



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/19/2026

Time: 02:00 PM

Location: 309 VIA VIDEOCONFERENCE

Committee: EDN

Department: Education

Person Testifying: Keith T. Hayashi, Superintendent of Education

Title of Bill: HB2485, RELATING TO CARDIOVASCULAR SCREENING.

Purpose of Bill: Requires cardiovascular screening for students, including student athletes. Requires the Department of Education, in collaboration with the Department of Health, to distribute educational and informational materials regarding sudden cardiac arrest. Requires the Department of Health to implement policies, programs, training, and continuing education that increase health care provider knowledge of cardiovascular screening guidelines.

Department's Position:

The Hawai'i State Department of Education (Department) respectfully provides comments on HB2485. This measure would establish clinical standards for cardiovascular screening as part of physical examinations conducted by licensed, qualified health care providers for Department students and student-athletes. The bill also assigns responsibilities to the Department of Health (DOH) related to training, monitoring, and public reporting on cardiovascular screening activities.

The Department notes that current physical examination requirements already include cardiovascular screening components. Pursuant to Hawai'i Revised Statutes, Chapter 302A, sections 1154 through 1163, students are required to submit documentation of comprehensive physical examinations upon initial school entry and at seventh grade. These examinations include cardiovascular assessments consistent with DOH specifications. In addition, student-athletes are required to complete an annual pre-participation physical examination that includes a personal and family cardiac history and a cardiovascular physical examination.

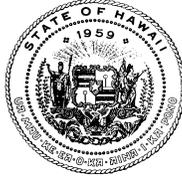
The Department respectfully notes several implementation considerations associated with this measure. HB2485 Section 302A-B would require the annual collection of physical examination documentation for all students, representing a significant expansion beyond current practice and increasing schools' records-management responsibilities. Further, while the bill requires DOH to publish an annual report on cardiovascular screening outcomes, the Department does not have an established role in monitoring health care provider referrals or follow-up care resulting from these examinations.

In addition, the Early and Periodic Screening, Diagnostic and Treatment program is administered by the Department of Human Services. The Department lacks access to clinical follow-up data and is constrained by the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act in its ability to collect, track, or verify medical outcomes following screening.

Accordingly, the Department respectfully requests clarification on which agency is responsible for collecting, maintaining, and reporting the data required under this measure, and consideration of the

fiscal and operational impacts of expanded documentation and records-management requirements.

Thank you for the opportunity to provide comments on this measure.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on H.B. 2485
RELATING TO CARDIOVASCULAR SCREENING**

REPRESENTATIVE JUSTIN H. WOODSON, CHAIR
COMMITTEE ON EDUCATION

Hearing Date, Time: February 19, 2026, 2:00 PM

Room Number: Conference Room 309
and Videoconference

- 1 **Fiscal Implications:** The Department of Health (DOH) defers to the priorities of the Governor's
- 2 Executive Budget priorities.

- 3 **Department Position:** The DOH appreciates the intent of House Bill 2485 (H.B. 2485), which
- 4 requires cardiovascular screening for students, including student athletes. The measure
- 5 requires the Department of Education (DOE), in collaboration with the DOH, to distribute
- 6 educational and informational materials regarding sudden cardiac arrest. This measure also
- 7 requires the DOH to implement policies, programs, training, and continuing education that
- 8 increase health care provider knowledge of cardiovascular screening guidelines. The DOH
- 9 defers to the DOE on implementation implications within Hawaii's public schools.

