

Date of Hearing: March 24, 2021

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 856 (Maienschein) – As Amended March 22, 2021

[This bill has been double referred to the Assembly Committee on Health and will be heard by that committee as it relates to issues under its jurisdiction.]

SUBJECT: Pupil health: COVID-19 Youth Health Information Act.

SUMMARY: Establishes the COVID-19 Youth Health Information Act and requires the California Department of Education (CDE) to post information on its website information related to the safe return of pupils to exercise and physical activity after testing positive for COVID-19. Specifically, **this bill:**

- 1) Defines “exercise and physical activity” to include all of the following:
 - a) Interscholastic athletics;
 - b) An athletic contest, event or competition, other than interscholastic athletics, sponsored by a school, including cheerleading and club-sponsored sports activities;
 - c) Noncompetitive cheerleading sponsored by a school;
 - d) Practices, conditioning, drills, and scrimmages for all of the activities listed; and
 - e) Physical education classes.
- 2) Defines “licensed healthcare provider” as a licensed medical practitioner skilled in the evaluation and screening of youth heart conditions related to viral exposure.
- 3) Defines “school” as a public elementary or secondary school, including a charter school, or a private school that conducts athletic and physical activities.
- 4) Requires the CDE to post on its website information related to the safe return of pupils to exercise and physical activity after exposure to COVID-19, including current American Academy of Pediatrics (AAP) guidelines for preparticipation screening evaluation with special emphasis on cardiac symptoms with a licensed health care provider to evaluate health and heart risks associated with COVID-19, and “gradual return to play” protocols, according to whether the pupil’s COVID-19 was mild, moderate, or severe.
- 5) Requires CDE to include AAP guidelines for pupils to obtain medical clearance before returning to exercise and physical activity after testing positive for COVID-19, and the gradual return to play protocols, relative to the severity of symptoms.
- 6) Authorizes materials posted by CDE on its internet website to include, but are not necessarily be limited to, those developed by the Eric Paredes Save A Life Foundation, the CIF, the

American Academy of Pediatrics, the American Medical Society for Sports Medicine, or the California Athletic Trainers' Association.

- 7) Requires CDE to monitor best practices and evolving guidelines on the safe return of pupils to physical activity after COVID-19 exposure, and to update its website in response to new information.
- 8) Requires CDE to notify schools and school districts that they should give pupils and their parents and guardians ready access to the information by posting it on their websites, and actively distributing this information via postal mail, email, newsletter, meetings, in registration and sports clearance packets, or in person.
- 9) States that this article shall sunset on July 1, 2025, and, as of January 1, 2026, is repealed.

EXISTING LAW requires CDE to post on its internet website guidelines, videos, and an information sheet on sudden cardiac arrest symptoms and warning signs and encourages schools to post this information on the school's internet website. (Education Code 33479.2)

FISCAL EFFECT: Unknown

COMMENTS:

Need for the bill. According to the author, "COVID-19 put a halt to and completely upended our way of life. One of the less talked about effects of this deadly disease are the short and long-term adverse health impacts on youth who may have contracted COVID-19. Youth and otherwise healthy students may not know of the potential health risks associated with engaging in physical activity if they have been possibly infected with COVID-19. Exposure to COVID-19 can result in sudden cardiac arrest, which is one of the leading causes of death among young students around the United States."

What does this bill do? According to the AAP, growing research has established a relationship in children between COVID-19, myocarditis (inflammation of the heart), and multi-system inflammatory syndrome in children (MIS-C). Children with MIS-C may have thrombosis (blood clots), poor heart function, or kidney injury. With this in mind, the AAP has established guidance for children who have tested positive for COVID-19 before they return to physical activity, with special emphasis on a cardiac evaluation by a physician.

This bill requires CDE to post information on its website about the AAP's guidance regarding the need for children who test positive for COVID-19 to receive a health screening prior to returning to physical exercise, and notifies schools that they should make the same information readily accessible to students and parents or guardians.

