislative Oversight Commission on Education Accountability
45 pursuant to section nine, article three-b, chapter twenty-nine-a of this code.

46 (e) The rules required by this section shall include, but are not limited to, the following:

47 (1) Development of an athletic participation and parental consent form with an
48 accompanying physician form that includes a history of sudden death and known relatives who
49 may have diagnosed with hypertrophic cardiomyopathy;

50 (2) A medical screening mechanism on interscholastic athletes who have indicated a
51 family history of sudden death or hypertrophic cardiomyopathy that includes testing for
52 appropriate heart murmur indications during moderately forceful attempted exhalation against a
53 closed airway known medically as a Valsalva;

54 (3) Criteria for development and mandatory elements of an emergency action plan at all
55 sporting events, games, scrimmages and practices. This plan shall include at a minimum a six-
56 person team which may include coaches and students. This team shall include:

57 (A) Two designated persons, with knowledge of the nearest available telephone, to notify
58 first responders of an unresponsive interscholastic athlete;

59 (B) Two designated persons properly trained in compression only cardiopulmonary
60 resuscitation; and

61 (C) Two designated persons who have access to obtain and are properly trained to use
62 an automated external defibrillator, if available;

63 (4) Procedures and timeframes for submission of the emergency action plan to the school
64 principal prior to commencement of the season of any sport. These procedures and time frames
65 shall include:

66 (A) Written verification to the principal of the school, from the coach, director or other
67 person in charge of the team or activity that a plan has been prepared and will be implemented
68 within the first two weeks of commencement of the season; and

69 (B) Procedures for cessation of the activity or activities if a plan is not in place;

70 (5) Any other requirements necessary to accomplish the goals of this section.