- 10 **Department Testimony:** Each year, more than 350,000 people in the U.S. have an out-of-
- 11 hospital cardiac arrest (OHCA) and about 90% of people who have OHCA do not survive.¹ When
- 12 someone suffers cardiac arrest, the chance of survival decreases about 10% for every minute

¹ *Why Learn CPR?* (n.d.). Retrieved February 18, 2026, from <https://www.heart.org/en/-/media/Files/Nation-of-Lifesavers/2025-CPR-Fact-Sheet.pdf>

1 that immediate cardiopulmonary resuscitation (CPR) and use of an automatic external
2 defibrillator (AED) is delayed. The use of an AED combined with CPR can double or triple the
3 person's chance of survival.² Out-of-hospital cardiac arrest is happening frequently in Hawaii
4 with over 1,300 cases reported annually in recent years. In 2022, emergency medical service
5 teams treated about 1,693 OHCA cases in the state and only 10.9% of these victims survived.³

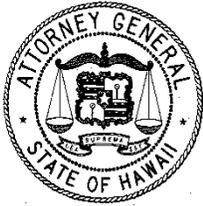
6 The DOH is supportive of decreasing the burden of cardiovascular disease (CVD) in Hawaii and
7 improving wellness in high schools. However, there are challenges to consider with this
8 measure. Negotiations amongst the Departments would be necessary as data sharing
9 agreements and DOH and DOE responsibilities pertaining to school health need to be clearly
10 defined. Besides school health, DOH staff need to fulfill other responsibilities to our
11 communities such as elder health, disaster preparedness and response, communicable and
12 chronic disease prevention, assisting limited English proficient and underserved communities
13 with their health needs, and many other public health initiatives. The DOH is willing to serve
14 our communities, but there are competing priorities and resource limitations. The DOH works
15 with community stakeholders to prevent CVD through better management of high blood
16 pressure, high blood cholesterol, and encouraging healthier lifestyle choices, but clinical partner
17 involvement would be needed to regulate and train providers as proposed in the amendments
18 to Hawaii Revised Statutes, Section 302A-D, since this is outside the scope of DOH expertise.

19 **Offered Amendments: None**

20 Thank you for the opportunity to submit testimony on this measure.

² American Red Cross. (2024, October 2). *Red cross training & certification*. Red Cross. <https://www.redcross.org/take-a-class/resources/articles/cpr-facts-and-statistics>

³ Buaprasert, P., Al-Araji, R., Rajdev, M., Vellano, K., J. Carr, M., & McNally, B. (2024). The past, present, and future of the Cardiac Arrest Registry to Enhance Survival (CARES). *Resuscitation Plus*, 18, 100624. <https://doi.org/10.1016/j.resplu.2024.100624>



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2026**

ON THE FOLLOWING MEASURE:

H.B. NO. 2485, RELATING TO CARDIOVASCULAR SCREENING.

BEFORE THE:

HOUSE COMMITTEE ON EDUCATION

DATE: Thursday, February 19, 2026 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 309

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Anne T. Horiuchi or Randall M. Wat, Deputy Attorneys General

Chair Woodson and Members of the Committee:

The Department of the Attorney General (Department) provides the following comments.

The purposes of the bill are to require: (1) cardiovascular screening (screening) for all students, including student athletes; (2) the screening to include certain elements; (3) student athletes who receive positive findings from screening be referred to further evaluation and testing; (4) the Department of Health (DOH) to publish an annual report to include the total number of screenings, the proportion of positive screenings and follow-up care, and false positive rates and additional diagnostic studies; (5) DOH to implement policies, training, and education to increase provider knowledge of screening guidelines; and (6) the Department of Education (DOE) and DOH to distribute educational and informational materials concerning sudden cardiac arrest.

New Section 302A-A

New section 302A-A, Hawaii Revised Statutes (HRS), provides for screening for student athletes. (Page 1, line 5, through page 3, line 7.) The new section, however, does not specify to whom the screening results should be submitted. Additionally, new section 302A-A(a), HRS (page 1, lines 6-11), provides that a "qualified health care professional who performs a physical examination for student athletes shall include a cardiovascular screening" (page 1, lines 6-8), but the bill is vague as to whether this qualified health care professional is a student athlete's personal physician, or someone

associated with the DOE. To avoid confusion, and to align with the requirements set forth in new section 302A-B, HRS (page 3, lines 8-16), the Department suggests revising new section 302A-A(a) on page 1, lines 6-11, as follows:

(a) Beginning with the school year, **prior to a student athlete's participation in any school-sponsored athletic activity, each student athlete shall present to the appropriate school official a report from** a qualified health care professional who performs a physical examination for student athletes **that** shall include a cardiovascular screening that follows nationally recognized, evidence-based guidelines recommended by organizations focused on cardiovascular care in pediatric populations.