COVID-19 implications. Many schools in California closed for in-person instruction as a result of COVID-19. On March 4, 2020, Governor Newsom proclaimed a State of Emergency in California as a result of the threat of the COVID-19 virus. An Executive Order (EO) issued on March 13, 2020 authorized, but did not require, LEAs to close schools for in-person instruction as a result of the threat of COVID-19. The state subsequently began using a color-coded tiered system to determine when schools could reopen for in-person instruction. Except for local educational agencies (LEAs) located in the highest tier of virus spread, the decision regarding

whether to close or re-open schools was left to each LEA, in consultation with local public health officials.

The vast majority of California public schools were closed for in-person instruction through the end of the 2019-20 school year, and many also began the 2020-21 school year by offering only or mostly remote instruction. As of January 2021, due to increasing surges in the rates of COVID-19, many schools throughout the state, including those in the largest school districts, remained closed for in-person instruction. As of this writing most school districts had either begun to return students to some form of in-person instruction, or have plans to do so soon.

American Academy of Pediatrics (AAP) guidance. The AAP has developed guidance for children who have tested positive to COVID-19 that advises that they undergo a health screening by their physician, particularly for cardiac symptoms, prior to returning to physical activity. The specific guidance varies based on the severity of the child's case of COVID-19. According to the AAP:

Asymptomatic or mild cases. "Children or adolescents that have tested positive for SARS-CoV-2 within the prior 6 months should visit their pediatricians for a post-illness visit prior to return to physical activity. In a child or adolescent who is SARS-CoV-2–positive, who is either asymptomatic or mildly symptomatic (<4 days of fever >100.4°F, < 1 week of myalgia, chills, and lethargy), there are limited data available and recommendations are based on expert opinion. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. After their isolation time is completed, it is suggested they visit with their primary care physician (PCP) who will review the American Heart Association 14-element screening evaluation with special emphasis on cardiac symptoms including chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope and perform a complete physical examination. If the preparticipation screening evaluation and examination are normal, no further testing is warranted. The patient may begin a gradual return to physical activity after 10 days have passed from date of the positive test result and a minimum of 24 hours symptom free off-fever reducing medications has elapsed. If the PCP identifies any new or concerning cardiac history or physical examination findings at this visit, an ECG should be considered, and referral should be made to a pediatric cardiologist for evaluation and further testing."

Moderate cases. "For those with moderate symptoms of COVID-19 (≥ 4 days of fever >100.4°F, ≥ 1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of MIS-C), an evaluation by their primary care physician (PCP) is recommended. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. PCP evaluation is currently recommended after symptom resolution and at a minimum of 10 days past the date of the positive test result. The PCP will review the American Heart Association 14-element screening evaluation with special emphasis on cardiac symptoms including chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope and perform a complete physical examination and an ECG. If cardiac workup is negative, gradual return to physical activity may be initiated after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine. If cardiac sign / symptom screening is positive, or EKG is abnormal, referral to a cardiologist is recommended. The cardiologist may consider

ordering a troponin test and an echocardiogram at the time of acute infection. Depending on the patient’s symptoms and their duration, additional testing including a Holter monitor, exercise stress testing, or cardiac magnetic resonance imaging (MRI) may be considered. If cardiac workup is negative, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine.”

Severe cases. “For children and adolescents with severe COVID-19 symptoms (ICU stay and/or intubation) or multisystem inflammatory syndrome in children (MIS-C), it is recommended they be restricted from exercise for a minimum of 3 to 6 months and obtain cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge. Other testing may be ordered based on an individual’s sign and symptoms.”

Is an urgency clause necessary? Due to the urgent need to distribute information to parents and students about the risks associated with testing positive for COVID-19 and the possible cardiac implications, ***the committee should consider*** whether adding an urgency clause is important in order to make this bill effective near the start of the 2021-22 school year.

Related legislation. AB 1639 (Maienschein), Chapter 792, Statutes of 2016, established the Eric Paredes Sudden Cardiac Arrest Prevention Act; required the CDE to make available specified guidelines and materials on sudden cardiac arrest (SCA); required pupils and parents to sign informational materials before athletic participation; required training of coaches; and set requirements for action in the event a pupil experiences specified symptoms.

Recommended committee amendments. Committee staff recommends the bill be amended to:

- 1) Require CDE to post information on their website about students who experience symptoms or test positive for COVID-19, rather than students who are exposed to COVID-19.
- 2) Change the sunset date to July 1, 2024.
- 3) Encourage schools to make information to parents and students readily accessible.

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

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