(Suggested changes Ramseyered against the text of the bill and in bold.)

New section 302A-A(c), HRS (page 2, lines 11-12), provides that "[s]tudent athletes who are screened and receive positive findings shall be referred for further evaluation and testing." The bill should be clarified to specify the meaning of "positive findings," and identify the person who is responsible for referring the student athlete for further evaluation and testing. For example, it is unclear whether the qualified health care professional who performs the screening or a DOE official is responsible for receiving the screening results and making the referral. It is also ambiguous to whom the referral is to be made (i.e., whether it must be made to a cardiologist).

New section 302A-A(e), HRS (page 2, line 16, through page 3, line 7), requires the DOH to compile and publish on its website a publicly available annual report containing the total number of screenings that were completed and the number of referrals made to cardiology specialists, as well as other data. The bill should be revised to address the following:

1. A student's health-related records maintained by that student's school are educational records protected by the Family Educational Rights and Privacy Act (title 20 United States Code section 1232g). Without consent from the student's parent or legal guardian, the DOE cannot share such information with the DOH. If the bill's intent is to require the DOE to share student athletes' screening records, then the bill should be revised to create a process

- authorizing the DOE to share this information after receiving consent from the student athlete's parent or legal guardian.
2. If the bill's intent is to require the DOE to share de-identified screening data with the DOH, then the bill should be revised to create the process and timetable for this data to be shared.

New Section 302A-B

New section 302A-B, HRS (page 3, line 8, through page 4, line 10), requires that "each child shall present to the appropriate school official a report from a qualified health care professional who performs a physical examination as part of an annual well-child visit that includes the results of a cardiovascular screening[.]" (Page 3, lines 9-13 (emphasis added).) The bill assumes that every child receives a well-child visit on an annual basis. If a child does not obtain an annual well-child visit, or if the report of the visit does not include information indicating that the screening was performed, it is not clear from the bill if some sort of penalty will be incurred from failing to meet this requirement.

Finally, if the intent of the bill is to have the DOE hire qualified health care professionals to conduct the screening for student athletes and/or all students, then the bill should be amended to provide an appropriation of funds to the DOE to carry out the purposes of the bill.

Thank you for the opportunity to provide comments on this bill.



February 17, 2026

Representative Justin Woodson, Chair
Representative Trish La Chica, Vice Chair
Members of the House Committee on Education

American Heart Association Testimony for HB 2485

Aloha Chair Woodson, Vice Chair La Chica, Members of the Committee:

The American Heart Association (AHA) stands in **STRONG SUPPORT of HB 2485** which requires all public school students, including student athletes, to receive an evidence-based cardiovascular screening as part of their annual physical. The screening uses personal history, family history, and a physical exam, with referrals required for any concerning findings. The bill also directs the Department of Education and Department of Health to provide cardiac-emergency education, train providers, and publish annual screening data.

Families who have children with cardiac conditions or who have lost their young athletes to a sudden cardiac event have endured the unimaginable. Their experiences reflect the deepest kind of loss, yet many of these families have shown extraordinary courage by transforming their grief into a commitment to protect other children. Their efforts underscore a shared determination to ensure that no other family suffers the tragedy they have lived through.

The heart is a complex organ, and no single screening test can detect all conditions that place a child at risk for sudden cardiac arrest. For this reason, the American Heart Association and the American College of Cardiology support an evidence-based, comprehensive approach to youth cardiac safety. This approach is important because it does not rely on a single intervention, but instead layers protection to reduce preventable deaths.

Early identification begins in the healthcare setting. During routine well-child visits and sport physicals, healthcare professionals perform cardiovascular assessments that include a review of personal medical history, family history, and a focused physical examination. This individualized process offers the most reliable means of identifying

serious conditions that may require additional diagnostic testing prior to a catastrophic event.

HB 2485 places emphasis on student-athlete safety because athletes face the highest risks during strenuous physical activity. Sports participation demands more from the heart than typical daily activity, and undiagnosed cardiac conditions are most likely to become dangerous under intense physical stress. Since student athletes routinely undergo sports physicals, these visits create an efficient and cost-effective opportunity to conduct the in-depth heart assessment that can reveal conditions requiring further evaluation.

Sudden cardiac arrest is, in fact, the leading cause of death among student athletes, and research shows that nearly 40 percent of cardiac arrests in young people occur during sports. These realities reinforce the importance of comprehensive screening and emergency readiness in every school and athletic program.

The AHA, together with the Hypertrophic Cardiomyopathy Association, remains steadfastly committed to protecting children and student athletes from cardiac emergencies. These organizations, alongside the American College of Cardiology and the American Academy of Pediatrics, all recommend a thorough and individualized heart assessment conducted by a student's health care professional, grounded in personal and family history and supported by a targeted physical examination.

Studies consistently demonstrate that such comprehensive evaluations during sports physicals or well visits are the most effective means of identifying serious heart conditions that can lead to cardiac events. These conditions include heart failure, hypertrophic cardiomyopathy, coronary artery anomalies, various electrical channelopathies, arrhythmogenic right ventricular cardiomyopathy, and genetic connective tissue disorders such as Marfan syndrome.

Under this recommended approach, if a health assessment raises concerns, the clinician can recommend tailored evaluation to provide students and parents further insight. This targeted use of diagnostic testing ensures that those who need additional evaluation receive it, while avoiding unnecessary testing for those who do not. Even with careful screening, however, emergencies can still happen.

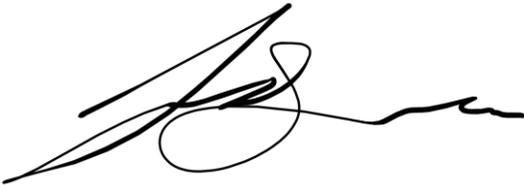
This reality makes school preparation critically important. Evidence consistently demonstrates that immediate cardiopulmonary resuscitation (CPR) and rapid defibrillation with an automated external defibrillator (AED) dramatically improve survival following sudden cardiac arrest. Every minute without intervention significantly decreases the chance of survival.

These recommendations reflect a growing national awareness and concern - that more needs to be done. Preventing sudden cardiac arrest begins with early identification of

heart conditions, improved education, CPR and AED readiness in schools, and stronger systems to protect the health and safety of our keiki.

In order to increase student health and safety, we strongly urge the committee to pass HB 2485 and work towards preventing future tragedies.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Lauren Simpson-Gomez', with a stylized, flowing script.

Lauren Simpson-Gomez

Hawai'i Government Relations Director



February 17, 2026

To: COMMITTEE ON EDUCATION
Rep. Justin H. Woodson, Chair
Rep. Trish La Chica, Vice Chair

Re: SUPPORT of HB 2485 RELATING TO RELATING TO CARDIOVASCULAR SCREENING

Hrg: February 19, 2026 at 2:00PM

Aloha Chair Woodson, Vice Chair La Chica, and Members of the Education Committee:

The Hawai'i Public Health Association (HPHA) is a group of over 450 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy.

The Hawaii Public Health Association supports HB 2485 which requires all public school students, including student athletes, to receive an evidence-based cardiovascular screening as part of their annual physical. The screening uses personal history, family history, and a physical exam, with referrals required for any concerning findings. The bill also directs the Department of Education and Department of Health to provide cardiac-emergency education, train providers, and publish annual screening data.

Families who have children with cardiac conditions or who have lost their young athletes to a sudden cardiac event have endured the unimaginable. Their experiences reflect the deepest kind of loss, yet many of these families have shown extraordinary courage by transforming their grief into a commitment to protect other children. Their efforts underscore a shared determination to ensure that no other family suffers the tragedy they have lived through.

Early identification begins in the healthcare setting. During routine well-child visits and sport physicals, healthcare professionals perform cardiovascular assessments that include a review of personal medical history, family history, and a focused physical examination. This individualized process offers the most reliable means of identifying serious conditions that may require additional diagnostic testing prior to a catastrophic event.

In order to increase student health and safety, we strongly urge the committee to pass HB 2485 and work towards preventing future tragedies.

Thank you for the opportunity to provide testimony on this important public health issue.

Respectfully submitted,

A handwritten signature in black ink that reads "Holly Kessler". The signature is written in a cursive, flowing style.

Holly Kessler
Executive Director

Representative Justin Woodson, Chair
Representative Trish La Chica, Vice Chair
Members of the House Committee on Education

Testimony for HB 2485

Aloha Chair Woodson, Vice Chair La Chica, and Members of the Committee:

My name is Dr. Ameer Bigelow, and I am a pediatric cardiologist and pediatric cardiac intensivist at Nationwide Children's Hospital, in Columbus Ohio, and an American Heart Association Volunteer. I respectfully submit this testimony in **strong support** of HB2485.

As a cardiologist, I have seen firsthand the devastating impact of heart conditions in young people. It is catastrophic for families, schools, and communities. Sudden cardiac arrest is, in fact, the leading cause of death among student athletes, and research shows that nearly 40 percent of cardiac arrests in young people occur during sports. These realities reinforce the importance of comprehensive screening and emergency readiness in every school and athletic program. Studies consistently demonstrate that comprehensive assessments during sports physicals or well child visits are the most effective means of identifying serious heart conditions that can lead to cardiac events.

Sports participation demands more from the heart than typical daily activity, and undiagnosed cardiac conditions are most likely to become dangerous under intense physical stress. Since student athletes routinely undergo sports physicals, these visits create an efficient and cost-effective opportunity to conduct the in-depth heart assessment that can reveal conditions requiring further evaluation.

Cardiac health in young people is a critical issue, and early detection and treatment of cardiac conditions must be our priority. The most effective path forward is using the 14-point screening to identify concerning symptoms and family history—and doing it well. We also know that broader strategies like CPR training, AED access, and strong emergency response planning save lives. Our goal is a truly comprehensive approach to protect children and student athletes.

In order to increase student health and safety, we strongly urge the committee to pass HB2485.

Thank you for the opportunity to speak today, and I am open to questions.

Respectfully submitted,

Dr. Ameer Bigelow

Representative Justin Woodson, Chair
Representative Trish La Chica, Vice Chair
Members of the House Committee on Education

Testimony for HB 2485

Aloha Chair Woodson, Vice Chair La Chica, Members of the Committee:

My name is Dr. Zia Khan. I am a practicing general cardiologist and former Chief of Cardiovascular Diseases at The Queen's Health Systems and at the University of Hawai'i John A. Burns School of Medicine. I also serve as an enthusiastic supporter and volunteer with the American Heart Association. I respectfully submit testimony in **STRONG SUPPORT of HB 2485.**

HB 2485 requires cardiovascular screening for students, including student athletes. It also directs the Department of Education, in collaboration with the Department of Health, to distribute educational materials on sudden cardiac arrest, and requires the Department of Health to strengthen provider training and continuing education on cardiovascular screening guidelines. Sudden cardiac arrest is the leading cause of death among student athletes. Approximately 40 percent of cardiac arrests in young people occur during or immediately after sports participation. These events are rare, but when they occur, they are catastrophic for families and communities.

The important point is that many of the underlying conditions associated with sudden cardiac arrest can be identified through careful history, physical examination, and appropriate follow up testing. Sports physicals and well child visits already provide a structured opportunity for this assessment. HB 2485 standardizes and strengthens that preventive step.

Sports place significant physiologic stress on the heart. Conditions that are silent at rest can become dangerous under exertion. That is precisely why targeted cardiovascular screening matters. I will offer one brief example. A close colleague of mine, a cardiologist who has implemented transformative cardiovascular technology in Hawai'i, was incidentally diagnosed with a serious cardiac condition while playing recreational basketball as an adult. He appeared healthy. Because the condition was identified before a catastrophic event, he received appropriate treatment and continues to care for patients across our state. Early identification preserved not only his life, but the impact of his work on the people of our state.

HB 2485 is a measured, prevention-focused approach. It strengthens screening, improves public awareness, and ensures providers are appropriately trained. It aligns with sound cardiovascular practice and supports schools in protecting the health of Hawai'i's students.

For these reasons, I respectfully urge the committee to pass HB 2485.

Thank you for the opportunity to testify. I am happy to answer any questions.

Respectfully submitted,
Zia Khan, MD MPH

Clinical Cardiologist, Queen's Heart Institute
Associate Chief Medical Officer, Specialty Care, Queen's University Medical Group
Associate Program Director, Cardiovascular Disease Fellowship, University of Hawai'i
Associate Professor of Medicine, John A. Burns School of Medicine, University of Hawai'i

HB-2485

Submitted on: 2/18/2026 4:27:12 PM

Testimony for EDN on 2/19/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chris Pagdilao	Individual	Comments	Written Testimony Only

Comments:

To whom it may concern,

My name is Chris Pagdilao, and I am a Certified Athletic Trainer; I have comments and concerns about HB2485. Current measures in place such as the medical history questions in the athletic preparticipation physical exams (PPE) inquires on certain cardiovascular questions that helps primary care physicians (PCP) decide on the best possible care for the student athletes (SA) whether it be EKGs, diagnostic echocardiograms, blood work/labs, etc. PPEs occur on an annual basis which is covered by the SA Insurance currently for one calendar year. It is hard enough trying to get the SA in to see their PCPs annually. With the shortfall of physicians, including specialists, and the rural nature of the medical system across the state, it is hard enough to get in to see specialists in a timely fashion, as athletics only make up a small percentage of the whole population here in Hawaii. There will be financial burdens and pitfalls associated with change that could affect the everchanging landscape of secondary school athletics.

THE POINT OF ALL THIS IS NOT TO SAY THAT SCREENING IS NOT WORTHWHILE!!! But screening the right way, if anyone has actually determined how to do it, and anticipation of all the pitfalls of imperfect testing and inevitably unhappy kids/families will require serious fleshing out of the bill as proposed.

Thank you for your time.

HB-2485

Submitted on: 2/19/2026 12:23:44 PM

Testimony for EDN on 2/19/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristina ZaZueta	Individual	Support	Written Testimony Only

Comments:

Aloha Kakou

I strongly Support this measure. When i was in school kids never had heart issues, post pandemic every kid thats just so happens to be vaccinated has medical issues now. It very sad we have many youth have developed Heart issues from the Plandemic. Governor Green issuing Medical Mandates in schools especially to play sports have lead to this Bill and others like it having to be drafted. It would be great if HB2199 got a hearing because that would protect keiki and ensure their health and safety from unlawful mandated injections that clearly have done do harm then good. Please pass this, and i hope HB2199 will be heard one day too. We have to protect the future generations. I strongly support the requirement from the Department of Health to implement policies, programs, training, and continuing education that increase health care provider knowledge of cardiovascular screening guidelines.

Mahalo Kristina ZaZueta